

CHAPTER 26

DISEASES OF THE ARTICULATIONS

For accuracy's sake a few words of review on Arthritis should be welcome. Several types of Arthritis have been classified. *Anderson's Pathology*, page 1255, 3rd edition, and Karsner, 7th edition, page 809, give the main characteristics in a simple practical way that disposes of any uncertainty.

Rheumatoid Arthritis goes by the following synonyms: Atrophic and Proliferative Arthritis in adults. In children, it is known as Still's Disease. If dominant in the spine, the sacroiliac and hip areas, it is called Strumpell-Marie Spondilitis. It is a systemic disease of unknown etiology and is characterized by *chronic* and *progressive inflammatory* involvement of the articulations and by atrophy and rarefaction of the bones and muscles. Eighty percent of cases are between 20 and 50 years of age. It may show an insidious or violent onset, pain, swelling, stiffness, redness, early in the disease with a warmth and thickening of the soft tissues about the joints. This swelling goes with muscle atrophy, causing spindle shaped digits. A striking feature is exacerbation and remission irregularly for months or years. There is early inflammatory cell infiltration, but no suppuration. As it progresses, granulation tissue at the perichondrial margins grow in and cover the articular surface. Concomitantly, cartilage is invaded and replaced by well-vascularized connective tissue showing moderate inflammation on both sides causing fibrous adhesion (fibrous ankylosis). Articular cartilage is destroyed causing permanently stiffened joints. There is a twisting and bone atrophy from disuse, muscle and skin atrophy, and nodules, somewhat resembling the gumma, are common changes. Others than Anderson, state that fibrous ankylosis may ossify to make the ankylosis permanent. This is regarded as certainly irreversible. There is a general systemic degeneration present that shows a toxic or infectious basis. The tissue degenerations do not improve but get worse with each inflammatory aggravation.

Osteoarthritis, also called Degenerative Arthritis, or Hypertrophic Arthritis and Chronic Senescent Arthritis, come mostly after the third or fourth decade. The primary pathology is in the cartilage. The large weight bearing joints are affected first, Heberden's nodes appear on the finger joints.

The gross and microscopic changes in all stages indicate regressive cartilage changes, that progress continuously, but at various rates, throughout the life of the individual (Anderson, page 1263). The cartilages undergo: reduction, fragmentation, splitting in the vertical plane, become softened and mossy in appearance, break loose and disappear in smaller or larger areas leaving denuded bone that may become polished and grooved. Marginal perichondrial cartilage forms and breaks down causing "lipping." It is associated with stress and nutritional handicaps. This description from Anderson will help understand the pathogenesis and the corrective process or reversal that takes place during the recovery reactions. This disease, by the way, as Anderson emphasizes, has NO REMISSIONS, but is continuously progressive at varying rates of speed throughout life, but there are no remissions as in Rheumatoid Arthritis.

It is well known that in this disease acute aggravation of pain and acute difficulty in using a joint is due to a piece of cartilage breaking loose and locking the joint causing pain, etc. This goes

with the advance of the disease, as progress of the structural degeneration. This is not an inflammatory affair. Should an exacerbation subside it means that other pieces of cartilage have broken loose and take positions that relieve the impediment, or that the pieces are pulverized. This is also a part of the progressive degenerative change in the joint structure as the disease progresses. This is not an inflammatory disease, but a progressive degenerative disease leading to thickening of the joints and their ankylosis. There is no remission in the advance of the structural degenerative changes, and the progress of its effects — ankylosis. No treatment in scientific medicine is known that will halt the continuing advance of its structural degenerative changes, much less reverse them.

From the Federal Court Records and Federal Trade Commission Testimony, a case of Osteoarthritis will serve as a factually uncontradictable demonstration of the reversal of this disease when the FCG is put back in commission. We will also give one cure of Rheumatoid Arthritis of the most advanced type —one showing bony ankylosis where remission never takes place. The reactions in such cases might be compared with those in acute Rheumatic fever, an example of which will be submitted.

OSTEOARTHRITIS

CASE No. 66

Dr. Mantor

Mrs. M. M. was 52 years of age when her trouble started in 1938. She went to the Mayo Clinic, where nothing was done but make the diagnosis. They gave her no medicine or treatment. She was steadily becoming worse. In June 1943, she went to Dr. Mantor for treatment. The trouble was pain, enlargement and stiffening of the joints, mostly of the right knee. She testified, “The joints kept getting worse and worse until I was not able to walk without a chair or something.” She had to discontinue work and hire help to run her rooming house, from which she had her support. There were no remissions, but steady “worsening” in all respects. Her arms were somewhat affected, but mostly her legs and feet — five years of continuous increasing misery. The pretreatment period was one of steady progress of the disease, and steady loss in her health.

Treatment and Post-Treatment Progress-

After Dr. Mantor’s examination of Mrs. M. M., he gave her two micro micrograms of the Synthetic Survival Reagent (SSR) on June 15, 1943. There was no change visible until the ninth week. The joints were enlarged, hard, and nodular, with increase in the bony structure. This all remained stationary after the Treatment until the ninth week, so he repeated the dose on August the 14th, nine weeks from the first dose. Her reactions were severe. She testified to the swelling of her feet beyond the usual enlargement, soreness of her flesh, and “every bone in my body ached; chills, right knee swollen, stiff, pains like lumbago, pains in right leg and muscles, pain under right shoulder blade, and dizziness.” This lasted pretty well from August to December, when she began to get better. She continued to improve and on April 8, 1944, she took a job working at the local country club. The improvement was steady after December, and included the decrease in the bony enlargements of the joints, especially the right knee. Thus, the structural pathology was normalized, and with it, function returned to what may be considered normal.

When she gave her testimony three years later she walked up the high courthouse steps as easily as any normal person, could stoop and pick up things from the floor like a normal person. The restoration of normal structure of the right knee was demonstrated so anyone could see it.

She kept a record of her symptoms and reactions, which, on study, are typical of the recovery course followed after this Treatment, thus proving the mechanism by which the recovery was accomplished. She has remained well, the last report having been received in 1949.

RHEUMATOID ARTHRITIS TERMINAL STAGE

Pretreatment Control Period

CASE No, 67

Prof. R. S. L.

Major O. M. N. was age 49 years, physician in the Brazilian Army. His condition started three years previously with pain and stiffness of the neck and right shoulder. This progressed until it had involved all the joints of the body and each progressed to complete ankylosis including the jaws and there was a narrowing of the optic foramina, causing restriction in vision.

When seen in October 1941, the muscles were markedly atrophied. He had been bedfast for a year without the ability to move his arms, legs or head more than a half inch. The joints were atrophied and deformed and the articulations fixed by bony unions demonstrated by the X-Ray and by simple palpation. He had to be fed through a tube, as he could not move his jaws. Coronary Sclerosis was identified by his experts as part of the pathology. At this stage remissions never take place spontaneously. The damage is done. He also suffered with constant migraine.

Diagnosis — Marie-Strumpell Syndrome, with universal atrophic, Ankylosed Poly-Arthritis.

Treatment — He had received the classical efforts without any improvement. His natural resistance was diminishing and he was developing a dangerous anemia. The fever was constant and the pain severe. On October 1941, he received two micrograms of Parabenzoquinone in two cc. of water.

Post-Treatment Progress- In thirty days there was improvement. The temperature became normal, the headache disappeared, the appetite improved and he felt stronger. In six months, he could sit up in bed by his own efforts. In nine months, he was able to stand up a few minutes and walk a little. At the end of twelve months he left the hospital. His diuresis returned to normal. His articulations returned to about 90% of normal. He could get about freely and felt fairly well. He returned to active army duty and remained well until 1947 when he contracted pneumonia, in the wilds of the highlands of Parana during a campaign with severe exposure, and died as a result. In this case the reversal was complete, even of the Osseous Ankylosis, and it was permanent.

Several other extreme cases of Rheumatoid Arthritis have been encountered and the recovery course and results were the same, thus establishing a pattern.

Discussion- In all of the cases of Arthritis treated so far, whether Rheumatoid or Hypertrophic Arthrosis, the recovery reactions are characteristic for the type of disease. In the Rheumatoid form the reactions are cyclic and repeat the former symptoms he exhibited from the very inception of the trouble. The last reaction is generally a sudden red inflammation of the joints with considerable pain as if he were attacked with acute rheumatic fever. This happens even though the onset in such cases is insidious. One has the impression that if the patient had a frank, full attack of acute Rheumatic Fever, the condition would have ended there and not dragged along as a chronic progression of degenerative changes. In Osteoarthrosis (Hypertrophic), with some large joints mostly affected, the reaction after once starting stays right with the pathology, and the joint is ankylosed until the whole pathology is corrected. Then it is ready to function normally. In one case the right hip was enlarged and hard like a medium-sized pumpkin. He was bedfast for some time before Treatment —many months — but after Treatment the reaction took hold and in six months the hip was normal. He rapidly gained his strength back so that by the ninth month he could climb a mountain with ease, and was back to steady work. Thus, the pattern of recovery is characteristic for each type. The etiology is different as demonstrated by the different recovery course in each of the two types.

Nevertheless, in both types the pathogen, whether of bacterial origin or some un-oxidized metabolic product or virus, had the means of integrating with the fibrogenic tissues of the joint and changing its properties so the specific pathology for each condition was carried out. All that was necessary to restore the normal was to burn away the integrated pathogen. The excessive fibrous tissue in the form of cartilage or bone or highly vascular fibrosis was then in the way and obsolete and subject to digestive autolysis, and removal, and the deficient tissues reconstructed to normal. Nothing was left to hinder such correction for the pathogen was removed. It is the same story as with neoplasia. The results are the same when the pathogen is oxidatively removed.

In the acute toxic stage of Rheumatic Fever, the Arthritis is entirely inflammatory, but can lead to structural changes. Quick restoration of the normal follows the oxidative removal of the pathogen whatever it is. The following case from the court records illustrates:

ACUTE RHEUMATIC FEVER

CASE No. 68

Dr. Wendell Hendricks

E. N., female, age 11 years, showed a pretreatment observation period of five days. During this period her knees became fixed, flexed and contracted so she could not move them for they were greatly swollen and acutely painful. Other joints were hot, swollen, painful and flexed. Her finger joints, elbows and hip joints could be straightened out, but would “pop” right back to the flexed position. This was painful as was her effort to move them. The heart showed a murmur. The pulse rate was 120, temperature 102°F. There was a severely inflamed throat with swollen tonsils and adenoiditis.

Recovery Course- On July 3, 1942, she was given two micrograms of Parabenzoquinone dissolved in water by injection. On July 4th the throat and knees were better, the temperature 100°, and the pulse 108. On July 6th all joints were better, temperature 99.2°, pulse 100, and the throat clear. On July 9th all joints were normal with normal function, no pain or swelling, temperature 98.6°, pulse 78. The throat was normal and the adenoiditis and the heart murmur had disappeared. On August 20, there had been no recurrence of any of the symptoms. Here again the FCG's had to be rescued by using a superior dehydrogenator Carbonyl group with correct steric advantage. Two micrograms of Benzoquinone were sufficient. The serial systems of Carbonyl groups have shown better action, however.