

A Message of Hope

Dr. Jean Charlebois, M.D.



The launching of this journal coincides with the twelve-year anniversary of the appearance of an amazing new system with a very bright future.

This system, designed by Dr. Roland A. Drolet, Ph.D., emits an electromagnetic wave which creates an electric potential at the cellular level similar to that of a nerve impulse. This electric potential stimulates the cells in such a way that they begin once again to function normally.

Physiologically, RHUMART® cellular conditioning has no negative side-effects when used correctly.

Since the beginning of time, human beings have sought ways to improve their sense of well-being - the wonderful feeling that makes life really worth living.

The very first **spark of fire** made it possible for prehistoric man to improve his quality of life.

A new **spark of life** (Étincelle-de-Vie™) has now been made available to human beings to enhance their quality of life to an even greater extent.

This unique form of cellular conditioning both relaxes the nervous system and stimulates blood circulation. The direct physiological results of this process are a reduction of inflammation and pain and stimulation of normal cell regeneration.

The application of this system to musculoskeletal problems has allowed me to personally witness the safe, speedy, positive results made possible by this new type of cellular conditioning.

Recently, at a conference on family medicine held at Ste-Foy, Canada, I presented a paper outlining the clinical results I have obtained with the RHUMART® system in controlling plantar fascia (l'Épine de Lenoir). This paper will be published in the second issue of the RHUMART® Journal.

I encourage each and every one of you, both members of the health profession and others, to learn about this easy-to-use new health-enhancing technology.

RHUMART® often produces better results than conventional treatments and sometimes offers the only hope for health improvement.

The RHUMART® system will help to reduce the pressure for conventional health care and thereby reduce its cost.

The Minister of Health, Marc-Yvan Côté, has been made aware of this situation. In fact, Dr. Roland A. Drolet's letter to Mr. Côté on the subject will be reprinted in the third issue of the RHUMART® Journal.

My firm belief in the benefits of the **RHUMART® Étincelle-de-Vie™** has prompted me to devote all of my energies to this new approach to health as head of the **Medical Advisory Committee of the International RHUMART® Institute (iRi)**.

In the fall of 1992, new **specialized RHUMART® societies**, grouping together users according to their health problems, should be formed. This approach will help us to gather statistics based on clinical results on a more "scientific" basis, thereby enabling us to overcome the pathological scepticism demonstrated by certain people.

In conclusion, I would like to add that the often limited healing powers of "traditional" medicine can now benefit from a new system to improve the **"health"** and the **quality of life** enjoyed by every one of us.

This new approach relies not only on the health professionals with the training necessary to diagnose problems, but also on the "sick" people themselves, who will be able to adapt the parameters of the conditioning sessions to their own individual needs.

A new code of ethics, **illuminated by the real-life experiences of ordinary people**, can thus be established, as desired by Dr. David Roy, head of the IRCM bioethics centre.

A handwritten signature in black ink that reads "Jean Charlebois M.D." The signature is written in a cursive style.

Dr. Jean Charlebois, m.d.



Let RHUMART® enlighten your life



V. Rheumatoid Arthritis

Dr. Jean Charlebois, M.D.

Rheumatoid polyarthritis (RPA) is the most frequent and the most disabling form of chronic inflammatory arthropathy. It affects 1% of the adult population and four times as many women as men. While it can begin at any time, most cases occur between the ages of 25 and 50.

The disease affects primarily the hands and feet (90%), the wrists, ankles and knees (80%), the shoulders (60%), the hips (50%), the cervical spine (40%) and a few other joints.

It is characterized by **inflammatory synovitis with resting pain and joint stiffness**, particularly in the morning when the patient wakes. The duration of morning stiffness is a fairly reliable indication of the extent of the inflammation and provides a useful yardstick by which to measure the evolution of the illness. Sedimentation (as measured by laboratory tests) is always accelerated and will fluctuate according to the inflammatory activity, thus providing another helpful parameter by which to measure the progress of the disease.

Patients must first be informed of the nature of their "illness" or inflammatory imbalance and of the various means at their disposal to help them take control of the situation. (Please refer to the discussion of the RHUMART® Philosophy titled,

"RHUMART® Anti-Stress"

In Vol. 1, No. 1 of the RHUMART® Journal.

In "treating" Rheumatoid Polyarthritis, the primary goals are to relieve pain, reduce inflammation, maintain good musculoskeletal function, and minimize or prevent joint damage. RHUMART® cell conditioning appears to have the unsuspected ability to partially or totally reverse the evolution of rheumatoid polyarthritis by means of its three basic physiological effects:

1. The improvement of blood circulation.
2. The relaxation of the nervous system resulting in a reduction of pain and inflammation.
3. The stimulation of physiological cell repair and regeneration in general.

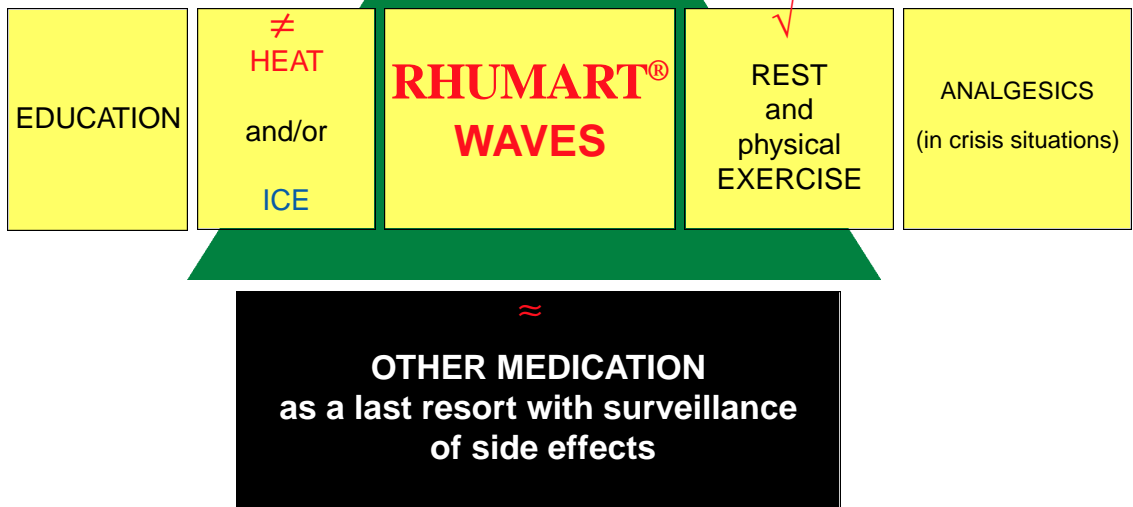
How else can we explain the unexpected and often spectacular results obtained with this revolutionary technique, which stimulates the action of the nervous system at the level of interneuronal synaptic transmission?

In fact, the impulses induced with this system are very similar to the calcium ion (Ca^{++}) impulses that are essential for the transmission of nerve impulses in the human body (see the Section titled "RHUMART® Electro-Physiology" in the March, 1992 issue of this Journal).

The first annex to this report contains the authentic testimonials of a patient who used RHUMART® conditioning to control her arthritis. Annex 2 summarizes the conventional approaches to the treatment of rheumatoid polyarthritis and highlights the major side effects caused by the long-term use of medication in the "treatment" of this illness.

With the advent of the RHUMART® system the conventional treatment "pyramid" for this health problem can now be replaced to advantage with the following procedures:

The Means of Controlling Rheumatoid Arthritis



• Case History

Rheumatoid Arthritis

Mrs. Louise Catellier, 68, first presented symptoms of rheumatoid polyarthritis in April 1989. In addition, she had begun to show signs of recurring bilateral carpal tunnel syndrome in December 1987 (electromyogram September 1988), which became symptomatic again in May 1989. Mrs Catellier suffered from antral gastritis (X-ray January 1989) following the ingestion of Artria SR bid (a type of aspirin with a long duration of action) and she also suffered from cervical arthrosis with arthrosis of a disk (X-ray April 1988). In consideration of all of the above, we recommended that she buy a RHUMART® AUTO-SANTÉ™ System.

Mrs. Catellier acquired her AUTO-SANTÉ™ System on June 16, 1989. One month later she reported that the swelling in her hands had gone down and she was sleeping better. At the end of July she observed swelling in both ankles which was subsequently eliminated with the help of her RHUMART®. She later suffered from morning pain in her fingers, elbows, shoulders, and knees and swelling in her wrists, for

which she took an NSAID with an antiulcer agent for a period of one month. At that time the sedimentation rate had risen to 44, the test for C-reactive protein was positive and antinuclear antibodies were present (1:320).

In November 1989 Mrs. Catellier consulted a rheumatologist who confirmed my diagnosis of rheumatoid polyarthritis. At that time the patient presented no evidence of synovial inflammation, her sedimentation rate had normalized, and the antinuclear antibody test showed a titre of 1:100. She told us that the rheumatologist was surprised at how she was doing.

Since September 1989 Mrs. Catellier has had no swelling in her hands (carpal tunnel) and since January 1990 she has had no pain or morning stiffness. She uses her RHUMART® AUTO-SANTÉ™ System regularly and **takes no medication** for her arthrosis or her rheumatoid arthritis.

We would like to thank Mrs. Catellier for her spontaneous testimonials

relating how the RHUMART® system has improved her quality of life.

Other RHUMART® users have had equally good results. Among other things, the creation of Specialized RHUMART® Societies will allow us to gather statistics concerning a large number of rheumatoid polyarthritis cases

In view of such positive clinical results, we are already looking forward to the day when more specialists will take an active interest in the RHUMART® phenomenon, thus helping us to gain more insight into the causes and treatment of this crippling "disease." We may find that the RHUMART® wave acts on the underlying cause of rheumatoid polyarthritis!

The Authentic Testimonial of Mrs. Louise Catellier

I suffered from rheumatoid arthritis for two years. The worst attacks were in the evening and at night, with the pain easing off in the course of the morning.

Sometimes I couldn't even use my arm - the pain was too great and my arm felt like a lead weight.

My knees hurt so much I had trouble walking, and I couldn't sleep on my side because my shoulders were too painful. My wrists and knees were swollen, my fingers were deformed, and I had trouble sleeping.

The inflammation in my wrists compressed my carpal tunnels even more and my hands swelled up if I stayed in one position for too long. At night the swelling was unbearable.

After a consultation the specialist advised me to have an operation.

I experienced side effects with every arthritis medication I tried.

A few people had told me about the RHUMART® system, and one day my doctor,

Dr. Jean Charlebois, knowing that I didn't want to have an operation for my carpal tunnels, suggested I go to a RHUMART® meeting to find out more about it.

In spite of his scepticism my husband gave me a wonderful present: the RHUMART® AUTO-SANTÉ™ System. Purchase date: June 16, 1989. By September 1989 the swelling in my hands was gone. The arthritis went into remission in November 1989, but it struck again over the holidays. By mid-January 1990, thanks to my RHUMART® system, the arthritis had disappeared again. Now I can sleep normally and life is wonderful.

Schedule of RHUMART® Sessions

One day with the rings for ten minutes, the next day with the Rebones for five minutes. No sessions on the weekend.

Louise Catellier

Québec

June 20, 1990

Conventional Treatment for Rheumatoid Arthritis

1- The amount of **rest** needed depends on the severity of the illness; an acute flare-up may require two or three weeks of hospitalization.

2- **Heat** and, occasionally, **ice** will help relieve pain and reduce muscle spasms.

3- **Physical exercise** done at least twice a day after a warm bath or shower will help to maintain range of motion and prevent muscle contractures and atrophy.

4- **An orthosis** will help to improve joint function and provide support to certain parts of the body (e.g. the soles of the feet).

5- **Medication** (which all has side effects):

a) **Analgesics (acetaminophen with or without codeine) relieve the most severe pain.**

b) **Non-steroidal anti-inflammatory** drugs (NSAIDs), which are analgesic, anti-inflammatory and antipyretic, **block the production of prostaglandins** - the substances believed to be responsible for producing pain and inflammation. The standard NSAID is ASA (aspirin). NSAIDs reducing prostaglandin production can cause **digestive problems** (ulcers, of which 10% are asymptomatic), **vasoconstriction** (with resulting circulatory problems) and **liver or kidney damage**, depending on how they are eliminated. Elderly people are most susceptible to the side effects related to elimination. The physician should be on the lookout for azotemia and creatinemia.

Diffunisal, a non-acetylated salicylate derived from ASA (acetylsalicylic acid) has an anti-inflammatory action equivalent to that of aspirin, but it inhibits the production of 25-50 times less prostaglandin (in vitro), and is thus less toxic to the stomach, the kidneys and the lungs.

Indomethacin (Indocid) is an NSAID taken at bedtime to relieve night pain and reduce morning stiffness.

c) **Therapeutic agents inducing remission:**

i) **Gold Salts (Myochrysin I.M. - Ridaura oral)** induce RPA remission in 75% of cases. If they are tolerated by the patients **they must be taken for life**. However, 30% of patients must discontinue treatment because of **skin rashes, inhibition of blood cell production by the bone marrow, or proteinuria indicating kidney damage**. Before every injection, a blood count and a urinalysis should therefore be done. About 50% of patients taking Ridaura suffer from **diarrhea**. Both drugs are contraindicated in pregnant women.

ii) **Penicillamine (Depen)** resembles **gold salts** in several ways: **twelve weeks of increasing doses** are necessary before the positive effects of the treatment are felt, and the side effects are the same. Penicillamine is also contraindicated in pregnant women.

iii) **Antimalarial Drugs** - hydroxychloroquine (Plaquenil) and Chloroquine (**Aralen**) - require **six months** to take effect. **Eye examinations** should be done every six months to guard against **eye damage** (central scotoma). Vision should also be checked at home every week using Amsler's chart. Contraindicated in pregnant women.

iiii) **Salazopyrin, even when in increasing doses, may cause gastrointestinal problems, skin rashes, or neutropenia** (a reduction of **white cells**). A blood count should be done **once a month**.

d) **Immunosuppressive Agents**

i) **Azathioprine (Imuran) must be taken for six months before a positive effect may be observed.**

It is toxic to the **spinal marrow** and blood counts must be done once a week for the first three months, and every two weeks after that.

ii) **Methotrexate** taken once a week with an initial dose of 7.5 mg increased by 2.5 mg per week until a maximum dose of 15 mg per week is reached may produce **nausea, vomiting, mouth ulcers, bone marrow depression and hepatic fibrosis.** Once a cumulative dose of 15 mg is reached, a **liver biopsy** is necessary to diagnose this latter complication, which is not revealed by blood liver tests. Regular blood counts are also required to monitor bone marrow function.

e) **Cortisone injections into the joint** are helpful when there is major inflammation in one (1) joint. However, repeated injections may damage the **cartilage** and such injections should therefore not be administered **more than once a year**, or more than three in the course of the patient's lifetime.

f) **Oral Cortisone** should only be prescribed for patients who have not been helped by any of the above treatments, or have had to discontinue other therapies because of negative side effects. **It should be noted that cortisone does not in any way affect the progress of the disease. Bone destruction is not slowed** and joint deformities may still occur. Certain exceptions should be borne in mind when prescribing this drug: when the patient is 70 or over; when the RPA is progressing very rapidly; when a vital organ is affected; when certain other social considerations are involved. In these cases the smallest possible dose should be administered: 2.5 mg of Prednisone bid, with a maximum of 5 mg bid.

The possible **long-term** complications of any cortisone therapy are **osteoporosis** and **spontaneous bone fractures.** Supplements of 1000 mg of calcium daily and 50,000u of **vitamin D** every Sunday are recommended, but **do not always prevent** osteoporosis.

6- Surgery: synovectomy, arthroplasty (hips, knees), repair of hand deformities.

Conclusion:

It must be remembered that Rheumatoid Polyarthritis treatment must keep pace with the evolution of the disease itself, and that every medication from **aspirin to Prednisone is potentially dangerous.**

Before the RHUMART® phenomenon was discovered, patients had no choice but to follow the various treatment steps described above.

We wonder how many patients fully understand these treatment steps, including the complications that could result from their medication and the careful monitoring it requires.

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