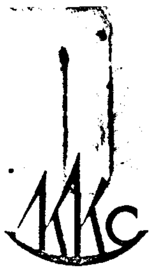

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Marh 29, 1979

Dr. J.M. Blount,Jr., M.D.
580 East Main St.,
Philadelphis, MISS. 39350
U.S.A.

Dear Doctor Blount, Jr.,

Please kindly excuse my being an abruptness and, I am taking the liberty writing to you.

I only had a few minutes of telephone conversation with Dr. Wyburn-Mason, London. Our discussions were mostly of present situation of Clotrimazole and its derivatives: In the Japanese phramaceutical manufacturers and Rhematoid Arthritis specialists and including Welfare Minisry, Health Bureau are hesitate to take up it seriously such as Metromedazole (Flagyl), or Tinidazole (Fasigyn) for treatment for the Rheumatoid Disease.

With the following reasons are our physicians and Rheumatoid Arthritis specialists are lack of deeper knowledge of Human Medical Protozoology, therefore not so keen about Dr. Wyburn-Mason's New Invention and his clinical findings and not even intended to study the subject. It seem, to me that the modern pharmaceutical manufactures in Japan and drug in our society Safegurding the Public are not treat actually suffering patients, only interested for their industrial and money making scheme and not for the sake of welfare mankind.

Dr. Blount, you have more experienced regarding how to treat the Rheumatoid disease and not only that you were one of the victim and being inactive many years (Dr. Wyburn-Mason mentioned to me sometime ago). As you know yourself, the physician treating patients with Rheumatoid Arthritis must recognize that he is dealing with Generalized systmic illness. More important, however, he sahll be aware of the patien's expectations in seeking treatment, an extremely important point which has recently been emphasized. In general, most patients seek relief from their overriding symptoms of pain and stiffness and rarely, in our expriences, expect to cured, although many face their disease with optimism and hope that new and better modalities of treatment will soon be found.

The physician's goal in treatment in usually relief of symptoms and suppression of active or progressive disease while providing the almost preservation of joint function. He should, whenever possible make his aims of treatment clear to the patient so that both are attuned to the same general philosophy and approach to treatment.

However, the overall philosophy of rigid adherence to the bed rest principle has recently been challenged.

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In this latter study, two groups of patients with active rheumatoid arthritis were assigned to one of the two therapy programs which diffuse only in the amount of bed rest allocated during th eir treatment period. Evaluation every two weeks by a team of rhematologists who were unware of which therapy group the patients had been assigned to showed no essential difference in multiple objective evaluation measures between those patients strictly confined to bed and those permitted to be up and about as tolerated.

Up to date, The basic drug treatment program in rheumatoid arthritis, in most cases, be based on use of one of the safe, economical Salicylate compound. Bayer, Leverkusen still recommending Aspirin preparation in various dosage forms instead initiating Clotrimazole preparations and more recently 'Clinoril' by Merck Sharp Dohne (advertisment in AMA) for acute Gouty arthritis. Various treatment regimens have recommended in an effor to avoid hypercortician or suppression of endogenous adrenal-pituitary control.

In Japan, we are still practicing in daily doses equivalent to 7.5 mg. of Prednisone per day will impair pituitary-adnrenal function. In studies using to to 12.5 mg of predinisone every 48 hous, it was found that subjects maintained a normal pituitary-adrenal response to insulin hypoglycemia when the corticoisd were given in a single dose but not when the 12.5 to 10 mg. of prednisone were given in divided doses. The practical difficulty with any therapeutic regimen based on every other day corticosteroid is the fact that, because of the activity of their diseases, many patients cannot with stand the discomfort and pain sometimes felt during the day when they take no cofticosteroid at all.

Accordingly, you can see our practice of Rheumatoid Arthritis in Japan, we have s strong stone wall-like the Great Wall of China, up against our Dr. Wyburn-Mason's theory and practice and treatments without actually tried Clotrimazole and its derivatives for their patient, and still stick to their own method of treating the patients. They are just prejudice-against our Dr. Wyburn-Mason's "The causation of Rheumatoid Diseae, A new Concept in Medicine.

By all means this is might be that their own political and economic reasons. For instance, in Japsnese "rheumatoid disease Society". the its members are so called 'Specialist' and mostly medical school Professor and instructors in various Prefectural Hospitals. In the first place, these doctors are lack of knowledge of Human Medical Protozoology.

In a few years ago, I remembered oneof the well known United States, who specialized Rheumatoid Diseae and he made a remarks in his book concluded in his book "Treatment of Rheumatoid Arthritis is at present far from perfect but offers the promise of a better future for patient with this disease".

Dear D . Blount; you know more about Rheumatoid disease, its diagnosis and treatment with Flagyl in the United States more than anybodyelse. Therefore, I beg you write and describe in concise manner your own expericence as you were one of the Rheumatoid disease victim. And, today you are regain your health and actively take careing the patients daily . I am so anxious to show to our pharmaceutical companies executives for your experiences and how to treat for the Rheumatoid disease. at present.

Respectfully yours,

[signature]