

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. bone, TB of the lung, TB of the skin, and so on.



How Do I Cure My Rheumatoid Arthritis?

1. How Do I Cure My Rheumatoid Disease?

You start the cure by learning what Rheumatoid Disease is, where it's located in the body, and what causes it. The very first thing to learn is that it is a disease of the whole body, not of your joints. This is true no matter how much your joints ache or how insistent is your friendly neighborhood rheumatologist.

2. Where is Rheumatoid Disease Located in my body?

Rheumatoid Disease is a "systemic" disease. This means that whatever ails you is actually a problem of your whole body -- cells, organs, systems -- the whole works. If you suffer from Rheumatoid Arthritis, for example, this systemic disease is manifesting itself in your joints. If you suffer from a differently named Rheumatoid Disease, then the target area of your body is given a new name, one different from Rheumatoid Arthritis. In fact, there are about 100 differently named diseases that have essentially the same causes but are known under totally different names as shown at the "Articles" tab, "Arthritis Classifications" at our website <http://www.arthritis-trust.org>.

One of our founders, Professor Roger Wyburn-Mason, M.D., Ph.D., explained this astounding fact by describing the medical profession's past technique for naming tuberculosis before discovery of the tuberculin germ. There were about 100 unique names for apparently different diseases depending upon the part of the body affected. Once the tuberculin bacillus was discovered, all of those names collapsed into TB of the

We think Rheumatoid Disease is a cluster of symptoms named differently -- 100 unique names -- that can now be understood from the viewpoint of a single, systemic disease. (See "Arthritis Classifications" tab at <http://www.arthritis-trust.org>.)

3. But what about my immune system? My doctor says that Rheumatoid Arthritis (or Rheumatoid Disease) is caused by a defective immune system?

There may be some folks who have a defective immune system, but these are probably rare. We believe that your immune system is doing exactly what it was constructed to do. By analogy, consider the camel with too many straws on its back. If you remove those straws one or two at a time eventually the camel will be able to stand again. Our recommended treatment protocol does exactly that -- removes the stressors from your immune system until your body (and immune system) functions properly again.

Professor Roger Wyburn-Mason again constructed a useful analogy citing past medical history. Prior to the discovery of the syphilis spirochete, the disease of syphilis was often considered a "defective immune system" disease. It displayed all of the characteristics of an immune system gone awry. Once the spirochete was found it was clear to all that this was an infectious disease problem.

Current internal medicine books will often provide two hypotheses for the cause of Rheumatoid Disease: (a) Something is wrong with the immune system, the body is attacking itself; (b) There is one or more microorganisms inside the body producing a reaction on the rheumatoid disease victim's tissues, thus causing the manifestation of the disease.

Billions of dollars worth of research following up the "something is wrong with the immune system" has never produced a cure. Whereas tens of thousands -- stemming from the 1960s -- have gotten well following up on the second, that is that the body is responding to one or more microorganisms.

4. What microorganism causes this terrible disease? Is there only one that affects everyone the

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When we started the Arthritis Trust of America (The Rheumatoid Disease Foundation) in 1982 we believed that there was but one nasty microorganism, an amoeba. This was according to the findings of Professor Roger Wyburn-Mason and a world-class amoebologist, Dr. Stamm. Dr. Wyburn-Mason was convinced because his treatment designed on the basis of their alleged amoebic findings worked in the large majority of cases. We conducted numerous studies coming at last to the realization that Dr. Wyburn-Mason's treatment protocol was indeed working, but that his belief in an amoebic origin was not necessarily the best answer. (See *The Causation of Rheumatoid Disease and Many Human Cancers*, "Books and Pamphlets" Tab, <http://www.arthritis-trust.org>.)

Meanwhile, independently, Thomas McPherson Brown, M.D. had concluded that a mycoplasma was the culprit in the creation of Rheumatoid Disease. (See "Thomas McPherson Brown, M.D. Treatment of Rheumatoid Disease," at "Articles Important" tab of <http://www.arthritis-trust.org>.)

There are treatments predicated on both of these hypothesis, except that we've added additional, necessary wellness-serving treatment protocols. These are the necessity of correcting nutritional intake, Candidiasis, food allergies, root canal infections, mercury toxification, herbicide and pesticide accumulations, hormone balancing, and so on.

We now believe that Rheumatoid Disease is caused by many factors (multi-factored) and that there can be one or more out of tens of thousands of invasive microorganisms to which a genetically sensitive person's tissues will respond -- either to the microorganisms' protein products or to their waste products. This is known as a "genetic susceptibility" to the toxins or protein products of the microorganism.

5. Should I have tests for these microorganisms, these pathogens?

Unless a health professional has some reason to search for a particular pathogen we feel it is a waste of money and time looking for any specific invader by the taking of blood tests or other tradi-

tional tests designed to find pathogens. However, Computerized Electrodermal Screening or kinesi-ology are two low-cost, often accurate means for making such a determination, if you wish to make the effort.

Experience has shown, however, that broad-spectrum anti-microorganism treatment, coupled with investigation of all the other known causes and assisting treatments, is usually successful, at least 80% of the time.

Here's an example of a patient where our recommended anti-microorganism drugs did not work, but, by following our principles, the patient recovered from Ankylosing Spondylitis, one of the 100 or so named Rheumatoid Diseases. Reason: he was exposed to a whole different type of invading microorganism than normally found in the United States, *Schistosomiasis bilharzia*, a parasite obtained by swimming in Zimbabwe waters at an altitude where the waters are known to harbor this organism. He was able to get well by using the proper pharmaceutical created for this specific microorganism together with proper application of our other treatment recommendations -- that is, unloading the immune system. (See <http://www.arthritis-trust.org>, "Newsletters" "Spring 2005.")

We know patients who achieved wellness using our recommended anti-microorganism treatments alone.

We also know of patients who only needed our other recommendations -- not the anti-microorganism protocol -- and got well.

Some patients require all of our recommendations to achieve wellness.

But, concentrate on the principles we describe and not on a literal-minded authoritarian approach.

6. How will I know exactly what to do? Take the anti-microorganism treatment or the other treatments?

Your best bet -- if you truly want to get well -- is to work with one or more knowledgeable health professionals, and to remove every single suppressor, every straw on the camel's back! You must learn more than your friendly neighborhood rheumatologist. This will be easy to do, because

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One drawback is this: There's no one health professional or dentist in the United States who offers all the treatment recommendations you will need to explore. Several clinics come close, but the majority of those who signed up on our physician referral list are rather limited in what they chose to offer you. So, if you truly want to get well, you should consider several options right at the start.

a. First off, learn everything you can on this website. Especially read the book *Arthritis* by Prosch and di Fabio at <http://www.arthritis-trust.org>, "Books and Pamphlets" tab. Read it end to end. (The whole book is free for your downloading.)

If you don't understand some of the words, use "Google" or a dictionary or some other search engine to define them. Don't let words stand between you and a good understanding of the principles for achieving wellness. You won't have to learn your friendly neighborhood rheumatologist's complex medical language, thank goodness, but you'll need to clear up some basic concepts to avoid confusion.

b. After you've learned as much as you feel you can absorb, then start searching for a health professional who will work with you. This could be your family doctor. We'll even help her/him to learn, if s/he is open-minded and willing to learn.

Otherwise, you can search for a doctor in your geographical region who is dedicated to or inclined to practice alternative/complementary medicine. All of our referral doctors categorize themselves as alternative/complementary doctors, but they individually still restrict themselves to specialty treatment protocols only some of which remove straws from the camel's back.

Plan on traveling to another location where exists a health professional who will help -- and then plan on traveling to another location to visit another health professional. You will understand this option better when you go over the causes of arthritis, and removal of the straws in the instructions that follow.

By now you're thinking, "Good gosh! This

is getting complicated. I only want a pill to make me feel better and to get me well."

That's the kind of thinking encouraged by your present treatment plan, and the very reason that you're not getting well. It's an "authoritarian" approach. Face it! There's no pill that will remove all the straws from the camel's back.

There may be easier ways for achieving wellness, and if you find them, please let us know so we can tell others. Meanwhile, here's our recommended treatment protocol!

7. Proper Nutrition is important! So what is proper nutrition for the Arthritic?

There are numerous animal and plant substances considered to be "food" around the world. No one country has a monopoly on what is right, or even what is right for you.

Regardless of your genetic background, native country, religious bent, or family tradition, you must find a way to change your diet so that your tissues are primarily alkaline rather than acidic. What you eat determines this situation!

To be sure that you're capable of utilizing the nutrients that you take in through the mouth, some physicians will want to test the acidity of your stomach. They'll want to know, "Are you actually absorbing your food?" If not, they'll place you on a proper regimen to handle this common problem. (The stomach is one place that you want acidity. Read Dr. Wright's "Myth of Acid Indigestion -- Heartburn & GERD" at <http://www.arthritis-trust.org> under the "Articles Important" tab.)

The health professional may also want to know if your metabolism is capable of operating at the correct rate. Without a proper overall metabolic temperature, essential enzymes will not chemically unfold to manipulate your digested and absorbed nutrients. If low, you'll probably need thyroid supplements -- but only the right kind, not the generally administered type given out by traditional medical practitioners. Read "Thyroid Hormone Therapy: Cutting the Gordian Knot" at <http://www.arthritis-trust.org> under the "Articles Important" tab.

Assuming all the other hormones are functioning properly, then the general dietary principle

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There are two types of things routinely placed in folks' mouths. One is called "food" and the other is called "non-food." So that you'll better understand "food" we'll first define "non-food."

"Non-food" is everything you place in your mouth that has been packaged, processed, treated, frozen, or otherwise stabilized for long shelf life at your grocery store.

"Food" is what you get out of the garden, or from the animals that have provided meat that is fresh, untainted, and untreated.

The closer you can eat from the garden (or killed animal) the healthier. Similarly, the further away from the garden (or killed animal) you eat, the unhealthier -- especially when your intake derives from substances packaged, processed, treated, frozen, or otherwise stabilized for long shelf life.

Some call this the "cave-man" diet. But you don't have to be a cave-man as the principles are really not that difficult to follow.

One exception to the "food" vs. "non-food" designation and restrictions on "non-foods" is your liberal use of proper supplements. Your friendly neighborhood rheumatologist may tell you that these are simply "expensive urine." Don't disturb her/his authoritarian fantasies! There are very good reasons why properly prepared and packaged vitamins, minerals and essential fatty acids are absolutely essential for your wellness trek, and in any case, the lack of some of these may be weighty straws holding down the camel's back.

For excellent descriptions of appropriate Rheumatoid Disease diets, read the following articles on our website at <http://www.arthritis-trust.org>, under the "Articles Important" tab: "Natural Treatment for Arthritis," "Proper Nutrition for Rheumatoid Arthritis," and "The Perfect Health Plan."

8. It's important that I check out Candidiasis Infection. So what is it?

You must determine if you've got systemic Candidiasis and, if so, you must get rid of the infection.

Many excellent books have been written on this subject. We'll not repeat the great deal known

about this modern plague, but we'll cover some important essentials.

Candida albicans -- among other invasive organisms-of-opportunity -- is a yeast/fungus with at least six known "switching mechanisms." A "switching mechanism" is simply a microorganism's method of survival. When the environment is changed surrounding it -- say from acid to alkaline, for example -- the microorganism switches to a different form and function, one that permits it to survive in the new environment.

Candida albicans (among other invasive organisms) has one very nasty switching mechanism that spreads throughout the intestinal tract, also pushing or growing a "rootlet" right thru your protective intestinal mucosa. This opening permits undigested molecular-sized proteins to go directly into your blood stream where your ever-watchful immune system spots it, recognizes that protein molecule as an invader (antigen), and proceeds to construct an antibody to protect you from it. This "antigen/antibody" relationship results in an increasing number of food allergies.

Food allergies not only produce their own unique health problems, but can also mimic most of the degenerative diseases, including Rheumatoid Diseases.

Candidiasis also results in a yeast production of either alcohol or acetylhyde, the metabolite of alcohol. Acetylhyde is the part that gives you a hang-over after drinking too much alcohol the night before.

Constant, persistent production of these products, even at a low level, not only create their own special health problems, but can also mimic many of the degenerative diseases.

Some physicians estimate that about 50% of their Rheumatoid Disease patients suffer from Candidiasis. Other physicians estimate a higher rate. We've known one friendly neighborhood rheumatologist to pronounce a patient who suffered only from Candidiasis as having Rheumatoid Arthritis, and proceeded thereafter to prescribe the standard, non-effective and damaging methotrexate. Of course, the patient did not get well for two reasons: (1) She didn't have Rheumatoid Arthritis in the first place; and, (2) Methotrexate at best

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The main reason for this pathetic mistake is that traditional medical practitioners do not accept systemic candidiasis as a commonly acquired disease!

So where do folks acquire Candidiasis?

There are several main direct routes to its being acquired: (a) Use of antibiotics administered by medical practitioners for an infection kill off the "good-guys" intestinal microflora and permits organisms-of-opportunity to flourish; (b) Long stretches of stress brings on their intestinal overburdening; (c) The use of the immune suppressing drugs against Rheumatoid Disease (or other disease states) brings on the overgrowth.

So -- you must understand -- that the very drugs that you've been given by your friendly neighborhood rheumatologist, or your family general practitioner, may have created the unwanted overgrowth. At the very least, it helps this nasty growth to survive.

There are numerous solutions to Candidiasis, some better than others. Read "Candidiasis: Scourge of Arthritics," at <http://www.arthritis-trust.org> under the "Articles Important" tab. Here you'll find that a blood test sent to the proper laboratory can determine infestation, but that normally the health professional will rely on your answers to a specially designed questionnaire, as well as other signs and symptoms. This article contains such a questionnaire once used by Gus J. Prosch, Jr., M.D. for his patients.

You must rid yourself of Candidiasis for many reasons, least of which is that it could be the actual source of your Rheumatoid Disease symptoms. If not the source, then certainly it will be a contributing factor -- one of the camel's straws!

(By the way, for females, a vaginal infection is generally symptomatic of a systemic infection. Treating only the vagina, as recommended by standard medical advice, is not the general, systemic solution!)

9. It's vital that I spot and handle my food allergies. So, how do I do this?

Food allergies may be one of the most common reasons for the manifestation of many

kinds of degenerative disease, including Rheumatoid Disease. You've already read how Candidiasis can promote food allergies, but food allergies can also occur in other ways.

One of the most surprising -- and distasteful -- facts about food allergies is that allergies' biological rules are virtually the same as those of drug addiction! A person called an "alcoholic" has a "food" allergy. S/he's allergic to alcohol!

We "like" and always eat certain foods because we're addicted to them!

We develop food allergies from (a) "foods" most easily digested and assimilated, and (b) those "foods" eaten most often; i.e., the "foods" we really like.

"Foods" that are most easily digested and assimilated are, in their order of ease (a) alcohol, (b) sugar, (c) simple carbohydrates like white flour and products made with white flour.

Complex carbohydrates, such as whole vegetables, and various proteins from meats are not so easily digested and assimilated, but can also be a source of food allergies, especially if eaten regularly, i.e., daily or near daily; or, if systemic Candidiasis is present most any food can be allergenic.

Warren Levin, M.D. explains the food allergy (drug addiction) phenomena very nicely at <http://www.arthritis-trust.org> at the "Articles Important" tab in his "Allergies and Biodetoxification for the Arthritic." He also provides a 5-day abstinence fasting program together with the keeping of a food intake and symptom log that assists in determining exactly what foods create a problem for you. (Some foods cause reactions immediately while others require three days to kick in, thus, the need for a written calendar "food" intake log.)

William H. Philpott, M.D. also provides a solution to the food allergy problem through the use of benign heavy-duty magnets and a 5-day or 7-day food rotation diet. Go to <http://www.arthritis-trust.org>, "Research" thence to "Research and Letters," and then look for his name at the alphabetized list to the left. You'll find many complete articles of Dr. Philpott's describing the beneficial use of heavy-duty magnets and rotation diets for food allergies.

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Some "foods," rather than allergenic, are chemically disturbing to people with a genetic susceptibility to those products. Ed Wendlocher and other scientists have determined the source of arthritic pain for many folks as stemming from hot chili peppers, especially those found in various "food" products as flavor enhancers, but not listed on the labels. Go to <http://www.arthritis-trust.org> to the "Articles Important" tab and read his "Chemicals in 'hot' Chili Peppers Confirmed to be a Cause of Arthritis."

Appropriate blood tests from a properly equipped laboratory can also help determine your food allergies; and, it goes without further explanation that those well trained and experienced in the application of electrodermal screening or kinesiology can also help make this determination.

It's very important that you find your food allergies and that you handle them, especially if the allergies are a component of causation -- another straw -- for your Rheumatoid Disease!

10. Yes, that's all very well, but what about the anti-microorganism treatment? I want to start with that treatment because I've heard so much about it!

Certainly many more Rheumatoid Arthritis victims have gotten well from anti-microorganism treatment than any other treatment used by the accepted medical establishment. Although some few rheumatologists will try Thomas McPherson Brown's anti-mycoplasm treatment and some few will try the Roger Wyburn-Mason anti-microorganism treatment, the mistake both make is in still subscribing to the archaic nineteenth century philosophy that for each disease there is one microorganism. Kill that organism and wellness ensues. This is true for many infectious diseases, but generally not true for the so-called "degenerative" diseases, which are usually multi-factored -- caused by many factors.

Generally, though, your friendly neighborhood rheumatologist will not wander from the path laid down by his peers, his hospital, or insurance providers, none of which achieve wellness, but rather, provide you with damaging drugs that permit you to function without pain a little longer while the crippling disease rages onward.

Please consider this: While some of us have gotten free of Rheumatoid Arthritis simply by taking a drug, failures usually occur because the physician or the patient has ignored the rest of the camel's straws. We know, as fact, that Dr. Gus J. Prosch's consistent cure rate of 80% occurred because he and the patient also tackled other causations at the same time.

So, when you reach this aspect of your treatment program you've got two choices: (a) the Thomas McPherson Brown anti-mycoplasm approach, or (b) the Roger Wyburn-Mason (the Arthritis Trust of America) broad spectrum anti-microorganism approach.

Frankly, we're not selling either one. We're only interested in your wellness!

And, we've had folks call or write to tell us they've been on one or the other approach, and they're still not well.

Frankly, too, practitioners who subscribe to one approach and not to the other both claim about 80% cure rate, sometimes both sides pooh-poohing the other side.

We do, however, recommend that you start with the Arthritis Trust of America (Wyburn-Mason) approach for several rational reasons:

(a) You'll know in about six to twelve weeks whether or not it will work whereas, for the anti-mycoplasm approach you'll know in about a year. If the broad spectrum anti-microorganism treatment doesn't work, you can still try the anti-mycoplasm approach. The Arthritis Trust of America recommended anti-microorganism approach taking only six to twelve weeks will then require only about 2 or 3 visits to your assisting health professional. Whereas the anti-mycoplasm approach takes periodic visits for a year.

(b) The Arthritis Trust of America anti-microorganism approach is cheaper.

If you're a gambler, and like to play for the jackpot with your paycheck, then try either of these without removing the other straws. Either might work without removing the additional straws -- but really, now, don't bet on it!

11. What is the Arthritis Trust of America anti-microorganism approach?

With some modification by a committee of

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. our referral physicians, it's the same as the Professor Roger Wyburn-Mason, M.D., Ph.D. development begun in the 1960s that was curing patients worldwide. We'll list the main ingredients here, but for a complete picture go to <http://www.arthritistrust.org>, the "Articles Important" tab, and find "Wyburn-Mason Treatment for Rheumatoid Disease." (You may also go to the "Books and Pamphlets" tab and find a detailed description of this anti-microorganism treatment in each of the books: *Rheumatoid Disease Cured at Last*, *The Art of Getting Well*, *Little Known Treatments for Arthritis*, and *Arthritis*. In particular, for health professionals, read *Causation of Rheumatoid Disease: and Many Human Cancers*.)

Recommended broad spectrum prescription drugs are the following:

(a) Metronidazole - Get from any pharmacy.

(b) Clotrimazole - Get through a compounding pharmacist.

(c) Tinidazole - Get through a compounding pharmacist, except in Southwest get from most pharmacies.

(e) Nimorazole - Cannot get in the United States.

(f) Ornidazole - Cannot get in the United States.

Above (a) thru (f) are called the 5-nitroimidazoles.

(g) Allopurinol - Get from any pharmacy.

(h) Furazolidone - Get from any pharmacy.

Here's how they are used to make up a broad-spectrum anti-microorganism treatment:

First, your health professional must be assured that your liver and kidneys can tolerate these drugs in the dosage prescribed. The dosage recommended is by body weight. Do not permit your doctor to lower the dosage below the recommended body weight simply because he thinks you cannot tolerate the drugs. If you can't tolerate the drugs, don't take any of them!

Baseline is 200 pounds. If you weigh 200 pounds, then you should take two grams (2000 mgs) of one of the drugs "a" thru "f" each day for two days in a row, like, for example, Saturday and

Sunday. Then you skip taking any drugs for five days. Then you take 2 grams (2000 mgs) per day for two successive days the next Saturday and Sunday. In all, you repeat this process for six weeks.

During the first seven days you also take 300 mg of allopurinol (item "g") 3 times a day, each day. Then stop! No more allopurinol for this cycle of treatment!

If for some odd reason you're allergic to allopurinol, or your health professional thinks s/he would prefer to have you do so, then take furazolidone (item "h") for the first 10 successive days, 100 mg 3 times per day. Then stop. No more furazolidone for this cycle of treatment!

Important: For each 25 pounds over or under the 200 pound baseline that you weigh, you either add or subtract 250 mg (1/4 gram), respectively, to the above prescription.

Some doctors since 1982 have varied this standardized protocol with success. For example, Gus J. Prosch, Jr., M.D. often tried a second cycle of treatments using a different one of the 5-nitroimidazoles. John Parks Trowbridge, M.D. developed a slightly different protocol with success, and he added in the use of DHEA/pregnenolone IV (intravenous natural hormone replacement) plus EDTA chelation IV, whence usually 80-90% are helped. He also monitors blood tests. (Press the tab "Articles Important," and go to the article "Chelation Therapy," on our website <http://www.arthritistrust.org> for the nature of EDTA chelation IV; and also for "Hormone Balancing: Natural Treatment & Cure for Arthritis.")

It bears repetition! The principles of treatment are important, not the literal-minded interpretation of rules!! If your health professional and you get good results, then both of you know what you're doing!!!

12. My doctor says that metronidazole might cause cancer. Is this correct?

Metronidazole is not carcinogenic. This is one of the most popular discreditations, unrelated to fact. According to a Senator Ted Kennedy joint hearing before the subcommittee on labor and public welfare and the subcommittee on administrative practice and procedure of the committee on the *Judiciary United States Senate Ninety-Fourth*

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Congress, July 10-11, 1975, Searle (pharmaceutical company) representatives testified that some lab data had been misplaced regarding control-group rats, and that carcinogenic symptoms had been observed *in the control group* (the rat group that was not on metronidazole). The FDA, they said, had required them to throw the carcinogenic count into the non-control group. [See "First Session On Examination of the Process of Drug Testing and FDA's Role in the Regulation and Conditions Under Which Such Testing is Carried Out," *Preclinical and clinical testing by the Pharmaceutical Industry, 1975*, Published by the U.S. Government Printing Office, Washington, D.C. 1975]

Thus, the *Physicians Desk Reference* now contains the statement that metronidazole may cause cancers in rats. This error has never been corrected on a drug package insert, and probably never will be.

In an address by Wayne Martin [deceased] of Fairhope, Alabama, before the Seattle Chapter of the International Association of Cancer Victims and Friends, he summarized the results of a study of Flagyl (metronidazole) in the treatment of cancer:

In the Seattle area, the Group Health Cooperative of Puget Sound has treated 12,280 patients with Flagyl (metronidazole) mostly for the parasitic disease trichomoniasis, which causes urogenital distress. Of this group, only five patients developed cancer over a 2-1/2 year period, whereas among the 123,620 non-Flagyl users, 311 patients developed cancer over the same period of time. On a percentage basis, 0.04% of the Flagyl patients developed cancer, compared with 0.25% of the non-Flagyl users -- a score of better than 6.25 to 1 in favor of Flagyl users. When a correction for age was factored in, the score was still 3-1 in favor of Flagyl users (*Journal of the American Medical Association*, May 14, 1982, pp. 2498-2499.)

The *Physicians Desk Reference* also states that since 1967 there has never been a reported case of human carcinogenicity or mutagenicity through the use of metronidazole.

According to *The First Metronidazole Conference*, metronidazole is world-widely used,

often in dosages much higher than our recommendations, and often in hospital settings where it is frequently used intravenously in very high dosages for bacterial infections.

13. My doctor uses intravenous metronidazole in hospitals to kill bacteria. He says he's willing to give me the same treatment since he knows it's safe. Should I use it?

Intravenous dosages of metronidazole will do nothing to halt the progress of Rheumatoid Disease, although it might ease the free radical damage for a short time. Reason: Your "good-guys" microflora must "metabolize" the drug. It's the metabolites of metronidazole that kill the microorganisms, not the drug itself. Your "good-guys" microflora should be supplemented with a good quality grade of supplemental *Lactobacillus acidophilus* & *Bifido bacterium*. Such supplementation is important for the proper activation of the metronidazole and other 5-nitroimidazoles.

14. What signs and symptoms should my doctor and I look for?

You should both look for the Herxheimer effect!

In 1902 two research physicians, Doctors Adolph Jarisch and Karl Herxheimer, studied the treatment of syphilis, using various kinds of relatively dangerous drugs. They learned that whenever they killed the syphilis spirochete the patient displayed a series of symptoms similar to "flu." They later concluded that whenever an organism more complex than a simple bacteria was killed within the human body, one had these same symptoms. Subsequently this phenomenon became named the "Jarisch-Herxheimer" or "Herxheimer" effect.

When treating tuberculosis, the Herxheimer occurs, as it also does in treating Leishmaniasis. When treating Leprosy, the same phenomenon occurs, but it is called "Lucio's" phenomenon." Some other rare, tropical diseases also exhibit the Herxheimer when treated by killing the causative organism. Some call it the "die off effect" -- for example in treating Candidiasis -- as it occurs whenever the invading organism is dying off.

According to the Jarisch-Herxheimer

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. theory, when an invading organism (more complex than a simple bacteria) acts as an antigen (allergy agent) the body prepares antibodies that tend to fight the antigen. This creates products which are the cause of the swelling, heat, and joint damage. One's tissues and immune system responds to the killing of the organism inside the body by producing a serious allergic response inside the body. The products of that allergic response create secondary problems that lead to the additional damage.

If there is a causative organism that creates RD, and if the organism is killed by this medicine, and if you've been sensitized to the protein products of that organism, then more of the protein products resulting from dead organisms will increase the internal allergic response. It follows, therefore, that, just by killing off one of the causative agents of Rheumatoid Disease, the body will have an intensification of the very symptoms that we label as "Rheumatoid Disease." Rheumatoid Disease symptoms are a systemic manifestation of the internal allergy!

The Herxheimer effect consists of these signs and symptoms:

(a.) General and usual: Sweating and especially night sweats, diarrhea, nausea, vomiting, headache, fever, general malaise, flushing of skin, anorexia, aching bones and "flu" symptoms resembling a serum reaction.

(b.) The inflamed and affected tissues become more inflamed and tissues previously unknown to be involved become inflamed.

(c.) If the heart, pericardium or cardiac tissues are infected, patients may develop some paroxysmal auricular tachycardia, premature ventricular contractions or ectopic beats.

(d.) If the urinary bladder tissues are infected the patient may develop signs of full-blown cystitis.

(e.) If the brain or meninges are infected the patient may develop severe (temporary) depression, lethargy, generalized weakness, temporary memory loss, irritability along with headaches.

(f.) If the mouth tissues are infected, a bitter and/or metallic taste may be noted along

with mild shedding or peeling of the mucosal tissues. This has also been noted in the rectal tissues. However, it should be noted that Metronidazole and Tinidazole also produce a metallic taste without the Herxheimer effect being present.

(g.) When the periosteal tissues and skeletal muscle tissues are involved, fairly severe bone pain usually accompanied by severe muscle pains and spasms may be observed, usually at night.

(h.) When the lungs and bronchial tissues are infected the patients may develop bronchitis symptoms and occasionally pneumonitis (resembling viral) has been observed.

You and your physician must learn to distinguish between the possible effects of drug toxicity, an allergic reaction to one or more drugs, or the Herxheimer effect. (See <http://www.arthritisrust.org>, "Articles Important" tab, "The Herxheimer Effect.")

15. What if the Herxheimer effect becomes so strong that I can't tolerate it?

The Herxheimer is a good sign, because then both you and your doctor know that the drug is killing organisms. Something good is really happening! When your body cleans up the antigen/antibody complexes, you'll probably be free of Rheumatoid Disease -- assuming the other straws do not need to be removed.

To tolerate the Herxheimer, when we first designed our treatment protocol in 1982 we made certain recommendations related to the taking of small amounts of prednisone or, perhaps, non-steroidal anti-inflammatory drugs. We don't like what prednisone does to the body, but, if no other recourse is available to you, one of those options may be necessary.

But, what we truly know will work favorably is the judicious application of Dr. Pybus' Intra-neural Injections!

What we know about the use of intra-neural injections simultaneous with your visit to your doctor fills another booklet, which you'll find at <http://www.arthritisrust.org>, "Books and Pamphlets, *Intra-neural Injections for Rheumatoid Arthritis & Osteoarthritis & Control of Pain in Arthritis of the Knee.*

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Indeed, Dr. Prosch's consistent success rate depended upon use of all of the above, including same day use of intraneural injections. The Arthritis Trust of America feels that the booklet, *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis & The Control of Pain in Arthritis of the Knee*, by Dr. Paul K. Pybus, is a must for all forms of Rheumatoid Disease and arthritis-like pain, and that the use where appropriate of designated intraneural injections decreases the time to wellness, regardless of what other modalities are used on the patient. One important advantage being the ability to get the patient off of damaging pain-relieving drugs while the body is adapting to healing treatments and wellness routines. These easy-to-administer injections address the source of your joint pain, nerve ganglia that lead to the affected joint. (You'll also find a description of Intraneural Injections at <http://www.arthritistrust.org>, "Newsletters," Spring, Summer, Fall, . . . 2006.)

Englishman Roger Wyburn-Mason, M.D., Ph.D., nerve specialist, was the first to describe the source (not causation) principle of joint damage from tender nerve locations, sometimes called "trigger points," in arthritis and arthritis-like pain.

South African Dr. Paul K. Pybus, his former house physician, learned to implement in clinical practice Wyburn-Mason's theories of intraneural injections, successfully using his discoveries for more than 20 years.

Keith McElroy, M.D. (The New York Orthopaedic Hospital) independently discovered the same principles, and applied them to his patients, also for many years. He called them "Injection Therapy."

Dr. Paul K. Pybus and Gus J. Prosch, Jr., M.D. explored additional key "trigger points," until it became clear to them that a virtual one-to-one correspondence existed between painful neuroma and acupuncture points -- but not always so.

Dr. I.H.J. Bourne, a friend of both Dr. Roger Wyburn-Mason and Dr. Paul Pybus, also developed the use of intraneural injections which he published as "Musculoskeletal Disorders: Local Injection Therapy." His paper and Dr. Prosch's has been added to the rear of the aforementioned intraneural injection booklet. (see "Books and Pamphlets" [http://](http://www.arthritistrust.org)

www.arthritistrust.org, *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis & The Control of Pain in Arthritis of the Knee*)

Dr. Curt Maxwell of Los Algodones, Mexico uses all injection modalities. While the book does not address itself to inflamed neuroma, he also recommends the W.B. Saunders book, *Atlas of Pain Management Injection Techniques* by Steven D. Waldman, M.D., J.D. as an excellent supplementary book. (It is very convenient for doctors who are into reimbursement via insurance, as it gives the insurance code that is acceptable for each of the injections. The artwork is excellent, and there can be no doubt as to how to do the recommended injections in the various parts of the body. The text is quite appropriate, giving not only the how, but also contra-indications, et. al.)

Of most importance, however, for more than 50 years American Harry H. Philbert, M.D. independently developed the use of what he chose to call "Specific Injection Therapy," covering many of the same aspects as the several intraneural publications reported above. *The Anatomy of Pain: Specific Injection Therapy*, is a well-done report of Dr. Philbert's.

To clarify further, your doctor should know how to use any one of several types of injections: (a) Intraneural Injections, (b) Neural Therapy according to Huenke, and (c) Sclerotherapy [Prolo or Proliferative Therapy or Reconstructive Therapy].

Neural Therapy (Injections), developed by Ferdinand and Walter Huenke, also about 70 years ago, addresses the problem of patterns of stored "pain" reflexes which trigger off permanent relief upon injection. These injections are particularly important when addressing scar tissue and the ability of such permanent scars to distort structure.

Sclerotherapy (or Prolo Therapy) is very important for tightening up tendons or ligaments that have become stretched or torn. This eventually applies to all arthritics, but is not germane at this point, except that many joint pains do, in fact, stem from stretched or torn ligaments and tendons. This is the only treatment that can permanently solve that problem. (You can read more about it at <http://www.arthritistrust.org>, "Articles Important"

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When using the intraneural injection protocol, your doctor will probably want you to return in about three weeks. That's about the length of time that the effects of the intraneural injections will last, permitting you and your doctor during the interim to work on removing as many of the camel's straws as possible. At that time, you can receive another set of injections which will safely -- and almost miraculously -- remove your joint pain for another three weeks.

Once you've rid yourself of the Rheumatoid Disease, you may still need the injections, but each time you receive them there'll be less pain points and the injections will last longer. (This aspect is covered in more detail in the aforementioned Dr. Pybus' book on intraneural injections at our website.)

16. What about the Thomas McPherson Brown, M.D. anti-mycoplasm treatment?

This treatment is predicated on the assumption that the mycoplasm is the cause of Rheumatoid Disease and a form of antibiotic is used to kill this microorganism. Treatment is usually spaced out over numerous visits throughout the year. At each visit a small amount of a specific antibiotic is given. This is called "pulsing." For further information go to our website at <http://www.arthritis-trust.org>, "Articles Important" tab, "Thomas McPherson Brown, M.D. Treatment of Rheumatoid Disease."

17. My doctor has done all of the above, and I'm still not well! What do I do next?

Eighty percent of those treated by Dr. Prosch, and other doctors, have gotten well, many for the first time in years of suffering. You must be one among the remaining 20%. Too bad! But don't give up. It simply means that you've got more straws to remove, and it's important that you know what they are, and how to remove them.

In fact, the successful 80% also should be routinely removing these additional straws to continue strengthening their immune system!!

Remaining important straws are: (a) root

canal cleansing, (b) mercury removal, (c) intestinal cleansing, (d) detoxification, & (e) hormonal.

18. I've taken very good care of my teeth -- spent lots of money. I've got a very good dentist and he says that I don't need any further work on my gums or removal of mercury. He says you folks are crazy!

Well, then, I guess you've got a choice! Stay away from crazy people, or get yourself well!

We've learned over the years that it's more difficult to wean Rheumatoid Disease victims away from their very friendly neighborhood dentist than it is from their friendly neighborhood rheumatologist. We can understand the reasons. You've just gone through a stressful series of dental sessions, and you've put out big bucks, and now you might have to do it all over again? Crazy, indeed!

Here's the problem: Whenever root canal work has been completed, or a tooth has been extracted, the dentist is not taught to remove the tough integument that held the tooth in place. This tough tissue keeps antibiotics from getting into the cavitation formed there. Your friendly neighborhood dentist has not been taught this fact, although it was his trade union's predecessors who funded affirming definitive studies on this subject many years ago. Bacteria that lives in your mouth and that has gotten locked into these cavities mutates from an oxygen-loving form (aerobic) to one that does not love oxygen (anaerobic), and sets up shop behind this tough tissue. It begins manufacturing some of the most deadly toxins in the world, ten times more deadly than botulism. Radioactive substances have traced these poisonous toxins to specific organs in the body, and resulting disease states.

Only ten percent of folks are aware of having any microbial growth there, so silently do these organisms work -- and, through their stealthy action, they become the source for persistent bone shrinkage as folks age.

Removing this important straw requires a "biological dentist," one who is trained in identifying this kind of problem, and who can safely cleanse the infected cavitation. No matter how kind and friendly your family dentist, s/he will not have been trained in this area, and will most likely pooh pooh the idea!

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Again you can rely on non-invasive electrodermal screening, or kinesiography to make a determination of need for this straw's removal. But in addition, the Biology Department at the University of Kentucky developed a method for the dentist to swab the base of the gums at each tooth and determine whether or not there's an infection at the tooth's root canal.

The Price Pottenger Nutrition Foundation [address found at the end of our "Physician Referral List," "Physician Referrals" tab at our website (<http://www.arthritis-trust.org>)] will provide you with names and addresses of biological dentists near you. Caution, however, their list does not show which biological dentists are trained for safe mercury removal and which trained for both cavitation cleansing and safe mercury removal. You'll have to call the various biological dentists and ask.

George E. Meinig, D.D.S., F.A.C.D., one of the nineteen founding members that organized the American Association of Endodontists and a former Twentieth Century Fox Studio dentist, discusses this serious health problem in his book *Root Canal Coverup*. You'll find the bookcover and order address displayed at our "Books and Pamphlets" section of our website (<http://www.arthritis-trust.org>), as well as the address for the Price Pottenger Nutrition Foundation.

You should order this book and read it!

19. My dentist says that once mercury has been combined with other metals and placed in my teeth, it's safe and doesn't create any problems. So, why should I redo all that beautiful, expensive workmanship?

Your dentist is demonstrably wrong!

Regardless of which doctor, dentist or organization tells you that mercury is safe once it's placed in your mouth, and saying "it's safe," they're flat out wrong! They haven't done their homework! They're simply repeating a long-standing falsehood!

Let's consider some provable facts:

a. The EPA as well as the American Medical Association states that there is no lower safe limit to the amount of mercury a person can intake.

b. Dentists and their employees are required

to handle mercury in ways that the Environmental Protection Agency considers safe because of mercury's extreme health hazard. This protection is for the benefit of the dentist and employees and general environment, not the patient.

c. The two different metals (the amalgam) immersed in an acid or alkaline environment (the mouth) produces an electromotive force which is easily measurable at each filled tooth.

d. This electric current plus the mouth's acidity or alkalinity causes a small amount of the amalgam to vaporize in your mouth, the vapor combining with organic materials to form a very toxic mercury molecule that accumulates in your body.

e. The stored organic mercury compound added to other mercury from the intake of food and from pesticides and herbicides can eventually cause any one of many forms of degenerative disease, including those of Rheumatoid Disease.

f. After many years of resistance, just like the American Dental Association (protective trade union), the Swedish Dental Association studied the problem, apologized to their citizens, and phased out mercury. Most of the European community has also done so. Only the stubborn, intransigent American Dental Association -- probably fearful of expensive accumulating law suits like the tobacco industry -- resists.

Three doctors working together in Tijuana, Mexico felt so strongly about the importance of mercury stress on the body that they refused to accept an American Rheumatoid Arthritis patient until he'd cleared his mouth of mercury amalgams through an American biological dentist. Once properly cleared, the American no longer had a need to visit these Mexican doctors, as his Rheumatoid Arthritis had magically disappeared!

While statistically improbable, this true anecdote nicely illustrates the point of safely removing mercury and other metals from your mouth. We say "safely" because, if you should decide it's more convenient and cheaper to have your friendly neighborhood dentist do the job (if he's willing), you could easily end up sicker than when you started. Why? Because the order in which the amalgams are removed is important, and the manner in which you're protected from mercury fumes while

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A "biological" dentist is important for your health!

We recommend Hal Huggins' *Uninformed Consent* book shown at the "Books and Pamphlets" tab of our website (<http://www.arthritistrust.org>). You should order this book from the Price Pottenger Nutrition Foundation and read it end to end!

20. After I've safely removed all the metal in my mouth will that take care of all of my mercury?

Probably not. Your body has taken your lifetime to store up mercury from various sources: teeth, food, vaccination shots (preservatives), pesticides and herbicides that surround us everywhere, to name a few major sources.

There's several means for ridding your body of mercury, each requiring help from a knowledgeable health professional, some taking longer than others.

a. Chelate the mercury from your body using proper chelating agents. Periodic urine and hair samples may assist in determining effectiveness. Repeated visits for some time may be necessary.

b. Use chlorella with your other nutritional supplements. This may take a long time.

c. Use kinesiology and/or electrodermal screening to determine location of mercury accumulation, and then drive the organic mercury out thru use of either (1) magnetic polarity, or (2) injections of novacaine in the mercury deposits. (The novacaine converts to a B vitamin that drives the mercury out of nerve ganglia where stored, according to Lee Cowden, M.D.)

21. Is colon cleansing really necessary? If so, what do I do?

Detoxification of the body is one of the most neglected wellness projects, although most health professionals realize that a sick body is a toxic one. Some health professionals feel that the colon is one of the most important organs in the body. Here you'll find the source of many diseases, and you'll also find the lack of desirable microorganisms and many unwanted microorganisms: bacterial, viral, amoebic, mycoplasmic, worms, and yeast/fungus infections. Any one of these can cre-

ate the tissue sensitivity that brings about your arthritic condition. There are numerous methods for ridding your body of these undesirables, or (replacing the desirables) advocated by various health professionals. If your doctor is unversed in colon cleansing, then seek out an alternative/complementary health professional. More than likely one with an N.D. degree will be quite knowledgeable in colon cleansing.

Toxic acids are normal products of cell catabolism, and we also take in many toxic products when breathing, eating, and drinking. When toxic products accumulate or come into the body faster than we expel them, we build up serious health problems.

Various parts of the colon as well as "cleansing" for liver, gall bladder, kidney and so on can be seriously explored. There's ozone water enemas, coffee enemas, and so on -- a number of recommended, reliable treatments too numerous to mention here, most requiring professional help, but also many that can be learned from professionals and thereafter safely administered to self.

Many of Sherry Rogers' (M.D.) books will include excellent advice in this area.

Tissue Cleansing Through Bowel Management, by Bernard Jenson, D.C., Ph.D. and Sylvia Bell is also an excellent guide.

Various books on alternative medicine or natural medicine also contain recommendations. Seek them out and work with a health professional on appropriate treatment regimens. You can find the above books, and others, via internet search.

22. What about getting rid of herbicides and pesticides? How do I do it?

One of the fastest and surest means is through the use of a sauna.

The basic purpose of a sauna is to cleanse the body through perspiration. This means opening the pores of the skin and flushing out the impurities in the body through the process of sweating. The sauna of Finland is a tradition which some researchers date back over two thousand years. The Finns attribute their endurance and longevity to the tradition of sauna.

What happens to the body during a sauna is quite simple — your metabolism and pulse rate

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The effects of the sauna are numerous and varied. Proponents of dry heat bath mention a feeling of psychological peace and contentment as well as physical rejuvenation. Many people claim that the sauna relieves the symptoms of minor illnesses such as colds, revives the muscles after tough physical exertion, and clears the complexion. The sauna experience will often leave you feeling very much alive. Your senses will be sharpened, and your tactile sensitivity heightened.

All of the above is accurate and true, and normally refers to short periods of sauna exposure, such as one experiences socially for an hour or two.

L. Ron Hubbard wanted a solution to the drug addiction problem of the sixties and seventies. He found the sauna an important medical answer which was incorporated into the Philosophy of Scientology as a religion.

Zane R. Gard, M.D. was one of the first medical doctors to install a Hubbardian sweat sauna for his medical practice after he, his wife, and daughter were vastly helped from exposure to agent orange. (Go to <http://www.arthritistrust.org>, "Research" tab, "Research and Letters" tab, and find Zane R. Gard, M.D. in alphabetical list at left of page; Also see "Chemical Exposure" at "Articles Important" tab.)

Oklahoma's Cholocco Indians established a 1000 bed facility utilizing the same process to treat alcoholism and drug addiction, and to teach the proper, effective sauna process. During the interim numerous scientific studies established the great value of Hubbard's sauna technique, and both firemen as well as policemen have benefited through its use from accidental exposure to toxic materials.

Although several medical doctors have made Hubbard's program available for their pa-

tients, you should know that every Church of Scientology in the world has this process available to you as a "spiritual" program for a cost less than most doctors, and that one does not need to be a Church member to take advantage of it.

Regardless of where you receive this type of sauna, a medical exam is required to assure that your heart can sustain the stress. The program requires consecutive daily attendance for 3-1/2 to 4-1/2 weeks under a temperature of 140^o to 180^o Fahrenheit. You can leave the sauna to cool down for lunch, or a quick shower, if desired, but the idea - - as with any sauna -- is to sweat copiously over a long period of time.

When sweating, the metabolites and xenobiotics (pesticides and herbicides) that have been stored in the fatty parts of your cells (lipids) mobilize and will start exiting through your sweat pores. These tiny chemical portions are triggering agents for vast responses inside your body that have led to apparent degenerative disease states that have baffled the medical world for generations. For example, you've probably heard of "flashback" caused by the past use of certain illegal drugs, such as LSD. The former LSD user suddenly experiences phenomena as if taking the substances again, when s/he's not doing so.

While sweating out these xenobiotic products in the sauna your body/mind/emotions will trigger flashbacks reminding you of operations, sunburn under the beach, drug usage (including prescribed drugs), and so on. These are "triggered" reactions to the activation and expelling of substances previously accumulated in the fatty parts of your cells when your body didn't know what else to do with them.

These xenobiotics (metabolites of pesticides and herbicides), though minimal in size and well stored in the lipids (fatty cells), are also the source of many poorly understood disease states.

A key element for successful use of the Hubbardian sauna (called the "Purif," or Purification Rundown) is that when the vitamins, minerals and essential fatty acids are sweated out, they're replaced daily by an amount determined by the amount of niacin it requires to produce a flush for that day.

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Major differences between the Church of Scientology's sauna and that of medical doctors are that (1) The Church places a partner in the sauna with you who has already been through the experience, and assures that you are experiencing everything OK; and, also the Church has a supervisor review your log of daily events; (2) Unlike the Church, Medical doctors usually take laboratory samples that report on specific xenobiotics and these will be compared against progress in the decrease of your chronic symptoms.

This sauna treatment requires strong will for continued exposure and endurance, but, once you've gone through the initial "want-to-quit" stage, you'll find it easy to endure, and quite beneficial, even restful.

23. After doing all of the above will I be well?

No one knows the answer to such a question!

Keep in mind that you're the camel, and your back is being weighted downward. The key principle to wellness is to begin removing the straws that hold you down. How many straws there are, and whether or not you actually remove them is between you and your health professionals. No one -- other than you -- knows if you've given each straw an honest tug.

Then, too, there may be other straws that we've not mentioned, or we've not known about. One such, for example, might be problems specific to you such as Diabetes (type II normally can be traced to serious food allergy problems); cancer (a serious systemic and metabolic disease; the tumor is not the cancer!), long-standing metallic poisoning from sources we've not mentioned, and so on.

Of course if you're one of those who've been given a patented drug to alleviate a symptom, and then another to alleviate the side-effects of the first drug, and then another to suppress the side-effects of the second drug -- ad infinitum -- you've been long-conned into the patented drug game which fattens the portfolio of pharmaceutical companies, bottom-line "health" insurance agents and unthinking doctors! In your drugged state of apathy and slow thought you probably don't have much opportunity to become the lead pack

dog to govern your own health.

What to do?

Get away from those *disease* practitioners and find a *health* practitioner!

With some critical exceptions, traditional medical practitioners have an accurate ability to diagnose a medical problem and a lousy ability to cure it. Use their keen ability to diagnose, but seriously question their "solution."

For initial and confirming support of undiagnosed problems you can also take advantage of skilled practitioners of kinesiology and electrodermal screening. Once accurate diagnosis is assured, you must become the lead pack dog, not the doctor!

Remember, always avoid the authoritarian "Doctor knows best!" approach.

Be honest enough with yourself and the system you use to see palliative treatment for what it is -- treatment of a symptom and not a solution for the disease.

Diagnosis and healing remedies should go hand in hand!

And good luck to your straw removal!

Like the happy, standing camel, we pray that you, too, will be full-standing soon!

By the way. If you find a simpler, faster, cheaper way of getting well, please let us know!

24. OK, so I want to get help in the manner you've outlined. Where do I go? How do I find the right kind of health professional?

You've just asked the toughest question! We'll try to answer the best we can at this time.

a. You know your family doctor. Is s/he open-minded? Willing to learn? If yes, then go talk to that person first. We'll be glad to give them free information or references. If not, stay away and search further.

b. Look for doctors who advertise as alternative or complementary or even alternative and general practice. Holistic practitioners may be applicable. Preventive medicine practitioners can be confusing. Many hospitals have jumped on the popular bandwagon for providing "preventive" or "complementary" treatment, but, in fact, have little understanding of the difference between treating causes and treating symptoms. Question the prac-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. tioner. Is s/he simply treating your symptoms with herbs instead of drugs? Are they providing some form of “emotional” or “visualization” support, rather than hard, solid curative protocols? (Herbs and other supportive techniques are OK in their place, but, generally, are not solutions to the causes.) After you’ve absorbed the principles on this website you’ll find it easier to distinguish between those who strike for the roots of the disease and those who piddle around its edges.

c. Look on our website (<http://www.arthritistrust.org>) for referral physicians near you. Unfortunately, no one health professional provides all of the medical and dental treatments that may be required for you. Some come close, but regardless of where you live there will most likely be a need to search further for helpful practitioners -- several treatments here, several there, and perhaps another far away.

d. Keep tabs with our website. We’re in the planning stages to develop a clinic that will

a. bring together under one location all of the various treatments that we know will work.

b. provide a teaching platform for visting health professionals.

c. bring in knowledgeable health professionals who will teach us further.

Although your first priority is getting yourself well, you can help us form this ideal arthritis clinic by contributing to build it.

For more information go to our website at <http://www.arthritistrust.org>, “Donations” tab.

There we’ve established a “Dedicated” fund where every tax-exempt contribution will be reserved solely for this medical clinic!