



The Arthritis Trust

Dedicated to Eradicating Rheumatoid Disease From the Earth

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WHY ARTHRITIS? SEARCHING FOR THE CAUSE AND THE CURE OF RHEUMATOID DISEASE

By Harold W. Clark, Ph.D.

[1997. 237p.index, pbk., Axelrod, List Price: \$18.95; Available through this foundation for tax-exempt donation of \$20 U.S.; \$30.50 Canada]

If you are looking for answers to "Why you have arthritis?" or a potential cure, this book is for you.

Based on the author's 45 years of searching for the causes and cures of rheumatoid diseases the book reviews and documents the various organizations, events, people and therapies that have influenced the direction and research progress in solving the age old problem. In pursuing this goal, Dr. Clark reflects on what motivates researchers to solve complicated medical problems and spend their competitive careers searching for the cause and the cure of what was once thought to be an inevitable disease? If they don't search – who will? What and who is responsible for determining the direction of medical research and finding answers – the people holding the purse strings or the scientists seeking precious research funding? Are there mental blocks or road blocks that prevent researchers from pursuing and reaching their goal? Roads paved with good intentions may go in the wrong direction falling wide of the perceived target. Could it be possible that the failure to recognize and pursue a highly probable cause and cure for rheumatoid diseases may be due to the well funded expert specialists exploring the more fruitful palliation of medical problems. The author also raises the question whether anyone except the patients want to eliminate the multi-billion dollar arthritis industry?

These and many other questions are considered by Dr. Clark in his effort to answer "Why Arthritis?"

The underlying causes and mechanisms of the multiple rheuma-

toid diseases that have eluded scientists and remained a mystery for centuries have now been brought into focus. The long suspected infectious cause and the antibiotic treatment first proposed fifty years ago in 1949 by the late Dr. T. McPherson Brown was further explored and developed by Dr. Clark in pursuing what some consider the Best Kept Medical Secret. The readers of "Why Arthritis?" will learn about their disease and what the doctors have failed to tell them.

A look at the Table of Contents tells the story inside *Why Arthritis?*

What Is Arthritis?, The Beginning Of Arthritis, Research Directions: What and Who Decides, Why Do Animals Have Arthritis?, Searching For The Cause To Find The Cure, National Arthritis Act, The Arthritis Plan, National Arthritis Advisory Board Searching For A Cure, Magic Or Miracles, Fact Or Fiction, What Is Proper Treatment?, The Case for Antimycoplasma Therapy, Unique Properties, Examination Of National Institutes Of Health Report On Mycoplasma Therapy Comments On Rheumatoid Arthritis Therapy, Promising Therapies, Evolving Concepts, Rheumatoid Arthritis – Causes and Treatments and A Bright Arthritis Free Future.

The author predicts if the current interest and support of mycoplasma research is sustained demonstration of their role in the multifaceted rheumatoid diseases could provide an arthritis free future for millions.

PROFILE

Harold W. Clark, Ph.D., has spent over 45 years investigating the probable causes and cures of rheumatoid diseases. His primary focus has been the role and mechanism of mycoplasmas in the rheumatoid immunological disorders, publishing over 65 papers to support new evidence on the infectious cause and antibiotic control. He has presented his scientific information in such countries as Scotland, France, Germany, Egypt, Brazil, Philippines, Australia, Japan and Mexico. Dr. Clark has held positions as Associate Research Professor of Medicine and Research Director of the Medical Rehabilitation Center at George Washington University Medical School in Washington, D.C. He has also served as Research Director and Vice-Chairman of the Arthritis Institute of the National Orthopedic Hospital, Arlington, VA. He is presently director of the Mycoplasma Research Institute in Beverly Hills Florida. His current memberships include the International Organization for Mycoplasmologists, the American Society for Microbiology, and the American Association for the Advancement of Science.

Dr. Clark writes that, "It was a real pleasure and learning experience to have worked with the late Thomas McPherson Brown, M.D., as his Research Director for 35 years. Back in the '50's we were very



Harold W. Clark, Ph.D.

much interested in the infectious cause of Rheumatoid Diseases and I started corresponding with Roger Wyburn-Mason [M.D., Ph.D.] to learn about his research on infection and therapeutic direction. When Dr. Brown challenged the rheumatologists' cortisone cure, he (we) became the mavericks, much like Wyburn-Mason after publishing his infectious theory and antibiotic therapy.

"The problem is that rheumatoid disease, the most complex medical problems are still thought to be controllable by some magic bullet. I wish it was that simple. There obviously is no quick fix. Starting with the premise that every patient is different, therapy should be customized to achieve complete and permanent remission and even prevention. It is not surprising that investigators have found so many different alternative therapies that could hit the diverse targets. It took over 40 years for the tetracycline therapy to be proven safe and effective, but is yet to be accepted by the FDA. Most unfortunately Economics is driving Health Care and research where profits and not patients come first.

When I retired in 1987 I formed the Mycoplasma Research Institute primarily as an information center. What started as a quarterly newsletter soon became the book at a sizable cost. My goal still is to educate the patients and doctors hoping it will help them to obtain and provide the best appropriate treatment."

Dr. Clark and the Mycoplasma Research Institute may be contacted at P.O. Box 640040, Beverly Hills, Florida 34464-0040.

YOU'VE BEEN THREATENED BY Y2K... NOW LOOK AT Y20K!!

The baby-boomers are coming, and in the year 2020 -- Y20K - 1 out of every 5 people will suffer from some form of arthritis!

This will represent an epidemic of arthritis, according to MSBC Health News sponsored by Astra Merck, and published on the internet at <http://www.msnbc.com/news/163508.asp>.

Arthritis, a catch-all term that stands for more than 100 forms of disease, often involving joint pain, swelling, and damaged tissue, will significantly jump to an estimated 60 million people from the estimated 40 million who suffer from it today.

What a grand boon for the pharmaceutical companies, because they can continue selling symptom-relieving pain-killers for several generations to each sufferer while the disease slowly (sometimes not so slowly) but surely destroys the body along with peace of mind and a pleasure in living.

Stock values will climb. Board directors and executive officials will have had their portfolios fattened even further than today's.

The nice part of this economic future is that more than one-half of those reported to have "arthritis" are under the age of 65, presenting an even rosier picture for symptom-relief sellers.

Perhaps 20.7 million Americans, or 12.1 percent of the U.S. adults suffer from Osteoarthritis, the second most common disease after that of the heart, according to Dr. Stephen I. Katz, director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, a part of the National Institute of Health.

Fifteen percent of the U.S. population suffer with back pain lasting more than 2 weeks during any given year. More than 26 million Americans between the ages of 20 and 64, and 6 million over 65 years of age, have frequent back pain.

Women are more likely to suffer from soft tissue arthritis, often fibromyalgia, consisting of symptoms of sleep disturbances, fatigue, pain at tender points, and a greater sensitivity to pain. But altogether, male and female, there are 3.7 million Americans 18 years of age and older in this category.

About 1% have Rheumatoid Arthritis, said to be "an autoimmune" disease, but more than likely caused by many different factors, among which is a tissue sensitivity to various microorganism toxins or poisons. It is characterized by inflamed and painful joints, stiffness, swelling and joint deformity. It is also systemic in nature, meaning that it can and does affect all the systems in the body, thus also appearing in the count of other diseases where it is not recognized for what it is, a "systemic collagen tissue disease." 1.5 million women suffer the diagnoses of Rheumatoid Arthritis as compared to about 600,000 men.

In the United States, 2.1 million people suffer from gout, a condition of uric acid crystals building up in joints, especially where blood circulation is poor, and the crystals precipitate out in the joints, thus causing severe, sharp pain when the joint is moved. 1.56 million of these sufferers are men, and 550,000 are women. Fungal/mycotoxin poisons are believed to cause gout. Rather than a "metabolic disease" as presumed, it seems to be a tissue response to an invading microorganism, just as is true for many other "arthritic" diseases.



*Perry Chapdelaine, Sr.
Editor and
Executive Director of
The Arthritis Trust*

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Dear Editor:

My main reason for writing is my effort to learn more about the new Rheumatoid Arthritis drugs that seem to be developing day after day. I hear about them on the evening news broadcasts, but when a new drug is named, by the time I can write it down, the spelling is gone!

My Rheumatologist has written a one-time prescription for me to try -- the one that is to be injected like insulin for a diabetic -- but I never can read his writing, so I am just guessing that the particular drug is Embril, or something like that, but it costs \$100 per injection, which is on a twice week basis, or \$200 per week. I immediately checked with my pharmacist and as well with my prescription insurance, both of whom immediately told me that since it is a new drug, still not completely approved by the FDA, full price has to be paid, and there would not be a generic form.

Now just yesterday, again on the evening news, another new drug was mentioned, this one approved ONLY FOR THE TREATMENT OF RHEUMATOID ARTHRITIS! I was in the kitchen but by the time I had found a pencil to write down the name, it was gone. As nearly as I can remember, the word sounded like "Cellabrex" or similar. As I tried to interpret their explanation of what it can do, it must have to do with something in the brain that is prominent in causing the disease, and this drug can either inhibit its ability or to provide something to enable it (the brain) to eliminate whatever causes the arthritis in the first place!

In my case, having fought the arthritis battle since 1979, I have the type where nodules constantly form on most of my joints, which grow nodules upon nodules, which seem to become infected, especially on my fingers, and become badly deformed! Also, I have just this past year suddenly lost all feeling in my fingertips, and I drop everything, including pens, pencils, single sheets of paper -- anything and everything I touch, so I must bend over from my waist (my knees don't bend either) and then my back warns me too that I can't do these things anymore! This lack of feeling has bothered me to the extent that I began to have pain radiating down the insides of my fingers through the palm of my hands and up my arms badly enough to make me consult a neurologist about it.

He made a quick check after my telling him how and what was happening with my hands, and then explained to me how the "stuff" that is brushed off as a result of friction in the joints releases that "garbage" as my rheumatologist names it, ends up pinching the tiny, thin nerves in the fingers, causing the deadness and the pain. He told me there is not much can be done about it, except that I could get some relief by using a heating pad for about 15-20 minutes four times a day, along with massage and that would provide some relief. He said he could give me a prescription, but it would be expensive AND dangerous, along with all my arthritis medications -- Methotrexate, Zantac, prednisone, folic acid, all of which I've been taking for years. I have convinced myself that as long as I continue the same medications, the worse my disability will become, but what can I do, with pharmaceuticals priced so high, and no more generics, how is someone on Social Security and the additional new deductions of \$45 per month by Medicare (just started January 1st), how in the world are we going to pay for it and have enough money left to shop for groceries, which are hitting the ceiling as well -- all being blamed on the weather!

I'm sorry - this letter has resulted in an essay rather than several questions about the proper names of several of the new drug discoveries! But it has always been my principle that when you want to get some information, you don't wonder "where can I find out? - you try

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Human Parvovirus B19 & Mycoplasma Co-Infection

HUMAN PARVOVIRUS B19 AND MYCOPLASMA CO-INFECTION

by Candace Brown (April, 1999)

IT'S A VIRUS; LET IT RUN ITS COURSE:

My son was ten and a half years old when he became ill with a viral infection in February 1997. There was high fever, vomiting and malaise; not unlike what you would expect from a viral infection. However, approximately one week after the fever had occurred, my once healthy and physically active son suddenly had difficulty walking. The difficulty in walking began around 11:00 p.m. on February 6, 1997. He was supporting himself in the hallway after waking from pain in both of his knees. This was very unusual for my son and I knew something was definitely wrong.

As parents, we do not teach our children how to complain of illnesses. When we take our children to the physician, we assume the physician will know what the child means when she/he states, 'It feels like someone is trying to tear my kneecap off'. Physicians like to hear the descriptions, 'I have a stabbing pain' or 'I have a burning pain inside'. We need to teach our children the correct medical terms to use when communicating with physicians. I did not teach my child that type of communication and I soon realized that I was his first line of defense when dealing with the medical community.

I made an appointment with our local preferred care physician the following day. The doctor stated it was a virus and to let it run its course. This was a medical phrase that I grew to hate. At the time of the appointment an x-ray of my son's knees was taken and blood work. The blood work was to check for Juvenile Rheumatoid Arthritis (JRA). However, at that time I did not know that clinical diagnosis also played an important role in diagnosing this disease; not just a blood test.

On February 10th, the preferred care physician called back and gave me the results of the blood test and stated it was negative for Juvenile Rheumatoid Arthritis. It was called the RA latex test. He stated it may be "toxic synovitis" which normally occurred in the hips and knees. He didn't think it was Lyme Arthritis Disease, but the RA latex test could produce a false-negative result. He also stated that my son may have a "chronic illness" and suggested that we schedule next week for another appointment and he would see how my son was doing then. I asked for a referral to an orthopedic specialist my son had seen before who found a nonossifying fibroma (a fibrous, encapsulated connective tissue) in 1994, thinking the fibroma may have something to do with the pain and the difficulty in walking. The preferred care physician denied the request. After I got off the phone I called my husband and asked him to change the preferred care physician immediately. I gave him the name of the physician we wanted to switch to and I made an appointment. The appointment for the "new" preferred care physician was scheduled for February 11, 1997.

THE "NEW" PREFERRED CARE PHYSICIAN:

The "new" preferred care physician was cordial and seemed stumped as to why my son's knees were hurting so bad. After being stumped he asked my son, "Do you like school?" I nearly shot out of the chair. How could a physician, who had no knowledge of my son, jump to the conclusion that my son did not like school and imply that was causing my son's knees to hurt? Instead, I remained in my seat and spoke calmly stating that my son was a straight "A" student and loved school. I also told him he was involved in sports (basketball and baseball). The "new" preferred care physician did not ask the question again. He wanted to have an x-ray of my son's hips. The x-ray was scheduled for February 17, 1997. More waiting while my son's pain was worsening and the ability to walk was becoming more

difficult.

After the x-ray of the hips from the "new" preferred care physician, and finding nothing wrong, I requested to see the orthopedic specialist as I had asked from the "old" preferred care physician. The request was granted after jumping through hoops. I would learn later that there are many hoops a parent must jump through in order to receive continued medical care for a child. However, I also learned that you actually have a choice of not jumping through the hoops by doing your own research. And eventually, that's what happened.

The orthopedic specialist appointment was for February 20, 1997. When we went to the appointment he referred us to another specialist and that appointment was the very next day, February 21, 1997. We lived about 2 hours from the specialist, so it meant a day of traveling and seeing doctors each time.

THE "OTHER" SPECIALIST

The "other" specialist was a very young man and would look at himself, during the examination of my son, in the full length mirror located on the door. After the exam, the "other" specialist stated my son had spondylothesis (forward subluxation of the lower lumbar vertebrae on the sacrum), congenital. It would require surgery to be scheduled within 2 weeks followed by a body cast for 6 weeks. My son looked at me in horror as I felt my knees becoming weak. My son screamed, "What about baseball? I won't be able to play baseball!" I took him out of the room, leaving my husband with the "other" specialist. I whispered to my husband as I left, "See what other options are available to us." I calmed my son down by saying there were other doctors that we could see to make sure what this doctor said was, in fact, true. He calmed down.

Meanwhile, the "other" specialist could see how upset we were and he called in the head of the department to examine my son before we left. So, we had another physician exam my son and he suggested an MRI (magnetic resonance imaging). We agreed and the MRI was scheduled for February 28, 1997. Twenty-two days after the problem began, five physicians and two x-rays and still no answers.

The MRI was completed and we were told it didn't show anything. I was to take my son home and make him go to school as much as possible and walk "heel-toe, heel-toe", according to the head physician, which I did. Anything was better than surgery. A few days later I found my son crying under his covers with pain. I asked him why he didn't tell me he was hurting and he replied, "Because I thought you would get angry at me." In retrospect, I was clinging to anything other than surgery. But by doing so, my son did not feel comfortable in telling me that he was in pain. I carry that guilt to this day.

I made a phone call to the head of the department and left a message with his nurse. I stated, "Please tell him there will be no more Sgt. Mom. Nothing is working to relieve the pain my son has been in since the 6th. The aspirin, hot baths, etc. were not working at all. If he doesn't know what is wrong then perhaps he can refer us to someone who can find out." The message was delivered and a referral was made to a neurologist on March 4, 1997. The appointment was made for March 11, 1997. We went back to the "new" preferred care physician to let him know what was going on and to have him view my son once again. The walking was becoming increasingly difficult and a borrowed wheelchair assisted in my son's mobility.

THE NEUROLOGIST

The neurologist was one of the best, I was told. When we went to see him I prayed we would get the answers. My parents joined us on the trip to his office. I found upon our arrival, that the medical records,

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In Memoriam: Frederick H. Binford, M.A.

In Memoriam: Frederick H. Binford, M.A.

February 9, 1920 – May 15, 1999

by Perry A. Chapdelaine, Sr.

One of my best friends and a business partner in house construction died May 15, 1999. He was also a board member, original founder of this foundation, and very loyal supporter of its goals. Frederick H. Binford fortunately did not suffer long, but he did suffer, leaving behind a large number of loyal friends, a loving twin sister, Mary Margaret Baily, a brother, Richard Binford, M.D. and ten nieces and nephews.

I met Fred at Stanford University one summer. As Senior Project Director of a National Science Foundation Computer Assisted Instruction program I had the task during that summer of visiting Stanford University and doing some work on development of automated drill instruction routines for arithmetic and higher mathematics. I was the only integrated faculty member in the mathematics department of two universities -- University of Tennessee and Tennessee State University -- during the terrible integration-battle years. One of these schools was "all white," and the other was "all black." The National Science Foundation had bestowed the generous sum of nearly half a million dollars under my guidance at the "all Black" school, then called a "developing institution."

Unfortunately my grant school erroneously did not see fit to pay my salary during my stay that summer at Stanford University, and I had no means of supporting my ten children and wife or of even getting back home to Nashville, Tennessee.

On describing my predicament to Mr. Frederick H. Binford, whom I'd just met, he spontaneously handed me the money for airfare home, saying, "Pay me back when you get the funds."

Such was my friend Frederick H. Binford, M.A., a person who decided not to finish his dissertation at Stanford University in compliance with his Ph.D. because his new major professor had denied the importance of his Ph.D. dissertation while, at the same time, stealing it for his own use.

What made Fred unique?

Fred was dedicated toward peace and rationality and especially toward helping folks. That was his whole life, his philosophy, his way of living, and his relationship with others.

His father was president of Guilford College, a North Carolina Quaker College. Inculcated at an early age to follow the peaceful, rational Quaker way, Fred was the positive living embodiment of a Quaker in modern times.

During World War II, he was a conscientious objector and was based in a civilian public service camp in California.

He taught in two Quaker Boarding Schools, Friends Academy, Locust Valley, NY, George School, Newton, PA, Tennessee State University, Fisk University, and Woodstock School in India.

At Fisk University Fred taught physics, but it was during his sojourn teaching in India for several years where he probably picked up the microorganism that caused his death at age of 79.

Fred began to complain about tiredness several years ago. At first doctors diagnosed the problem as a borderline anemia. During this past year Fred was resting more, but never shirking his school duties, as he saw them, which usually meant spending endless hours helping individual students with their understanding of mathematics and physics. How he could spend so much time on such routine assistance was a situation to amaze all, but also was a tribute to his strong Quaker belief and need to help others.

Later, Fred was diagnosed as having Myeloma Dysplasia, a condition where his bone marrow could no longer produce a sufficient quantity of mature red and white blood cells.

We all of us urged Fred to quit school last year for the purpose of seeking a solution to his problem, but Fred felt his students needed him, and so he hung on, taking from time to time blood transfusions to see him through.

During the first course of blood transfusions Fred felt great. His body was receiving fresh blood that could carry oxygen to his cells and enable his body to function properly.

Soon, though, his body began to exhibit serious symptoms of allergic reactions to other folks' blood.

His joints would swell up and ache, very much like Gouty Arthritis, a wrong diagnosis that was also provided Fred early during his sickness.

Well, the diagnosis was not entirely wrong because Fred had had some gout off and on for some years, Gouty Arthritis being caused by a mycoplasma, just as many other forms of arthritis are.

But this diagnoses completely overlooked the allergy response his body was having to other folks' blood, attributing his condition solely to Gouty Arthritis.

Fred's joints would become very painful, and he'd have to rest more and use a cane, also holding his joints away from objects that might very lightly

touch them.

Within a number of days the swelling and pain would disappear and Fred, with much renewed energy, would be working even more hours to catch up with helping his students. During this short recovery period it would seem that Fred was his old self again.

Unfortunately, the use of other folks' red and white corpuscles would suddenly come to an end, and the fatigue would start all over again, as would the next blood transfusion. Within several days -- usually -- the swelling and joint pain would begin again, renewing the cycle. At one time, Fred, who'd been very healthy throughout a long, useful life, commented that "Now I know how arthritics suffer, and I more thoroughly understand why you set up The Arthritis Trust of America!"

By Christmas time of 1998, it became clear to Fred that extraordinary methods would be needed if he were to get well, and so we -- J.D. Allen and I -- spent Christmas together in Southern Minnesota attending an alternative medicine method that might have solved his problem, but did not. That Christmas vacation he reluctantly had to resign from teaching his beloved students.

One week Fred made the mistake of waiting too long for his next blood transfusion, whence I found him nearly comatose and had to call an ambulance. He never remembered the trip or what



Frederick H. Binford, former Board Member and J.D. Allen, Head of the California Support Group. Photo taken during Christmas holiday, 1998, in Southern Minnesota, while undergoing alternative medical therapy.

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In Memoriam: Frederick H. Binford, M.A.

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happened later, but the doctor gave him quite a few pints of blood, never once reaching the level where his blood count was high enough to sustain him.

We did two things for Fred at his request at this time: With the help of his twin sister, Mary Margaret Baily, who flew in from Pennsylvania, we transferred him to a nursing home of his choice, also giving away almost all of his possessions. We also began a series of blood and urine tests through an alternative medicine doctor who'd reported cures of two other people with identically the same condition as Fred's.

So far as we were able to determine, this is the only doctor who'd ever reported complete reversal of Myeloma Dysplasia. Of 107 patients in his study group, all were improved or cured. Fifty percent of his patients were various forms of cancer, about 30% were chronic fatigue syndrome patients, and the remaining 20% were a mixed bag, including two conditions like Fred's.

The doctor used a proprietary substance which will be mentioned in an overlong article in forthcoming newsletters. What it does is stimulate the patient's natural killer cells to attack and win over various forms of foreign invaders, microorganisms.

Fred's visit and teaching work in India had probably exposed him to some virus or microorganism that invaded his bone marrow and there began destroying the cells that produce white and red corpuscles. We say this because there are other reports of the same disease following visits to India.

Knowing Fred's dedication toward helping humanity, it's doubtful that he would have been persuaded not to go even had he been apprised of this fact beforehand!

We began Fred on heavy dosages of this nutritional supplement and it appeared that he was getting progressively better, but

that was appearance only. When all the lab tests were back, our alternative medicine doctor concurred with the traditional medical practitioner in that too many bone marrow cells had been destroyed for Fred to recover. There just wasn't sufficient natural killer cells to stimulate. Had Fred been about 15 or 20 years younger, there was hope, but no more!

At the same time Fred's traditional medicine doctor refused to give more blood transfusions because of Fred's increasingly violent reaction to them.

I had the terrible duty of informing Fred about the negative laboratory findings and his certain prognosis, and it was then and there we discussed his final ending, both of us agreeing -- as we usually did about most things -- that it took far more courage to continue living under constant pain and crippling than it did to die. It was also then that I had an opportunity not given to many. I was able to tell him how much I'd always cared for his friendship and how sorry I was to see him pass away ahead of me. A selfish thought, I know!

Within a matter of days this wonderful man lost consciousness, and finally he "dropped his body," hopefully his spirit to be recycled into a new and fresh young body where -- according to his personal belief and conviction -- his persona, his soul, his beingness, would be able to continue helping folks as they, too, followed their natural consequence of conception, birth, growth, decay and death!

In accordance with this wonderful man's wishes, we held no funeral, and his body was donated by his executor, our long-time friend and colleague, Win Myint, to Meharry Medical school.

Even in death, Fred taught, striving always one on one to create a better world!

Letters To The Editor

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to contact those organizations which are working directly in the research, and just possibly they will be willing to give you the information you feel you need to know, to save your own life! That is the reason I have written to you!

I certainly hope that you will be able to give me some of the answers I feel I need, to help myself when there is no one else! I'm 77 years old and I live all alone, therefore there is no one to help me when I can't help myself! Thank you for whatever you can tell me.

RWH

Dear RWH:

First of all, don't believe all the huxterism you hear on radio and see on TV regarding pharmaceutical drugs that are "breakthroughs" for arthritis. These are sponsored by large pharmaceutical companies that have a vested interest in treating the symptoms of disease and not the cause. We have some doctors in the enclosed list who have gotten a successful 80% cure rate since 1982!

Normally, rheumatologists and traditional medical practitioners are too busy or too fearful of losing hospital privileges or their insurance to investigate new approaches that work, but instead, rely on pharmaceutical companies to determine their best treatments, none of which work, but in fact, most of which are dangerous.

I'm enclosing a "Foreward" to our latest book, Arthritis, by di

Fabio and Prosch. This will give you an idea of what you must explore if you genuinely wish to get well.

*I've been cured of arthritis now since 1980!
Hope this helps.*

Editor

Dear Friend

I have seen your address in the internet. I want to tell you a little about my sister's health problem. Internet is my last chance because we have tried all possibilities but it did not make my sister's health better.

At age of 18, she got fever and it was getting worse and worse. Her walking ability got poorer and poorer. We took her to the hospital. There she had to take lots of antibiotics but it did not make her better. She was getting thinner. Every two months she had to go to the hospital for inspection.

After 2 years suffering from the disease (20 year old) she had to stay at the hospital because the whole part of her body was painful, pain at all joints and could hardly move. The fever also was still there. She was operated for blood cancer test but the result was negative. She has no leukemia. She could only take medicine. Lots of medicine. Her blood had also to be cleaned (washed). She had to stay 6 months at the hospital. In this time we thought that she did not have a chance

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Human Parvovirus B19

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x-rays and MRI had not been sent to his office from the previous head physician. So, there we sat without the previous medical records. I was livid, but we stayed because we would have to wait longer in order to get another appointment. The neurologist examined my son for about 5 minutes, then, he requested my husband and myself to join him in his office. I didn't feel I should leave my son in the examining room alone because he was in pain, but I remembered how upset he became when the other specialist suggested surgery and a body cast. I kissed him on his head and said, "We'll be right back."

The neurologist seemed to be stumbling trying to find words. He stated, "I believe you son is crying out for help."

I replied, "I know. He's hurting."

Then the neurologist stated, "I mean mentally. I believe your son is suffering from conversion."

I couldn't believe my ears! Mental! Conversion! What in the hell was he saying?! I could feel my face become hot and my tears. I moved closer to the edge of my chair and said, "You mean to tell me that without the previous medical records and x-rays, you're going to sit there and tell me that it's all in my son's head? Is that what you're saying?"

He was stumbling once again for words and finally said, "No, I'm saying I don't know what it is."

I then replied, "That I can accept, but not the other."

Before leaving his office my husband drove to the other medical facility and gathered the previous medical records, including the x-rays and MRI, and brought them back to the neurologist's office. We left them at the desk with instructions that they be given to the neurologist. Later, I learned he received the medical records we left on March 14 and I should be getting a letter from him.

I scheduled an appointment with a psychologist to put the "conversion" theory to rest. My son was examined on March 13 and again on March 19th and was found to be sane. In fact, the psychologist questioned the physicians for doubting that my son's pain was real. I immediately called the neurologist and left a message concerning the outcome of the psychologist's exam. The neurologist would never believe my son.

DIAGNOSIS – PARVOVIRUS B19

I changed preferred care physician once again. The appointment was scheduled for March 17, 1997. I personally knew the pediatrician and knew that he was extremely intelligent and if anyone could find out what was wrong he could. I was right. On March 17 a blood sample was taken from my son and the pediatrician stated he thought it was human parvovirus B19. This was the first time I had heard of parvo being in humans. I immediately asked him to give my son an antibiotic because I knew dogs and cats were given antibiotics when they contracted parvovirus. He stated that was not the standard procedure for human parvovirus and he wouldn't know what kind of antibiotic to give. The standard protocol was NSAIDs (non-steroidal, anti-inflammatory drugs), immuno-suppressives and immunoglobulin IVIG. I knew absolutely nothing about this virus and little else of the standard protocol.

I had no other choice at the time, but to begin the steroid and anti-inflammatory treatment. These medications seemed to make my son more ill. Later, I learned that steroids can exacerbate a mycoplasmal infection after reading Dr. Joel B. Baseman and Dr. Joseph Tully's scientific publishing. I also learned that the definition of prostaglandin inhibitors was anti-inflammatories and steroids. I took my son off of the medications without the physician's approvals. But, the physicians did not know my son as I did and they did not love him as I do. Very little was known about human parvovirus B19. My daughter, who had access to the Internet, printed an article by Dr. K.

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Letters To The Editor

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to live because her body got smaller and smaller. one of her lungs (right) was found invalid and it filled with liquid and the liquid had to be taken out using catheter for three months. Then the lung had to be operated to take out the liquid inside. Her knee was swollen, bigger and much liquid in the joint, very painful. The liquid had to be taken out regularly every 2 months. Every 6 months she had to go to the hospital to take out the liquid

At the age of 23, time after time all joints could not be moved anymore because it was very painful.

At the age of 24, we were told that she had rheumatoid polyarthritis, neuritis, and cachexia, again to the hospital. Totally could not walk. All finger joints were unstable and can be moved in all directions. She took many medicines, including prednisone.

At 26 of age, she stopped taking prednisone. But still could not move. All joints contain much liquid. After taking out the liquid then the joints became "dry" and "connected". As a result the joints can not be bent. First it occurred at the knee joint, then elbow joint. Now she has been complaining about her backbone and neck. She is able to speak but can not open her mouth too wide. The eyes are getting worse so she can hardly see the sunlight. Tears flow always. We have tried to give some medicine for her eyes but it does not work.

She has problems also with her listening ability. Fortunately she can still eat food.

In our family (parents, grandparents) nobody has such diseases.

If you are aware, have experience, have friends, medical doctors who are familiar with such kind of health problems, I and my family will be very happy and thankful to hear your advice.

Best Regards,
D. R.

Dear D.R.

Wow! Your sister is indeed in need of sympathy and effective help! I'm sending you our physician list. I'm sure there is someone on that list who can and will help.

I don't know what's wrong with your sister, and I won't pretend to tell you how to handle the situation. That's for a trained professional. But I will cover some of the general principles that can be viewed

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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!

Human Parvovirus B19 & Mycoplasma Co-Infection

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Carlsen. Her article was magnificent and I was on my way to learning more.

According to her article titled, "Human Parvovirus B19", which was written in 1996, human parvovirus B19 was first discovered in England in 1975; twenty-two years prior to my son's diagnosis. Another statement in her article was, "In institutional settings such as schools or daycare centers outbreaks of Erythema Infectiosum (EI) may persist for months and continue until school closes for summer vacation." EI is one of the symptom names for human parvovirus B19. Two other commonly used symptom terms for human parvovirus B19 are slapped cheek syndrome or Fifth Disease.

The article went on to state, "B19 is among the most resistant viruses known and the target cells for this virus were ...human erythroid progenitor cells in the bone marrow and spleen, as well as in the liver of the fetus...". The one statement which jumped out at me was, "B19 associated arthritis was first described in 1985. Swelling and pain, causing considerable limitation of movement often occurring symmetrically, are most pronounced in the fingers, hands, knees and elbows. **In children, the joints most commonly affected are the knees.** Joint symptoms may be the only manifestation of acute infection".

The following from Dr. Carlsen's article concerned me. It stated, "...arthralgia or arthritis persists for many months or even years resembling rheumatoid arthritis. In 1981, B19 was first found to cause transient aplastic crises (TAC) in children with sickle cell anemia...". The heart is yet another target of this virus and may cause acute myocarditis with heart failure. My son was experiencing chest pains.

Parvovirus B19 can be transmitted through blood products, bone marrow transplants, kidney transplants, etc. The ease of transmission of this virus is phenomenal. It can be spread by coughing, sneezing and by things we use everyday, such as cooking utensils. The term for this type of transmission by objects is "formites". According to the Center for Disease Control over 50% to 60% of individuals in the United States have had parvovirus B19. Another article stated 70%-90% of the world population have had parvovirus B19. Out of curiosity, I found the population of the United States. As of September, 1997 the population was 267,986,313. That would mean, according to the numbers above, that 133,993,157 individuals would test positive for parvovirus B19 in the United States alone. Yet, little was known about this virus by the medical community.

What followed were many other physicians, many other tests that did not reveal any answers and naturally, when all of the tests come back normal, the physicians begin to look at the patient as the problem. Even with the psychologist's exam, my son was not believed. It was a living hell and I found myself buying a medical dictionary, a book which explained medical tests and procedures and later a computer. My son was too ill to take to a medical library. His pain increased and he was wheelchair bound. The atrophy of his muscles in his lower legs was prominent. And I couldn't get anyone to believe him. I had to learn everything about this virus; and I did.

WAITING FOR THE "PERFECT SQUARE OF CAUSE AND EFFECT"

The next round of specialists were rheumatologists and infectious disease specialists. One infectious disease specialist stated that he could not diagnose my son with parvovirus B19 even if the test came back positive because my son did not fit the "perfect square of cause and effect" for parvovirus B19. I still find that statement extremely bizarre. There were trips to the emergency rooms and numerous other pediatrician/physician office visits. My son's skin on his knees was becoming very dry, the bottoms of his feet were sore, he had ring worms, skin rashes, dental problems, incontinence, mental confusion,

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throat spasms, esophagus spasms, stomach aches, low-grade fevers, extreme headaches, chest pains, hematuria (red blood cells in the urine), etc. After several months he was finally diagnosed as having chronic parvovirus B19. No one knew what to do, except wait. They, the physicians, were waiting for my son to develop the "perfect square of cause and effect" for Juvenile Rheumatoid Arthritis.

THE COMPUTER

In May 1997, we sunk ourselves further into debt to purchase a computer and printer. I didn't know how to use the Internet and had someone come over and show me the basics. I combed through the magazines which gave Internet medical sites. I learned how to send E-mail and I began teaching myself anything and everything about medicine. I studied virology, rheumatology, microbiology, immunology, etc. I set the computer in the kitchen because my son spent most of his time in the breezeway area of our home, watching television, playing Sony play-station games or visiting with his friends. At this vantage point I could run back and forth from him to the computer and back again as he went through the excruciating pain episodes where his knees would expand and contract 2 to 3 centimeters in a matter of seconds. I prayed to God to lead me to the research which would help my son, and He did.

It was the last part of October, 1977 when I made the parvovirus B19 and mycoplasma connection after reading an article by Dr. Thomas McPherson Brown, et al titled, "Antibiotic Therapy of Rheumatoid Arthritis: An Observational Cohort Study of 98 Patients With 451 Patient-Years of Follow-Up". I knew that viruses could infect bacteria, even a wall-less bacteria like mycoplasmas. I studied everything concerning parvovirus B19 and mycoplasma. I found that both caused arthritis, mimicked other illnesses, and caused false-positive results. Mycoplasmas were found in the synovial fluid and

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from your heart-rending letter.

When your sister was given "lots" of antibiotics, and then later prednisone, her intestinal "good guys" bacteria was knocked out. This permitted a whole host of microorganisms to take advantage of her gut, and to build a home there. She therefore began suffering from Candidiasis, a yeast/fungus infection. This infection, in turn, began creating a number of food allergies, an increasing number over time.

Candida albicans, the yeast/fungus infection, was certainly not the only organism to set up shop in your sister's intestines, and each of them create toxins that contribute to her health problems.

Candidiasis and food allergies not only created health problems for your sister, but they also can each of them, together or separately, mimic many other diseases. So, there's no way to determine how much of her problem is caused by these two situations and how much is caused by something else.

As to the terms: "polyarthritis", "neuritis" and "cachexi" -- they're just descriptions of symptoms that you already know, and so does she. They say that she aches in many joints, has some nerve pain or dysfunction, and her body is wasting away!

Obviously your sister's immune system has been seriously impaired by many factors, not the least of which has been her past medical treatment for symptom relief!

Your sister should go to a doctor who can restore her immune system, clean up her intestinal tract, remove mercury and/or nickel from her teeth, check possible root canal infections, and above all place her on a diet that her body can tolerate and will strengthen by.

I'm sending to you [by internet] the "Foreward" from our book Arthritis, which covers the nature of what she must explore in order to achieve wellness. There are also many other articles on our homepage <http://www.arthritis-trust.org> that will help your sister. Let's pray that not all of her troubles are irreversible. She certainly deserves more in life!

Cordially,
Editor

Editorial

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Moderate to severe muscle pain coupled with stiffness to neck, shoulder and hip, called Polymyalgia Rheumatica, affects 450,000 U.S. citizens. Another 110,000 have a related condition called "giant-cell arteritis," inflamed blood vessels that reduces flow of blood to the head, neck and arms.

Systemic Lupus Erythematosus affects about 239,000 U.S. citizens in a ratio of about 4,000 white males, 41,000 white females, 31,000 black males, and 163,000 black females. This so-called "autoimmune" disease can lead to inflammation and damage to skin, kidneys, joints, lungs, heart, blood vessels, and even to the brain. Virtually all of these diseases can be treated and cured, except for irreversible damage already in place -- but not according to the standard practices of medicine. We don't propose to tell you in this short article why we make such claims while the larger share of the medical industry says otherwise, but another article off the internet helps to understand the underlying reason.

According to the *Chicago Tribune*, Dr. George Lundberg, former editor of the *American Journal of Medicine*, the leading trade magazine for the American Medical Association (AMA), said that during his 17 years of running the journal, that, "I don't think a day went by in considering what to publish that I and my editorial staff didn't have to worry about offending AMA members, AMA politicians and the AMA Washington office by what we published. . . threatening political action against the editor and the journal for publishing what offended them ideologically, or more likely imposed on (physicians') ability to earn money."

Lundberg, now an adjunct professor of health policy and also a lecturer at Northwestern University's medical and journalism school, was fired by the AMA executive Vice President, E. Ratcliffe Anderson, Jr.

Dr. Lundberg said that AMA public relations people made many efforts to obtain *Journal of American Medicine* articles prior to publication so that they could "spin them for the AMA's corporate interests... The editor's job," Lundberg said, "is to edit the journal for patients."

When billions of dollars can be made from sick people, it is corporate insanity to tout truth, or treatments that will get sick folks well!

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parvovirus B19 was found in the synovial membranes. To me, this was the answer to my son's illness.

EMAILS TO RESEARCHERS

I wrote many Emails to researchers. Many did not answer, but there were those who did. Dr. Joel B. Baseman from the University of Texas Health Science Center answered. Dr. Baseman co-authored an article with Dr. Joseph G. Tully titled, "Mycoplasmas: Sophisticated, Reemerging, and Burdened by Their Notoriety". I explained to Dr. Baseman the hypothesis of parvovirus B19 and mycoplasmas working together. He found it intriguing and suggested that I contact Dr. Gabe Mirkin out of Kinsington, Maryland. I did not know until much later that Dr. Joel B. Baseman was a world renown researcher concerning mycoplasmas.

By the time I contacted Dr. Mirkin, I had convinced my son's pediatrician to prescribe minocycline after viewing a report on CNN

concerning a study conducted by Dr. James O'Dell from the University of Nebraska. It seemed this acne drug was giving significant relief to rheumatoid arthritis sufferers. My son began improving on the third day of the minocycline. It was a slight improvement, but nonetheless, a positive improvement; something I had not seen during his illness. From the onset he had a severe headache and stomach ache. Both were subsiding. I clung to hope and my research.

Dr. Mirkin was very kind when he returned my call and stated how lucky I was to have a physician that would listen to my research. He stated that mycoplasmas caused Juvenile Rheumatoid Arthritis. I had to sit down after that statement and to this day, do not remember much of what else was said. I thanked him for returning my call. I ordered Dr. Mirkin's newsletter and learned that he was the physician for Larry King. I was impressed and grateful that God had led me to two very prominent and intelligent men who seemed to care for my son.

(continued with "My Son's Recovery" in Fall 1999 issue)