

## REVERSING THE PATHOLOGICAL TREND IN RHEUMATIC FEVER AND CORONARY THROMBOSIS A Corroborative Study

By

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During the two years which have elapsed since contributing clinical data with brief conclusions for the Second Edition of *Natural Immunity*, much of informing interest has been experienced through the use of Glyoxylide, some of which now is submitted.

However solemn and complete the post mortem findings may have been in corroborating and condoning the lack of successful method of treatment, nothing, on the other hand, is comparable to the authority vested in an easily applied medical treatment, which has given, and which shall continue to give, new and satisfactory clinical results.

I wish to discuss the medical control of rheumatic fever in its more obvious manifestations, and in its far-on and obscure ravages. "The only real advance made recently is the demonstration that it is one of the most widespread of diseases in the tissues of the body, affecting not only the heart as a whole but practically all tissues," writes H. B. Cushing, M. D., (1). Therefore, successful treatment has before it a very wide field of possible usefulness; but for the present, we shall regard it as applied to rheumatic fever in some of its commoner forms, and in the repair of circulatory damage, including that of coronary disease.

The real cause of rheumatic fever is allergy, which prepares the body to accept streptococcus and other bacterial infections; an allergy which must continue as an active, essential partner of these various forms of bacterial invasions.

Frequently it has been possible to correct the allergy, with the result that this one therapeutic manoeuvre has been followed by such a brisk and widespread favorable response I have chosen to regard it as reversing the pathological trend.

That allergy may be the basic cause of rheumatic fever is a theory held by many who have done research work in the disease, and from the Editorials of the *Canadian Medical Association Journal*, I am able to quote:

"The majority of investigators seem to have fallen back on the theory of allergy." (2) At once, you perceive, we have the majority with us, which is very reassuring, and "The most plausible explanation, therefore, appears to be some form of allergy.

"Considerable evidence may be adduced in favor of this theory. A suggestive parallel may be drawn between rheumatic fever and tuberculosis, the latter disease, as is admitted, being often accompanied by allergic manifestations." (3).

The month previous, the Editor had written on "Rheumatic Fever as an Infection," but with little heart for his task, since he begins with: "After a perusal of the recent literature on rheumatic fever one turns away with a feeling of disappointment and dissatisfaction. We seem, indeed, to

be very little nearer the complete solution of the problem. Possibly the reason for this is a lack of proper method." (4).

While infection does seem to play an important part in rheumatic fever, it must have some unusually favorable soil in which to establish and to maintain itself, such as allergy provides, and the Editor continues "Rheumatic Fever as an Infection" with:

"Wilson and Edmond concluded that bacteria may gain access to the bloodstream of both healthy and sick children and are filtered out in various organs, where they are destroyed. The presence of certain bacteria in the blood of rheumatic children would not seem to be of prime etiological importance in their opinion, unless, of course, we postulate that the tissues of the rheumatic child are specially sensitive to the organisms present in their blood. Allergy as well as bacteriaemia may be invoked here." (5).

He proceeds: "Nor have attempts to produce rheumatic fever in animals always proved successful.

"It is clear that the final proof that any particular microorganism is the specific cause of rheumatic fever is still wanting. The streptococcus is found in the lower animals as well as man, is ubiquitous, is, in some forms at least, parasitic and not pathogenic, and is inconstant in its features. But this only means that the methods of research should be better standardized, be more comprehensive, and more searching." (6).

Now animals, in general, lack the allergy which exists in rheumatic human beings, and thus prove resistant to the infection of streptococci which help to produce rheumatic fever in us; and one repeats what the Editor wisely has suggested, "Possibly the reason for this is a lack of proper method." (7).

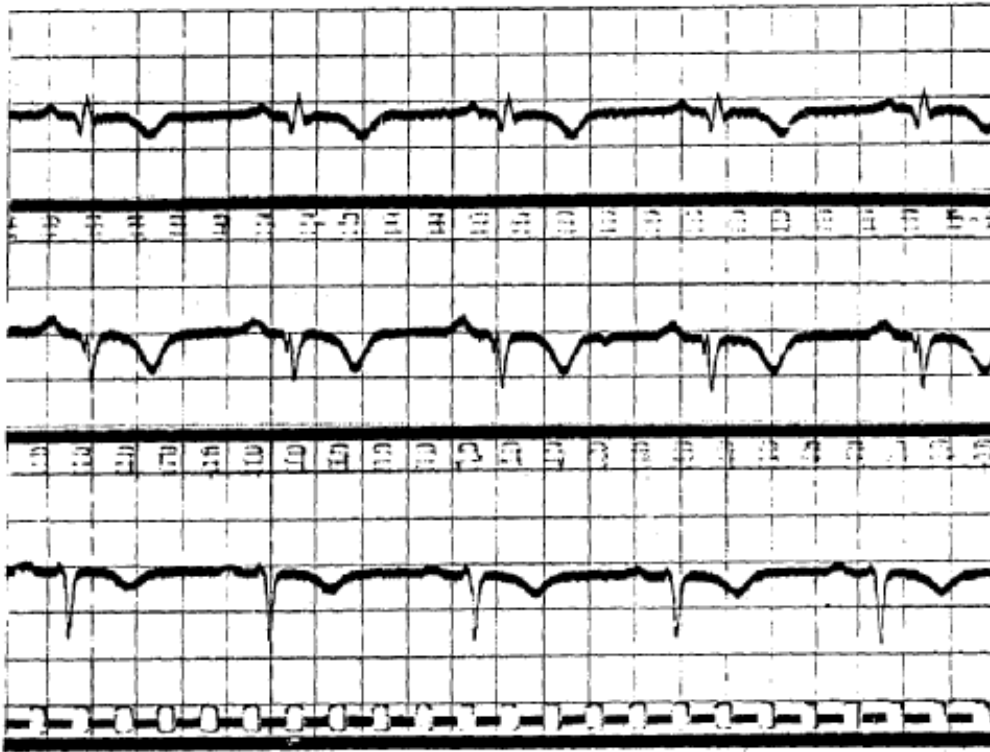
We have here before us, therefore, high authority which warrants our seeking the solution of rheumatic fever by employing treatments which shall be directed against allergy as the basic cause of the disease. One might pause to recall Kitasato's prediction made in 1926, "that bacteriology now had its back to the wall; further development would be along the lines of biochemistry." (8).

For over two years now I have been able, by using Glyoxylide, to correct this particular allergy, frequently. It is natural, therefore, that the clinical results which have been satisfactory, also have been varied and important.

Before continuing, let me direct your attention to the burden of rheumatic fever since "In England it has been estimated that chronic rheumatism produces one-sixth of the total industrial invalidism." (9). Also, we might note the different clinical pictures which have been recognized as genuine rheumatic fever, or rheumatism.

Jan 15 - 37.

Dr. Arnott.



First Electrocardiogram taken five weeks after treatment, at a time when pain was fully abolished. It still shows a grave cardiac condition.

"For example, Longcope (1931) noted that in Baltimore rheumatic fever was not associated with the severe involvement of the joints that he saw in New York; it was, rather, characterized by cardiac involvement of an insidious nature, with mild exacerbations, yet ending in severe damage. A similar condition of affairs was observed by McLean in Birmingham, Ala. There rheumatic fever is primarily a disease of the heart, with insidious onset, but with little emphasis relatively on arthritic and choreic manifestations. It is important to realize that these clinical variations exist." (10).

"Rest is the most potent of all remedies" for rheumatic fever (11). My good Editor has not directed the treatment of rheumatic fever in his writings during the time I have referred to his opinions, but his medical treatment of coronary thrombosis prescribes, "absolute quiet in bed and for the rest we trust in Providence." (12).



Second Electrocardiogram, taken nine weeks after first, when patient was showing recovery from cardiac pathology.

There can be no quarrel, therefore, when we also, as here exemplified, use identical methods in the treatment of rheumatic fever and of coronary thrombosis, successfully.

Dr. H. G. A.

Age 64.

A physician, like our father before us, had been bothered for a couple of years with pain and stiffness in his shoulder joints; but one did not recognize the essential rheumatic nature of his disability. While walking down Yonge St., Toronto, December 2, 1936, he was suddenly disturbed with a severe pain in the center of his chest. After resting a short time, this passed away. However, it returned with terrible severity two days later, while he was quiet in his own home. Heavy, hypodermically administered doses of morphine relieved him, only while the narcotic action rendered him unconscious.

W.M., noted on page 128 of *Natural Immunity*, still was alive and well, so Glyoxylide was used December 8, and this gave him considerable relief in a few hours. Three and a half days later, a second dose was given, following which all pain subsided and has not recurred.

Five weeks after the pain had left him, an electrocardiogram showed evidences of severe coronary damage. Nine weeks later, a second tracing disclosed a practically normal condition. These graphs are reproduced.

The injury to his vitality had been most far-reaching, and the first ten weeks of convalescence were spent in bed, for the most part. But, long before he was able to be around, he was surprised and pleased to find himself free from his stiff, sore shoulder symptoms.

For a time I had observed his lips were pale or cyanosed when he had become fatigued, but soon after the Glyoxylide was used, this gave place to a normal healthy appearance.

Now, fourteen months sine his seizure, he leads a normal, fairly active life, free from any sign of his old coronary symptoms.

Mrs. H.

Age 72.

Seen in February, 1936, complained of pain in the chest on slight exertion, typical of the symptoms complained of by cases of angina pectoris. She was unable to perform her household duties owing to the ease with which the painful seizures were provoked, and on December 6, 1937, a very severe return of the pain required her to remain in bed continuously. This time, rest failed to produce relief, and the lightest of food was always followed by very great pain.

The Glyoxylide was used on December, 11, as no sign of improvement made its appearance, and when seen the day following, she was found very much better. There was steady progress, till no pain was experienced at the end of three days, except slight discomfort following meals. Gradually, she was able to go to the bathroom without producing any discomfort. January 28 she revealed that, during the summer of 1937, while confined to bed, she had suffered from cold feet, and required the hot water bottle, renewed several times daily, but now, for a fortnight, she had required no such help, night or day, though the weather had been quite cold. Also, her hands then were pink, when previously they had been dark and bluish. She is in much better condition than any time during the last two years; and the many, unexpected evidences of improved health so delight her, it is a particular pleasure to visit this patient now.

Mrs. P.

Age 58.

During periodic examination in 1933, her pulse was found to run 106, and since that time has never been noted less than 104. She explained this might be due to nervousness. The summer of 1937 she suffered from pains in her knee, shoulders and hands, and these symptoms were relieved upon the use of suitable vaccines. January 10, 1938, found her with her left hand and wrist badly swollen, painful and tender. She had not slept all night, owing to the severity of the pain. Having nursed her husband through two attacks of rheumatic fever, each of which lasted over three months, she was well aware that her condition was the early stage of an attack of rheumatism. The Glyoxylide was given at once, subcutaneously, and the full regimen instituted. In twenty-four hours the swelling of the hand had subsided 50%, with great relief from the pain and tenderness. Her pulse, while standing, was found to be 72 per minute. In a week all signs and symptoms had disappeared and her lips, which had been purple for years, were a normal color. Her lips in another week had been free from chronic burning feeling, which had extended into her mouth. Also, for the first time in years, she was able to lie on her left side, and even go to sleep in this position, though, previous to the treatment, a few minutes in this posture would have

been most uncomfortable. On February 3 she remarked that for years her head had not felt right, as though she might be suffering from high blood pressure. This discomfort had entirely disappeared and she was astonished that so much improvement had been achieved in so brief a time, and with little reaction, or other discomfort.

Mrs. M.

Age 89.

A severe chronic arthritis in 1934, affecting the left hand and wrist, did not clear up after the removal of a few remaining and infected teeth. Several months' treatment, with small doses of suitable vaccines, effected a removal of all symptoms. In 1935 there was a lot of pain in her hip, which bothered her a good deal until 1937, when there was a return of the old trouble in the same wrist. After this had been controlled, there developed a severe pain in her neck, which was so commanding that its rheumatic nature, as well as that of the hip pain, became apparent. Glyoxylide subcutaneously, was administered January 24, with complete relief of the hip pain in three days. Ten days later saw the last of the pain in the cervical area. Moderate reactions were observed from the 4th to the 10th day after the injection, but the complete relief from her old pains in less than a fortnight both astonished and delighted her.

M. G.

Reported on page 128 of *Natural Immunity*, remains free from all her old symptoms, and is in good health. She has informed me that, during her third attack of iritis, there ran a coexistent rheumatic fever, lasting several weeks.

Mrs. B.

Age 51.

Took a three months' trip away from home to see if this change would restore her failing strength. The results were disappointing, as her shortness of breath-on exertion, sore joints, tendency to suffer from repeated severe colds, continued. At last she remained in bed continuously for three weeks, under treatment for a severe bronchitis, which caused profuse expectoration, sometimes blood-stained, and there was considerable distinct dullness on percussion over the upper part of the left lung. One thought of cancer, since examination of the sputum had failed to disclose the presence of any tubercle bacilli. An X-ray examination disclosed neither cancer nor tuberculosis, but enlarged heart and aorta, with the conclusion that "the films suggest an arterio- sclerosis affair."

Glyoxylide was given subcutaneously on November 11, and a marked improvement in appearance and lessening of cough was noted in 24 hours. Headache was complained of during 15th, 16th and 17th, but by the 18th the patient judged herself 90 % free from all symptoms. Her old sore joints became normal and there was such an improvement in her bodily well-being and spirits that her delight was a great pleasure to note. In this case, there was a selective damage affecting the pulmonary artery rather than a coronary vessel. Recovery period took in all about six weeks.

A. R.

Age 70.

February 7, 1938, I was asked to observe and advise in regard to the left foot of this patient, aged seventy, since it had turned black, was without sensation, and felt as cold as a stone. In fact, the first glimpse I had of the trouble rather startled me. The great toe was black and the rest of the foot a dark purple, with dark red discoloration extending for nine inches up the leg, marked with several dark purple spots, irregular in size and shape. The diagnosis which had been arrived at before showing it to me was that of gangrene, and I saw no reason to dispute the reasonableness of the decision. Recalling some surprising results observed after the use of the Glyoxylide, a dose of it was given subcutaneously. Thirty hours after this, the foot was red in color, and the day following it was pink and white. Today it is normal in appearance, feels warm to the touch, and a somewhat natural sense of warmth and feeling is reported by the patient, herself. Therefore, from such disturbing condition to practically normal in appearance and feeling in ten days, is such a wonderful and unexpected deliverance that her delight is equaled only by her astonishment. I do not like to think of what my duties in that home must have been were it not for the use of Glyoxylide.

Generally, the allergy from which rheumatic fever may arise and work its widespread damage, not only to "the heart as a whole, but practically all tissues," can be corrected, promptly, by the use of Glyoxylide. The allergy of cancer is more difficult to correct, tiresome to demonstrate and, after all, less important.

- (1) Rheumatic Fever and Heart Disease in Children, By H. B. Cushing, M. D., Professor of Paediatrics, McGill University, Montreal. *The Canadian Medical Association Journal* of October 1937, Page 312.
- (2) Editorial *Canadian Medical Association Journal*, April 1937, Page 410.
- (3) Editorial *Canadian Medical Association Journal*, April 1937, Page 410.
- (4) Editorial *Canadian Medical Association Journal*, March 1937, Page 291.
- (5) Editorial *Canadian Medical Association Journal*, March 1937, Page 292.
- (6) Editorial *Canadian Medical Association Journal*, March 1937, Page 293.
- (7) Editorial *Canadian Medical Association Journal*, March 1937, Page 291.
- (8) An American Doctor's Odyssey, by Victor Heiser, M. D., Page 414.
- (9) Editorial *Canadian Medical Association Journal*, February 1937, Page 185.
- (10) Editorial *Canadian Medical Association Journal*, February 1937, Page 185.
- (11) Rheumatic Fever and Heart Disease in Children, By H. B. Cushing, M. D., Professor of Paediatrics, McGill University, Montreal. *The Canadian Medical Association Journal* of October 1937, Page 312.
- (12) Editorial *Canadian Medical Association Journal*. March 1937 Page 29