RHEUMATISM
AND
ARTHRITEIS
The Conquest

by

Charles de Coti-Marsh
RHEUMATISM AND ARTHRITIS, THE CONQUEST
The Author
The second writing of a book with the same title written in 1956.

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Publishers’ Note

This book in its entirety was written by Charles de Coti-Marsh and was completed by him shortly before his death in March 1968.

It is presented without alteration of his manuscript and we who knew and loved Charles for his work in the alleviation of suffering believe that no man could have given a greater gift to posterity than these pages.

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FOREWORD by THE AUTHOR

This is the second book entitled “Rheumatism and Arthritis, the Conquest” to be published.

The first book bearing this title was written in 1956 and published in 1957 by Thorsons Limited of London. It enjoyed a sensational and most successful life, and contributed greatly to the virtual ending of arthritis in many countries throughout the world.

During the life of the previous book the Author had the pleasure of receiving many thousands of congratulatory letters from those who, after previously trying all other forms of hospital and clinical treatment, recovered from a life of pain and disability caused by arthritis. This was entirely due to methods introduced in the book.

During the past ten years, however, research into nutrition and bio-chemistry have resulted in recoveries from arthritis being faster, less costly and above all simplified. Obviously the first book was due for revision.

I decided to present and entirely new and up-to-date version. This, of course, rendered the previous work obsolete.

This edition of “Rheumatism and Arthritis, the Conquest” is not presented as a medical or scientific work for, profiting by the experience of the previous book, it would appear that in every country throughout the world it is the victim of the disorder who should have first call upon new knowledge.

The present book is, therefore, written for the person who has the misfortune to be crippled by either rheumatism or arthritis which, before the introduction of the “K” System were medical mysteries with no hope of a cure.

In this book it is hoped that there is a clear, broad path to recovery from the varied types of arthritis based upon a Home Treatment in which both the patient and his practitioner can understand and co-operate.

In order to achieve these objects, it is necessary to know how arthritis is caused, what to do at home to clear up the disorder, also how to apply the three stages of recovery towards strong physical health.

This is the format and message of this new book. May it render a merciful and helpful service throughout the world as the previous edition has already done.

Charles de Coti-Marsh

ARTILLERY MANSIONS,
WESTMINSTER,
LONDON, S.W.1.
“WONDER DRUGS To Cure Arthritis”

It was 3rd June, 1949, when Stephen, nephew of the famous columnist Peterborough of the Daily Telegraph, and I were having mid-morning coffee in the drug store where Madison Avenue crosses Bloor Street, Toronto. It was a typically beautiful Canadian spring morning.

We had five newspapers each, all heavy and black with the headlines...

“WONDER DRUG CURES ARTHRITIS”

Stephen was most upset. This news had been sprung upon us without warning and, it would seem, without any background. In fact it was a complete to both of us.

Stephen knew of my work and had read the manuscripts and books which I had brought to Canada. He knew that Sir Harry Selley had been successfully treated for arthritis nine years previously and was still free of the disease. Many hundreds of others had also been successfully treated, but not by a drug!

“Charles,” said Stephen, “I know all about your research, but if I hadn’t known you, I would have believed what I read in the papers this morning. Banner headlines are only used for news of international importance, so you may as well realise that the world is going to believe this news.”

“Yes,” I replied, “those bedridden people in The Hospital for Incurables are now going to believe that they are going to walk and go back to work again. Will they really be cured, or is it a false hope?”

On this lovely spring morning I realised the immensity of the task I had taken on. A task that, in view of these headlines, for the first time weighed heavily upon me and for the first time my enthusiasm flagged. I became depressed and discouraged. Not because a scientist had found a "cure" for arthritis. That would be a matter for jubilation. I would be the first to give up my work and send a telegram of congratulation to those concerned. I felt despondent because I could anticipate the thoughts of those distorted cripples who I had come to know so well and at the present time lying in hospital — each one of these arthritic cripples would be reading the morning paper and would be imagining themselves walking again. Millions like them all over the world would be hoping for the “miracle cure” which, as a scientist, I knew could never be achieved by the so–called “wonder-drugs”. I was appalled that this false hope would only increase their mental torture — all this in addition to the physical agony already endured.

“K” treatment, which is explained in this book, was first used publicly in 1945. Miss Gollidge, aged 23, was the first patient to be treated by this method. She was completely crippled, every joint in her body being swollen and concreted together with arthritis. The muscles had shrunk on her arms and legs and even her jaw was painful to move. She had been suddenly stricken with this disablement — rheumatoid arthritis — but after using the methods described in this book, she walked into my consulting rooms a few months later astonished that she could walk without pain.

Miss Gollidge’s was one of my first rewards — later I went to her wedding, she was radiant and free from arthritis. Still later, she had a fine healthy son who is now 21 years of age.

In 1945, I felt alone with my theories, alone and very depressed because, although I had a few successes to my credit, I could not earn enough to carry on the necessary research. Now, in 1966, I am not alone, for there beside me marches a growing army of thousands of former arthritic cripples, swinging along without pain. True, I still have insufficient funds for further research, but money is not everything in life.

You may assume that as each successive patient becomes better as a matter of routine, each recovery becomes more matter of fact. That assumption is not true.

For example, there was Betty, the wife of well-known cricketer and professional man. Betty was crippled with the most painful arthritis of the hips. She would not give up and explored every possible source of advice. Harley Street opinion was: “You must have both your hips surgically pinned. Have them fixed in one position. You have no hope whatever of getting better, and by having your hips fixed you will find relief from pain.”
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Now Betty is better; her hips have not been pinned and she has no arthritis. She dances, plays tennis and her health and energy are amazing. My happiness due to Betty’s recovery was just as great as it was for Miss Gollidge many years before.

Every case of arthritis still presents an individual problem. Never the less, there are time-proven methods which have become a basic standard and really assist the average man and woman afflicted. This can be individually adapted to suit each person in need of treatment and can be applied by any hospital clinic or suitably trained practitioner.

It is to my great regret that there are so many people with arthritic disorders who cannot afford private treatment; also, at the time of writing, my recommended system is not available through the National Health Service. I feel this book will supply a link between those people and my knowledge of arthritis, for it tells in simple detail exactly what I should explain if a person came for consultation, together with methods by which they can assist themselves at home.

Arthritis or any form of rheumatic disease is not inherited, is little connected with the climate, and the only way to recover in each case is first to remove the basic cause of the disorder, which is explained as the calcification of joints and muscles.

Arthritis in all its hundreds of forms is exactly the same in every country and is caused in exactly the same way. My researches have been held in Britain, France, Belgium, Holland, Switzerland, Spain, Eire, Canada, Northern America, Africa, and India.

In each country the basic cause of the disease is the same — the same change of normal chemicals in the bloodstream which, in turn, causes calcification. The advice given in this book is, therefore, equally valuable for most countries and climates, with the exception of the Artic regions, Faro Islands and countries in the North on a similar line of latitude. In these areas a special diet must apply.

In all of these countries I have been most cordially received, and beg to take this opportunity of offering my most grateful thanks to those in official (or unofficial) positions who have so kindly assisted and welcomed me on my visits, and so rendered a valuable service to me in my research which has, for so many, had such a happy result.

Arthritis is a crippling disorder and terrifying experience for the person afflicted, but if the system recommended here is put into practice, no arthritic victim need again be frightened. The system has been well tried — long enough to prove that even the worst cases will improve, whilst (again quoting records) 90 percent completely recover and go back to living a normal life.

So we arrive at the first complete understanding of arthritis in its many forms, a reasoning I wish I could explain more coherently but, like so many technicians, I find it easier to undertake the work than to write about the way it is done. This understanding of arthritis was apparently made abundantly clear in the previous edition of this book, despite my limitations as an author. The freedom of limbs now enjoyed by many thousands of former cripples is a living testament to this. What started as a theory twenty years ago is today a fait accompli.
WHAT IS ARTHRITIS?

What is arthritis?

All common types of arthritis have the same pattern of origin and root causes. This question should be explained here so that anyone can fully understand what is wrong, what causes the disorder and what to do towards putting things right.

First of all I shall deal with calcification.

Calcification is the collection of extraneous lime and chalk from foods and waters that enter the body via the mouth and are contained in certain food and drinks — Calmar®.

In certain districts lime and chalk deposits may be seen as a milky cloud in the drinking water.

In its hardened form, the inorganic calcium may be deposited in a stone-like mass in the bottom of kettles. This can prove to be difficult to remove without the use of special solvents.

This is the calcium which, when taken into the body, hardens the arteries and causes “stones” in the kidneys. When it affects the joints it is called arthritis.

Nowadays the disorders caused by calcification are described as “arthritis” — meaning a disorder of the joints (which everyone already knows) but it does not describe the cause of the disorder, i.e. “calcification of the left hip by reason of...”. The old description — arthritis — was dropped twenty years ago, as it appeared to be inane to tell a patient that he was suffering from a disorder of the joints when he knew this only too well long before coming to find out why his joints were disordered.

There are two common causes of calcification.

Everyone suffers at one time or another some effects of calcification. Children at the tender age of ten years or thereabouts are often afflicted. There are very few persons excepted from the havoc played by these deadly substances, as most dental surgeons will certify.

My own research began when, as a Child Psychologist, I had in my care sub-normal children who I concluded were being constitutionally poisoned by catarrh. Having been assured by leading European medical authorities that there was no cause or cure for catarrh or sinusitis, I attempted to find the cause. This I eventually discovered was caused by certain common foods which overloaded the body with Bacillus Coli. This knowledge eventually led me to confirm that these patterns of foods could cause arthritis, this being caused by an overload of B. Coli depressing the function of the adrenal glands. It follows therefore, that all the many forms of arthritis caused by calcification begin in the bloodstream.

Gout**, the simplest form of calcification, is caused by a faulty diet — foods which, by their chemical action, cause the solution of lime and chalk to thicken. The bloodstream periodically becomes over-loaded, the blood becomes unduly viscous or thickened and cannot traverse freely through the fine veins of the extremities of the body (hands and feet), with the result that an engorgement of blood collects at one or another extremity of the body. This resembles a chilblain.

The fine, sometimes micro-fine, deposits of lime and chalk are mainly carried into the body by water and white bread (which has chalk added).

The body chemistry has its own built-in liberator which keeps the calculi fluid in solution and is passed out of the body via the urine. This protects the body from accumulating undue deposits.

The chemical liberator of calcium, natural to the body chemistry, is potassium — also known as “K”***.

* Information Section.
** Gout. Index. Information Section.
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The “K” catalyst cannot work in the body if all the chemicals of which it is formed are not there. These are found in potassium-bearing foods, and the catalyst works well only if plentifully supplied with potassium.

The “K” catalyst can then either work fully and efficiently, intermittently, slowly or in a degree of efficiency consistent upon the quality and quantity of potassium-bearing foods in the diet.

The preceding paragraph is important, for here is the reason why one person may have a particular form of arthritis, why some are crippled early and some more slowly. We shall learn why some people age quickly and others slowly.

“K” is the regulator of physical efficiency in mankind, dealing with the extraneous calcium fluid in such a way that the calcium is passed out of the body before it can solidify into a stone-like structure in the arteries, veins, muscles and joints.

The calcification which effects mankind is, therefore, a collection of lime and chalk similar to the deposits of calcium to be seen in “furred-up” water pipes and kettles.

Primarily, calcification is the cause of ageing with its burden of disabilities and declining strength. Calcification can rapidise in formation, collecting and hardening around one or more joints. Spinal injuries cause this rapidisation.

To sum up there are but two major causes of the calcification of joints — the first being from food and the second due to spinal injuries.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

MRS. “M” WALKS IN — OSTEO-ARTHRITIS

Bones recovered from the ancient pyramids were found to be just as pitted and distorted as are the bones of mankind today by this disorder called arthritis which attacks commoners and kings alike.

Throughout the ages this mysterious disorder continued to cripple mankind, and all through the centuries physicians have sought relief, just a relief — because they thought there was no cure.

More drugs, remedies and so-called cures have been produced for this disorder than for any other malady. In spite of these attempts the disease gained impetus and during the Middle Ages its effect was to kill 80 percent of the population with either gout, arthritis, thrombosis, or associated disorders.

Today, seven out of every ten living people in any part of the world suffer some form of this disorder. These dreadful figures, which represent not only merciful mortality, but a life of pain and suffering with every movement, will now, I trust, decrease. This mysterious disorder has been conquered.

That the disease, until now, has been mysterious can be judged by the thousands of various names its different forms have been given; in medical textbooks none of these names relate to the cause of the disorder. None indicate the origin.

In the newspapers of every country we see English, Spanish, French and German exhortations to “rub this in”. “This will give you relief from rheumatism”. “Take this”. Spas, baths and magnificently equipped clinics vie with the specialists who themselves prescribe lotions to rub in, ray treatment to relieve, and drugs to alleviate, pain.

It is said that there is no cure. Indeed, any scientist producing a genuine cure runs the risk of being committed to prison, for the law regards this mysterious malady as incurable.

I, myself, risk going to prison for publishing the results of my research. However, hundreds of my patients say they have been cured and I can endorse this.

There is common sense behind the denial of the right to offer a “cure”. The public must be protected from glib advertising methods. Look through your newspaper to see how far copywriters will actually go towards offering “immediate relief” of arthritis or rheumatism. Without this ban on the word “cure” they would all use it indiscriminately in order to sell the product they were advertising.

What constitutes a cure? Basically it is as follows:

1. To discover the basic cause.
2. To find the means to conquer the cause.
3. To remove the symptoms.
4. To prove that the symptoms never return.

That is a cure!

This book attempts to record, not all, but one or two of the first people in the history of mankind who were crippled by arthritic calcification and who followed a treatment based upon the four points given above. After being crippled they now have free limbs and have enjoyed this freedom for over 15 years.

Many people taking this treatment were requested to wait ten and, in some cases, fifteen years to make sure that there was no return of the symptoms; this was in order to prevent false hopes being raised and to confirm that the treatment was effective with every type of patient.

To wait such a long time to ensure that the recovery was permanent is a wearisome business, but only time could prove the fact that the disease did not recur. Had these people contracted arthritis again after this treatment my researches would have had to continue because this is the worst disorder — the very worst — that ever crippled children, adolescents or adults.

The experts say that T.B. can be cured in its early stages and cancer, I predict, will be conquered within a few years from now, but rheumatic disorders have thousands of various symptoms, all different, all
diverse; some, in fact, seem to have no connection with the joints and muscles at all. When I began tracking down the first clues, there seemed to be no starting point.

A Toronto specialist told me blankly that he had “Forty years of experience with arthritis, and there is no cause, it just begins”.

He spoke these words with apathy and weariness, and with them illustrated so well today’s attitude. A severe case of rheumatism or arthritis is regarded as hopeless from the point of view of effecting a cure.

In research there is no sudden discovery, no sudden joy and jubilation but patient, sometimes discouraging, years of dogged determination. Even now I sometimes wonder why I continue. Then someone like Mrs. “M” walks in.

Mrs. “M” was a lady of some sixty years of age, stooped with continual pain, the characteristic pain-lines distorting her otherwise good-humoured features. She was mentally confused and wrote everything on slips of paper which she promptly lost. Overweight and with white hair — this was Mrs. “M”.

She underwent treatment in Harley Street for arthritis, attended another specialist for high blood pressure, and another for a weak heart. To add to this already heavy load of misery it had been discovered that she needed internal surgery.

So she went from the heart specialist to the blood specialist and then to the specialist in arthritis, and from there to the surgeon.

It dawned upon me that I had known this lady well in the days of my youth whilst I was serving in the Grenadier Guards and we talked of old times.

Mrs. “M” first came for consultation in 1951. A plan of treatment is made for each individual person and her treatment continued according to plan. Mrs “M” recovered, the whole reconstructive treatment taking less than a year. The results were so excellent that I suggested that she submit herself for examination by a team of Life Insurance Doctors, and this she did.

With her previous medical case histories from the former specialists in front of them, each of the doctors seemed amazed. The radiocardiograph now indicated a perfect heart. X-rays showed her spine to be free from arthritis, not a bit like the previous X-ray plate had indicated. Her blood pressure was as that of a much younger person and, because they could not believe she was the same person at all, they repeated the whole test once more.

Apparently this had made Insurance Company history for a very charming Mr. Smith of Sevenoaks, Kent, an Inspector for the two companies concerned, came to see me. He was full of interesting questions… “It really is amazing”, he said. None of these various doctors ever saw the reports of the others and yet they have all written the same words at the bottom of their papers … “THIS LADY APPEARS TO BE MUCH YOUNGER THAN HER YEARS…”.

Mrs. “M” was passed as a “First Class Life” risk by both insurance companies.

IS IT PERMANENT?

Are the effects of the recovery total and permanent?

The case of Mrs. “M” was, with her permission, printed as an open chapter in the first version of “Rheumatism and Arthritis, The Conquest, 1952”.

What has happened to Mrs. “M” since those days?

She would obviously be 14 years older now. Has the arthritis returned in any way?

In order to answer these questions, Mrs. “M” was approached and asked to describe her life and health as it is today — 14 years after the chapter was written. Mrs. “M”, therefore, speaks for herself and for many others, with the object of helping those who are now afflicted as she was once herself.
After being asked to write from a patient’s point of view as to the permanency of the effects of the “K” System of Treatment for Arthritis, I am pleased to do so.

Prior to hearing about the “K” treatment, my search for relief took me to some of the most eminent medical specialists.

The opinions of these specialists could be summed up in two forms of advice: “These drugs may help to ease the pain” or “You have arthritis, you must learn to live with it”.

My health and energy deteriorated rapidly.

The “K” treatment was brought to my notice by a friend; eventually an appointment was made with “Mr. Charles”.

Expecting to find the usual consulting room atmosphere where the patient, after being installed in a waiting room, is ushered into the presence of the consultant, it was surprising to be greeted by Mr. Charles, informally dressed, and in a most friendly and sincere atmosphere where time and patience were there in abundance.

A most detailed case history was compiled and, after examination, the causes of my arthritis (which affected mainly the spine and hips) were ascertained and explained to me in simple language.

Next a diet was prescribed and my home treatment explained. “K” Compound was handed to me (black tablets) — together with an explanation that tablets contained no drugs but certain natural elements of the Atom “K” — a kind of homoeopathic remedy. This pleased me, because I did not think drugs could cure arthritis.

My recollections of my first appointment are now hazy, except that for the first time since I became afflicted, I felt confidence — founded upon the common sense with which the consultation was conducted.

For example, I was not asked a single question about myself. I was told what was wrong, how it was caused, and, above all, what I could do to help myself at home instead of going into a clinic or hospital.

At that time my husband held the rank of Brigadier and my family, although they were grown up, needed my attention. I had also other important commitments which could not be carried out either by a cripple or from a clinic.

From the time I commenced the treatment my limbs began to feel more free, my health and energy improved and my confidence, which I had previously lost, were strengthened. Within the first year I began to feel younger and more fit and it was then I realised how much I owed to the man who originated this treatment, a man for whom a few words may not be out of place.

Mr. Charles has no professional plate upon his door. If you can find out where he practices, you are lucky — it is (or was) a maze of dark passages leading to unpretentious rooms. I used to think he must have a wealthy practice until I found out that most of his income was devoted to the formation of a Charity to help, in the main, men who were afflicted with arthritis to get back to work. This he subsidised himself by loans which were repaid when the men resumed work again. These emerging facts prompted me to ask if I could help with the work and I eventually became one of the Council of twelve business men and women, all former arthritics who helped to run the practice and assist others. I am still a Council Member, and some of the other members have also been on this advisory board as long as I have been myself.

Therefore, after 14 years when I am asked to express an opinion as to whether the effects of the treatment are permanent, I speak not only for myself, but from the experience of many hundreds of others who were hopelessly crippled and who I know today are splendidly fit people.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

The gratitude I try to express is but a mere echo of the thanks of many thousands of people throughout the world of all nationalities who, I am sure, will wish to join with me in acknowledging the quiet, self-effacing scientist who succeeded in finding a cure for one of the worst afflictions to hit mankind; who succeeded not only after the hospitals failed but in the face of bitter medical opposition.
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RHEUMATOID ARTHRITIS

NOTE

The case of Horace Holmes which follows is included to help the victim of rheumatoid arthritis understand:

(a) The cause.
(b) What to do at home about recovery.
(c) The stages of recovery.
(d) Causes of apparent “setbacks”.
(e) How much depends upon the patient.

Also for the practitioner:

(a) What to look for.
(b) How to go about successful treatment.
(c) How to advise and supervise the patient’s recovery.

Note:
Mr. Horace Holmes, Mr. Laurance Swale and Mr. Eddie Gothard, M.B.E., have together formed an Association at Chesterfield to help victims of arthritis in the North Midlands of Britain.

THE CASE OF HORACE HOLMES

This is the case of Mr. William Horace Holmes. His address when he first consulted me was Holmesford Cottage Inn, Holmesford, near Derby, and he has given full permission for his case to be reported.

Early in 1961 Horace, as he prefers to be called, was in a very serious position. He had been in bed for six months. His inn was run by his wife, and his farm was let to tenants, because he could not work it himself. His life and his businesses were deteriorating rapidly month by month.

At that time Horace had been attending a hospital in a nearby town and was under the care of doctors and specialists, both at his home and at the hospital.

During the previous two years, from 1959 to 1961, he had progressively become increasingly crippled. His joints were swollen, he was in pain with every movement and could hardly turn over in bed.

By chance, some good friend gave him a copy of the original edition of “Rheumatism and Arthritis, The Conquest”, which Horace read while bedridden.

Horace tells me the book made common sense to him and he decided to send for “K” Compound* and to write to me for further information.

In the correspondence which ensued I was able to deduce Horace had rheumatoid arthritis, and gave him such instructions as I could by post, and advised him upon a point which needed a great deal of courage for me to advise — that he should give up the drugs and take a new approach to his trouble.

A great deal of courage is also needed, by the patient in such cases because a stoppage of the drugs⁶, not professionally controlled, can lead to terrifying pain and reactions. Nevertheless, these drugs do, in fact immobilise, terrify and eventually cripple many people.

However, there arrived a stage in our correspondence where Horace intimated he was well enough to come down from Derbyshire and consult me personally. This he did and he arrived on 30th August, 1961.

* Information Section.
⁶ A.C.T.H. and Cortisone.
I examined Horace and discovered that at the age of 39 he had fallen on to his right hip, displacing the sacro-ilial (the little shield-shaped bone right at the bottom of the spine) and also the lumbar vertebrae of the spine.

As a result of these injuries the pelvic nerve and its branches which supply the sex organs, the lower part of the bowel and the kidneys and bladder, had been partially inhibited. I will try to explain this in a later part of this chapter.

The lumbar vertebrae are at the bottom of the spine from which emerge the sciatic nerves. These supply both hips, legs and, of course, the joints of the legs and feet.

His blood pressure was 180 over 80 and his haemoglobin recorded 75% Tallquist Scale. His general condition was extremely low, possibly due to the intense pain caused by every movement.

The patient could just about walk with the aid of sticks or crutches.

How he had managed to endure the pain or raise the necessary physical and mental energy to come down from Derby to London in such a condition was beyond me, and I was very worried indeed about his return journey.

I explained to Horace the results of my examination and my diagnosis.

I explained that if one of the sciatic nerves had been totally pinched or stopped as the result of the fall, then his legs or leg would have been totally paralysed, but in his case the nerves were not entirely stopped, they were only partially inhibited. When a nerve supplying a limb partially functions, then the limb and its joints begin to calcify.

I showed Horace some specimens of calcium and explained that this calcium lodged within the joints, muscles and arteries of the limb involved and what he called arthritis I called “Calcification, caused by...”.

I went on to explain that the spine was not a solid backbone but a hollow canal known as the spinal canal, through which nerves from the brain operate all the organs and limbs of the body. Due to his spinal injury, his legs and extremities (that is the arms, hands and feet) were becoming rapidly calcified, and because of this calcification there was a certain amount of irritation between the joints. This caused swelling and pain.

Horace said he did not remember falling the age of 39. I had drawn on his page in my ledger a diagram of the exact damage to the spine and showed him how, if these nerves relating to his legs could be liberated, his troubles would be over. However this liberation of the spine to release the pressure upon these nerves was not possible at this particular time.

It was possible, however, I could devise a diet for him which excluded any foods or waters which contained any further lime or chalk substances, and furthermore supply him with certain tablets which contain no drugs, but which do contain the anti-calcium factor — in other words, the antidote. In short, we would be taking in no more lime and chalk to add to the calcification and, still helping further, he would be taking the antidote.

The result would be general disintegration and eventual dispersal of the calcium, which at the moment, was built around the portion of the spine which had been injured, massed so solid that it would appear that this part of the spine were dipped in cement and allowed to harden.

Horace agreed to follow my proposed diet. It was to be exceedingly rich — rich in iron, rich in potassium and rich in protein. This was intended to give him extra energy and, at the same time, to exclude foods which would add to the calcification.

I advised Horace to come back and see me in two months’ time.

When Horace came back on 4th October, 1961, he had lost 5lbs. in weight, his blood pressure was down to 165 over 70 and was later re-checked at 145 over 70.
This situation may sound miraculous, but Horace did not have to be assisted down from Derby, he came without crutches or sticks and drove himself in his car from Derby to London.

This visit was made with the object of my attempting the liberation of the lower part of his spine.

I have to explain that this technique cannot be likened to normal osteopathic manipulation, for the liberation which was intended in this case applied to a section of the spine which either was, or had been densely calcified. It is impossible to move an immovable object and, furthermore, any forcible manipulation might result in the separation of the calcified jacket around the spinal injury, thereby causing very serious damage. The process of liberation is entirely governed by the degree of dispersal of the calcium which surrounds the spinal injury. It has, therefore, to be extremely sensitive, extremely accurate and, at the same time, effecting not more liberation of the injured part than the dispersal of calcium will allow.

Horace undressed and laid along the couch on his right side. His left shoulder was balanced over to the left-hand side and his left leg, as far as he was able, was hung over the right-hand side of the couch. In this position (with minute adjustments), keeping the head and right leg underneath and the whole spine in a perfectly straight line, the hinging point would be, if a turn or twist were applied, at the third and forth lumbar vertebrae.

I approached Horace from his front and sensed the degree of movement (extra movement) in the lower part of the spine, which was allowed by a partial dispersal or disintegration of the calcified jacket.

The calcium jacket surrounding the lower part of the spine was not dense and hard. It was more of a soft, mortar-type of calcification.

My object was to liberate as far as possible.

I place my right hand on his left hip and gently exerted a downward but upward pressure; upward, that is towards the middle of the patient, at the same time keeping his shoulder immobile with my left hand.

One could hear a slight crunch as the vertebrae, which had been dislodged for many years, softly gliding back into their natural socketing.

Exactly the same procedure was carried out with the patient lying on the other side, and once again a slight crunch ensued. No undue pressure, no forcible manipulation, no sudden twists are allowed in this process of liberation.

What happened immediately after these crunches were effected? Horace heard the crunch, or click, as the vertebrae went back into position, but could feel no discomfort or pain.

He was then invited to stand up, and whereas formerly he could only use his legs to a limited degree, he immediately found he could kick with them. Furthermore, instead of having a stiff back, he now found he could touch his toes.

I assured him that this was the first liberation only, and that every movement he would make would advance the decalcification and liberation of the spine. I arranged a further consultation for the month later.

On his next visit on 30th November of the same year, his weight had reduced from 12 st. 11 lbs. (his weight when he first came to see me on 30th August) to 11 st. 13 lbs. More important, his blood pressure had dropped to 140 over 70, whilst the haemoglobin was 100%. This was progress indeed.

Between visits, Horace had strictly carried out the prescribed diet. He had been taking “K” Compound, Energy Plus tablets together with other preparations.

The second liberation of the lower part of the spine was attempted in order to restore to a central position the sacro-iliac, a vital and most important spinal section.

The sacro-iliac was tilted to the right as the patient lay prone. This had to be gently moved back from its former out of alignment calcified position into a central position, so as to liberate the pelvic nerve. This
would be the vital liberation and would, of course, make all the difference between a full or partial recovery for Horace.

Horace lay in the same position on his right side, his left leg overhanging the right side of the couch he could move his legs much better now — his left shoulder well back so that, although laying on his side, he was looking up at the ceiling.

His whole spine moved more easily, and again I placed my hand on his right hip, but this time I placed my knee against his right leg, which was straight underneath him. I did this to keep his knee from moving. This time my pressure was directed upwards — not sideways. This made the turning point of the liberation movement lower than before, and the sacro-iliac the pivoting point.

A slight forward exploratory movement revealed that the sacro-iliac would indeed move. This was followed by a short, sharp movement upwards which meant, of course, that his left hip would move upwards and outwards towards his middle. He could not fall from the couch due to this movement because my right knee was there to prevent any rolling movement. At the same time he was balanced by his left shoulder.

This movement was carried out by balance only, that is, balancing the possible movement of the left hip against the weight of the left shoulder, which was hung over to the patient’s left.

Immediately following the movement there was a crunch. The sacro-iliac had been restored successfully to a central position thus liberating the pelvic nerve branches and the lower branches of the sciatic nerve.

This was this part of the mission accomplished most satisfactorily.

We then discussed diet and further progressive preparations which would rapidise his recovery. I explained that now the pelvic branches were released, he would no longer have any difficulty with his bowels, that the hormones from the sex glands would again be produced with their resulting beneficial reaction throughout the body. In fact, I talked over a lot of technicalities with Horace, who understood me perfectly.

I told him I did not want to see him again until the following January, but I should require information during the interim period if he experienced any difficulties or troubles.

The final liberation was carried out on the 11th January, this being the total liberation of the lumbar portion of the spine and sacro-iliac. I found that the calcification which formerly had encased the spinal injuries had entirely dispersed. Further investigation proved that the calcification, which had extended to both his hips, knees and feet, was also eight-tenths dispersed. There was no swelling on his joints and he was able to move his legs and back quite freely, enabling him to walk long distances.

I have kept a constant check on Horace Holmes since 1961 in order to ensure that his recovery from arthritis was permanent and that there was no possibility of the disorder ever returning.

Horace Holmes is today an unusually fine figure of a man. Enjoying splendid health, his hobby is walking and hill climbing. His blood pressure is 130 over 60, which is compatible with a healthy man of 30 years of age. His haemoglobin remains at 100 percent without deviation.

Horace Holmes, far from going away and forgetting about all that had been done, now assists many others who are crippled to return to good health. He himself is surely a living example of how this can be done. He is fitter than most men of forty.

Incidentally, Horace has recalled the accident which happened when he was 39 years of age.

It will be seen from this case that the patient has a most important part to play. The re-education of the patient is possibly the most important part of the consultation. It is quite wrong, in my opinion, to tell a patient to try this or try that, to go on this diet or that diet without giving ample reasons as to why this should be done. The patient should be told what the preparations contain, what they do, and what other measures can be taken at home to rapidise recovery. The way in which the patient cooperates at home in between visits contributes largely to the success or lack of success of the case.
The patient who expects the preparations and a modified diet to do the whole job as far as he or she is concerned is going to be sadly disillusioned.

Prompted by the fact that the patient has a great part to play in assisting me to help them towards recovery, a Gold Medal Award is presented annually to the patient who makes the fastest recovery.

As I write, I recall the case of a young girl who lived near London and to whom a journey to Westminster was nothing at all. She received instructions from me but was so bemused and befuddled by the amounts of Cortisone she had received before consulting me that she was quite unco-operative; in fact, she was one of the few failures I have had during the whole of my life.

Horace, however, carried out strictly to the letter all the advice I gave him regarding his own contribution relating to home treatment in such an exemplary way that he became one of the outstanding cases for that year.

Horace Holmes was able to re-build his run-down business and farm, and within a year of commencing treatment was once more conducting his flourishing business.

His “Cottage Inn” became a place of pilgrimage for those who suffered from rheumatism and arthritis and he has helped many a person towards a new lease of life from a formerly crippled state.

One of these persons was Mr. Laurance Swale.

Note from Mr. Horace Holmes — 31st January, 1966.

“Dear Charles,
I have read carefully through this case history and find that the facts you have written are correct. If possible, I would be pleased if you could record the care and skill my wife put into this effort.

Very sincerely,
Horace.”

Laurance Swale was voted “Patient of the Year” in 1966, but it was in the “Cottage Inn” that he first heard of the amazing recovery of Horace Holmes. Laurance was suffering from rheumatoid arthritis and, although a young man, was completely racked by this dreadful disorder. He read the first edition of “Rheumatism and Arthritis, The Conquest”, but having been told repeatedly by his medical advisor that there was neither any known cause or cure whatever for this disorder, and these comments being so burned into his mind, he had completely lost all hope of living a normal life.

It was, therefore, with some scepticism that Laurance came to consult me and find out for himself — what had happened to Horace Holmes could perhaps happen to him.

THE CASE OF LAURANCE SWALE

It is after handling the most serious cases of rheumatoid arthritis (how the condition is diagnosed in depth and the type of treatment given) that both patient and practitioner can learn how this new and successful approach is managed.

The most important lessons to be learned are those concerning the effects upon the limbs and organs due to compression of the spinal nerves and also how the liberation of these nerves is effected.

My most vivid recollection when I first met Laurance Swale was his vast broadening expanse of smile. A smile with a difference; one which lighted up the whole of his countenance except his eyes, which were contracted with pain.

Laurance ambled into my consulting room in a gorilla-like fashion. The reason for the amble and the sad eyes were immediately apparent when he undressed. Both feet and ankles were swollen, too tender to palpate. Also affected in this manner were his knees, hands and shoulders. Laurance, at 46 years of age, had the body of and old man.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

My diagnosis was immediate — he was suffering from the cruellest of all cripplers — rheumatoid arthritis — why should this man in particular be so afflicted? My most important task was to find the originating cause.

Laurance was asked to keep silent and not to speak until the examination was over. I never ask the patient a single question until the life medical history is entered in the ledger, complete with the necessary diagrams showing any deviation from normal in the spinal structure. This procedure is necessary, due to the fact that my mind, involved as it is with the many complexities of the case, has to work like a computer.

The causes of rheumatoid arthritis are many and complex. They can be glandular, nutritional or mechanical. An accurate diagnosis is absolutely essential.

The patient’s weight, blood pressure and haemoglobin are first recorded. It may be interesting to learn that I use De Grave Shorte Fanner & Co. scales, beautifully modelled in dark oak. Every movement of the mechanism is balanced on garnets and the sliding scale and weights are silver-plated. The scales have been with me all my professional life and, although they were made in 1816, will weigh an air – mail letter.

For measuring blood pressure I use a transistorised German stethatron with a sensitive microphone positioned under the armband. With these instruments, I not only see and hear the various pressures of blood, but they enable me to listen to the heart action under load, under stress and in normality.

The personal tension of the patient can also be measured. Tension is important inasmuch as it will indicate the depth of penetration or subconscious realisation of the seriousness of the disorders affecting that person. Tension is a factor in rheumatoid arthritis and almost an infallible guide to other serious but unrelated disorders.

I have discontinued using the haemoglobin* blood spot method (Tallquist Scale). After having so many thousands of estimations and having found my estimation of the blood cell content of the patient to be accurate within 2 percent, (which is 5 percent to 7 percent better than the blood spot test on blotting paper) I now look under the patient’s eyelids and enter the estimate in the ledger.

Continuing, with the patient lying on his back, I investigate the colour of the whites of the eyes, the contours under the eyes, the sinuses, the nose, the teeth and the way the head reclines to either right or left when relaxing. The position of the head may indicate a deviation from normal at the tope of the spine. From here to under the chin, to the neck and to the thyroid gland lobes. One of these may be larger on one side of the neck than on the other — there is always a thyroid disorder is cases of rheumatoid arthritis. Then to the skin, the type of skin, the texture and the smell. Marks, operation scars and a test for old adhesions which may have followed the operation. I look also for those brown or red “warts” and if these are present I take note where they are situated, their colour, type, texture and number. I have very good reasons for doing this.

The diaphragm comes next and is palpated. A tense diaphragm means a tense patient.

Then on to the groins. Within and under the folds of the thighs, where the thighs meet the genital organs there are the inguinal glands. If there is any disorder active in the legs, the inguinal glands on that side will be active also. They will be tender to palpation, angry to touch. If this is so, the cause must be found because the glands are operated by nerves emanating from the base of the spine.

Thence downwards to the knees, to the calves and the feet to test the difference in temperature between the calves and the feet, or of one foot to another. Whilst looking at the feet, my right thumb automatically tests for the Babinski reflex, gently scratching along the foot to see if the characteristic involuntary twitch indicated true and clear nerve response between the foot and the brain. The Babinski reflex is dulled if there is any spinal nerve interruption of message between the foot and the brain. This is yet another diagnostic clue.

Next, the patient turns over. In the case of Laurance Swale he had to have some assistance.

* Information Section.
** Condylomata.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

Since this may be the last book written by me on this subject, I will explain the most useful diagnostic aids which have earned for me the name “Miracle Man” or other equally undeserved mystic or miraculous terms of reputation. The diagnostic aid which I have found most useful throughout my life are the senses which are in my hands.

It is not generally understood that the senses are all inter-connected. For example, the eyes are an extension of the skin, the skin, in turn, can sense heat, vibration and pain, because pain is a neuro-electrical vibration or radiation.

The fingertips have between 1,250 and 1,700 sensors per square inch. These convey to the brain the sensations which are equal to (but unlike) visual sensations or stimuli.

Average persons can sense heat, cold and pain with their fingertips. A blind person develops a sensory touch to differentiate between touch values of paper money, cloth and the dots in Braille.

The surgeon, when fully experienced, is probably not aware that his senses guide his hands as well as his eyes.

Colours radiate varying vibrations between cold and hot along the Angstrom Scale, vibrations of which are measured in Angstrom units. People with extremely sensitive hands can differentiate the major differences between the Angstrom unitage of colour. The piano tuner also can sense with his hands or fingertips the vibrational tone of a single string. Everyone has the same sensory powers in their hands, but not everyone develops them.

The importance of sensory or extra-sensory ability in diagnosis is that the message is direct to the brain — there is no diversion as between the fingertips and the conscious mind. This can be likened to having a fingertip pricked suddenly with a needle; the brain knows and is alerted before one can say “oh”!

When I realised that I would have to use my hands more and more in manipulative surgery, I began training them to use the extra senses, and since I use these daily my technique is constantly improving. I have, to all intents and purposes, another pair of eyes which can sense deeper than sight.

The spine is composed of small hollow bones each seated into the vertebrae above and below with such beautiful precision that the whole spine is flexible and capable of moving through a bony canal in 1,320 different directions.

Between each of the vertebrae the nerve networks of the body emerge in pairs, extending from the top of the spine to the tailpiece, the coccyx. These are the root nerves which operate all the organs and the limbs of the body.

From the top vertebrae (the atlas and axial at the base of the neck) emerge the nerves called the cervical plexus. Any distortion or improper seating of the vertebrae in this area can cause migraine. Migraine symptoms extend suddenly throughout the body, often with sickness and blackout and always with violent one-sided neuralgia. Migraine can be cured within a few seconds, usually for life, by a gentle liberation of the pressure upon the nerves which causes it. The nerve networks which operate the heart, organs and muscles, emerge right down the whole length of the spine.

Any deviation from normal of the bony vertebrae in any part of the spine may cause pressure upon the nerves which operate the limbs or organs of the body. Total pressure at such a spinal source would cause total disability and total loss of use of the limb supplied by the nerve. Partial pressure, however, would cause partial loss of use of the limb.

Because a nerve is electro-chemically operated, if there is pressure from any part of the spine, the nerve emits a high-frequency signal. This can be measured with man-made instruments, but my best instruments to pick up this signal are the instruments of touch — the fingertips.

Therefore, with the patient lying face down, I run my first and second fingers slowly down the length of the spine, sensing every deviation from the normal in the nerve signals.

* Information Section.
Palpation is then extended around the site of the distorted nerve signal to ascertain whether the vertebrae are seated properly or whether or not they may be deviating to the left or right.

Calcium collections around the site of the injury can be detected in density or duration by electronic instruments which indicate the extent and give the date of the injury in years.

Let us now return to Laurance Swale, lying face down on the couch. In his case it was possible to draw a diagram in my ledger of the deviations from normal between the top and bottom of the spine and to date these injuries.

The first injury was caused at the time of birth and was at the very top of the spine. I deduced, from the positioning of the vertebrae and the deviation there, that it was a doctor who had attended the birth, that the birth had been difficult and that the usual midwife had not delivered Laurance. The doctor was either left-handed or unused to delivering babies or, perhaps, he had used instruments to aid the delivery—these facts emerged as indicated by the type of injury to the spine.

At the lower part of the spine the sacro-iliac was displaced to the left, this was the result of a fall by the patient on his left hip when he was 27 years of age. Nerves from the sacro-iliac—the pelvic nerves—govern the efficient function of the sex organs, bowel, bladder and kidneys. Any depression of these nerves causes and inefficient functioning of the organs supplied by that nerve. These particular organs cause and adrenal reaction which, in turn, causes rheumatoid arthritis.

The secondary effect was an injury and calcification to the lower lumbar vertebrae which supplied the legs and feet.

These deductions concluded my examination of Laurance Swale. I assisted him to dress.

My mind offered the following reasoning: “This is not a simple matter. Don’t accept the case. Help him and give him back his fee, but do not take on this case. Do not take on any more worry. Furthermore, he lives in Derbyshire, not just around the corner where he can easily come for a quick consultation. The journey alone prohibits quick attendance. Don’t take him on.” These thoughts ran through my mind. We had a glass of wine together.

Laurance sat at the other side of my desk, looked at me and slowly smiled that smile. Something inside me broke my resolve not to accept the case.

“You are my last hope, Mr. Charles”, he said. “What are my chances?”

The smile grew but his eyes contracted and he involuntarily winced.

“Laurance, you are going to be a headache,” I replied. “It’s going to be a longer job than usual. Nevertheless, I have found the cause and I can advise you of a way in which you can help towards recovery. If you do as I tell you, you may make a recovery.”

“Does that mean you will take me on?” His smile was still there.

“Yes,” I answered, “now let’s get down to business.”

I explained the cause of his disorder and outlined a programme he could carry out at home. Mrs. Swale, he said, would be able to supervise the diet prescribed.

Some years before, I had developed a compound which in most cases helps nature to normalise the thyroid disturbance in rheumatoid arthritis cases. I called this formula “Thyrojuvant”. It combines deep oceanic iodines and minerals together with the antidote for sodium chloride (salt). This I prescribed for Laurance.

The consultation was completed in the hour and ended with my usual queries: “Is there anything I have said you do not understand?”

“No.”

Information Section.
“Is there anything I have said that does not make common sense?”

“No — you have made everything quite clear.”

However, mistrusting the memory of a man in such pain, I subsequently dictated a long letter to him in which I detailed all the conclusions from the consultation. His next appointment was due in about eight weeks.

A lot depended upon how Laurance Swale spent the next few weeks and how he had followed my instructions.

In all, between July 1963 and September 1964, Laurance Swale called five times for consultation. His spine was liberated stage by stage and the treatment steadily advanced.

On 19th September, 1964, I noted: “It is difficult to recognise this patient as the same person. He is a younger edition of himself. He still has some trouble with his right foot but it is not serious. He now has no pain or discomfort and he walks for about eight hours daily.”

In 1965 Laurance Swale was voted “The Patient of the Year” and awarded the Gold Medal Award of The Society for Natural Sciences.

Laurance and Horace Holmes are now great friends, and with E.J. Gothard, M.B.E, T.D., they form a lively trio, helping others less fortunate with their efforts towards arthritic recovery.

Laurance is now a fit, healthy and happy young man. It is still said of rheumatoid arthritis “There is no known cause or cure”.

Now read what Laurance Swale has to say.

“Dear Charles,

I understand from my recent visit to you that you may choose to illustrate my case in your proposed new edition of ‘Rheumatism and Arthritis, The Conquest’.

May I take this opportunity of thanking you for restoring me to good health. It may interest you to know I made a note of my progress in the simplest possible way, as under:-

July 1963 — First Visit

I arrive at 75, Victoria Street and am informed that Mr. de Coti-Marsh’s consulting rooms are on the fifth floor — fortunately for me there is a lift. I find that I have insufficient strength or movement in arms to open and close the lift gates so I am taken to the fifth floor by the porter.

October 1963 — Second Visit

I again use the lift, but this time I am able to deal with the lift gates on my own.

January 1964 — Third Visit

I contemplate five flights of stairs and, by putting my left foot on the first stair, then bringing up the right foot, I eventually climbed the five flights of stairs — time: 7 minutes 30 seconds.

April 1964 — Fourth Visit

I am now able to walk up the stairs in a normal manner — time: 4 minutes.
Although I would not claim that my right foot is completely cured of rheumatoid arthritis, nevertheless I ran up your five flights of stairs two steps at a time in a few seconds under 3 minutes — somewhat out of breath when I reached the top.

Yours faithfully,

L. Swale.”
THE CASE FOR THE OSTEOPATH

The cases of Mr. Horace Holmes and Mr. Laurance Swale have been included and dealt with in some detail in order to give guidance to those who wish to know more of my approach and methods when similar cases are presented.

Both cases had been under hospital care and had progressively worsened. They both represent the worst type of rheumatoid arthritis which hospitals have to deal with.

Both gentlemen were reasonable and intelligent and would have carried out any reasonable advice they had professionally received.

Both cases responded brilliantly to treatment and were standard examples, not specially picked out for this type of treatment. In each case, due to their co-operation, it was only necessary to see them about every three months.

Prior to consultations with me, both gentlemen had been told officially that there could be no hope of recovery in their respective cases.

Mr. Holmes was, in fact advised: “Get yourself a wheelchair. Your wife can take you out sometimes.”

He can now not only walk, but his hobby is hill climbing. Hardly a suitable hobby for a wheelchair occupant.

These facts speak for themselves.

There must be, however, a vast difference between my own approach to diagnostics, to the patient and to the type of treatment. It is for these reasons that I have gone to reasonable lengths in explaining my approach to these cases. What is the difference?

In both cases there would have been no recovery possible for these gentlemen if physical medicine — by this I mean specialised manipulative surgery for arthritic purposes — had not been employed. This method of physical medicine, however, must not be confused. The techniques I have evolved for this work were developed from Kelgren’s and other methods of manipulative surgery before I qualified as and osteopath.

However, by whichever name physical medicine may be called, what is in a name? All osteopaths having been properly trained are qualified to take the extra course which is advised. This enables the extra skill employed by this branch of medicine to be used for the purposes of aid where spinal injuries are involved as in osteo-arthritis.

An outstanding fact is that, unless fully-qualified osteopaths are employed in hospitals, arthritic patients will still, for many years to come, be advised to buy themselves wheelchairs.

To overcome this state of affairs I founded the present international arthritic recovery service, which is efficient.

The observations are made to assist both the patient and the practitioner. If the hospitals have no osteopath, my advice to arthritic victims is to follow my system as far as stage III, and then — not before — seek the services of someone specialised in spinal disorders.

* Information Section.
ADVICE TO PRACTITIONERS AND READERS

Having started off with examples of the most difficult cases to treat, let us now turn to more simple types of arthritis — osteo-arthritis. Osteo means stone, arthron means joint. Arthritis of the hip joint.

Cause. Injury to the lumbar spine, perhaps by a fall or a twist. Perhaps with an old history of a slipped disc involving the right or left branches of the sciatic nerve.

The degree of compression upon the sciatic nerve will now determine the acosmia of the case; whether the leg and its joints get rabidly worse and calcify, whether the progress of the disorder is intermittent or is slowly building up.

For those who know little or nothing about the treatment of arthritis, a history of lumbago is sufficient to diagnose the cause. The patient can rarely help in this, for they cannot remember the originating injury. For example, we all have falls and tumbles during our life and this is the reason why I never ask a patient this question.

Of the greatest importance is the fact that, if the disorder is allowed by the practitioners concerned to actually reach the stage where the hip joint distorts or finds another socket (so causing the patient to limp) or they allow the disorder to reach the stage where arthroplasty is necessary, then obviously the patient has the right to say: "Why did you not prevent this happening to me?"

Now perhaps we can prevent such happenings by explaining the cause of the arthrolith — why there is calmar* in that particular joint.

Take time to locate the spinal area afflicted. Locate the deviation. Remember that you can do nothing but harm to the patient until the calcification around the site of the injury has disintegrated by manipulation.

The previous paragraph obviously does not apply to patients with recent injuries. We all like to catch the sensible patient who comes as soon as a spinal injury is caused, for with that patient we can avoid trouble in the future.

When an injury is months or years old, as many of them are, then calcification has built around the site of that injury to the point where manipulation is contra-indicated.

Once the method of decalcification has been followed through, liberation takes only ten seconds, during which time you will have liberated the root spinal cause of arthritic hips.

The method of manipulation I use myself is to have the patient lying on any one side. The leg underneath should be straight in line with the spine, the neck and head in line with the spine and the top leg should be crossed over the leg underneath and allowed to hand over the side of the couch. The shoulder is balanced back to the left.

Approach the patient from the front and, with your hands on the iliac, bring pressure to bear — gentle pressure. This to relax muscular tension. And then, carefully watching the shoulder for balance of weight, a slight further pressure forward will release or liberate the spinal vertebrae which may be out of position, as far as the disintegrated calcium allows.

This method is in no way related to the pelvic twist or to forcible manipulation. The effect is purely of balance, balancing the weight of the hip against the weight of the shoulder.

The effect is usually immediate. I allow five seconds for each side. Ten seconds to complete the whole operation.

It is necessary to have the patient carry out successfully the preliminary Home Treatment Course before presenting themselves for this method of liberation.

* Information Section.
The effect of the manipulation is extremely beneficial. I have carried out this special technique for many thousands of patients, the majority of whom, when entering for this treatment, walked with sticks, crutches, or even needed help to take their shoes off. Immediately following the liberation the patient is able to stoop down and touch their toes.

It is advisable to ask patients to attempt to touch their toes after the liberation, this is good policy because it stretches muscles throughout the spine, stretches and equalises the point which has been liberated and eases the traverse of nerve impulse at the point where formerly the nerve my have been partially compressed.

Follow-up liberation should be carried out every three months for two years to prevent any further encroachment of calcification.

My final advice is to never allow manipulation under anaesthetic.

**KEEPING A PATIENT AT WORK**

Diagnosis, cause and successful treatment whilst keeping the patient at work are illustrated in the case of Charles Ware, from which both patients and practitioners can learn a great deal.

Mr. Ware fully authenticates this case in the hope that his own experience will save many others the misery endured whilst “limping around for sensible advice”.

Too many practitioners take the easy way out when a patient limps in with pain, and say, “Rest — stay away from work until the pain eases”. Nothing could be worse for the patient. Resting the limbs causes the joints to become more stiff. Absence from work means loss of income, whilst the worry creates further mental depression.

The practitioner is advised to recommend methods to ease the pain and keep patients mobile, independent and earning their living during their recovery from arthritis.
THE CASE OF CHARLES WARE

Charles Ware came to see me for the first time in March, 1959. I liked Charles immediately; he was big, expansive, an outdoor Devonian and 50 years of age. His profession was something to do with property, and tennis was his former hobby.

Charles, in a practical way, had tackled the subject of his arthritis in a very forthright manner first trying doctors and specialists, going on to southern hospitals for x-rays and advice.

After a time he began to pleasantly put some very shrewd questions to these people, after which he tried osteopaths.

Of the hospital approach to his case he said: “I was messed about. They took x-rays and told me they could find nothing wrong, even although I had this unbearable pain and limp.”

Examination showed osteo-arthritis of the lower spine and hips, a condition which had worsened considerably during the previous three years. His skin was patched in areas with a characteristic condylomata. These brown warts, sometimes called “mothers marks”, warts which are a hard, seedy type. Some begin with a reddish colour and then grow to a hard, crusty brown. One of these warts disfigured Charles’s face.

I have always associated this type of wart with a certain internal condition by noting the area over which the warts extend and the spinal area from which they originate. It is possible to diagnose the organ in the part of the body which either is, or may be, afflicted with this mystery disorder. This subject is deserving of a volume to itself.

Further trouble was indicated by the enlarged veins on the legs — indicative of thrombosis.

I believe that we humans, like plant-life, have our seasons of regular variation of life. The cold, constraining months of winter and the lowest ebb of vitality, rising through the year with the incoming tide of renewed virility of spring, to the culminating point of vitality in the summer months, thence declining to the adynamia of autumn, through the cycle of the year again to winter — each year a complete cycle of life.

There sat Charles — dressed and patiently waiting. Whilst ignoring his presence, my mind was tracing cause and effect, accepting possibilities, rejecting probabilities, seeking answers from past experience, putting these answers into probable sequence, looking for a broad path, only to be barred by the three biggest barriers to come up against in clinical practice — arthritis, thrombosis and what may lie behind those warts.

How much shall I tell him? Who looks after his food? How well can he follow a routine? Question after question went through my mind, when somehow a realisation broke through the judgment reasoning — the realisation that I had myself broken the first rule of consultation. I had been thinking deeply and both patient and myself had become “en rapport”, my thoughts had transferred to the patient — Charles knew what I was thinking.

The ice had to be broken quickly. “Charles”, I said, “would you care for a glass of wine?”.

The explanation of the originating cause of his associated disorders (the collective cause) was made clear to Charles smoothly and clearly.

Seven years previous, there had been an injury to the lumbar spine. I also had to explain how the deviation from normal of the third lumbar vertebrae was the cause of his eventual arthritic development. The tilt to the sacro-iliac, the cause of the depression of the pelvic nerve supplying the internal organs was traced to his baby days, this possibly being the cause of the condylomata, indications of an internal disorder.

* Telepathic.
Whilst making the explanation, my mind cleared of doubts concerning the wisdom of undertaking the acceptance of this case. I felt somewhat relieved and continued with renewed energy to explain the routine I wished him to follow at home.

In those days I relied upon a “Star Diet” — a simplified system of precluding foods which cause thrombosis or “heart attacks” and exempting also the foods which are sources of lime and chalk-type calcium, replacing these with alternative foods of a richer, health-promoting value. All usual foods were allotted values in “Stars”, denoted by asterisks, and the diet in use by the patient was to keep within an allotted number of stars each week. In the case of Charles — 30 stars.

The patient, if travelling, eating out in restaurants or dining for social reasons, could go above the allotted star value for that day, but on the following day would have to go back to foods of a lower star value in order to end up at the end of the week within the overall allotted value.

The star system was simple — even a child can (and many children do) operate the system, and above all the patient had complete command of the diet without undue restrictions having to be enforced.

The preparations ordered for Charles were: “K” Compound, to act both as a catalyst against calcification and as a reduction factor of the high blood viscosity — thrombosis. In addition to this, a specially stabilized homoeopathic Arnica to rapidise the clearance of any clots in the bloodstream and, finally, Thuja Occidentalis, to clear the condylomata, the condition underlying the cause of the warts.

Thuja Occidentalis is an evergreen spiral shrub known also as Arbor Vitae, which attains a height of between 15 and 20 feet. The shrub grows mainly on swamps and marshes, blossoms in May and June and develops fruit in the autumn. It was found mainly in North America until the reign of King Francis I of France, at which time it was introduced into Europe.

The young green twigs of Thuja contain the active principal ingredients which may be called “antisycotic” — Sycosis meaning a constitutional disease.

Many internal diseases attempt an exit from the body by an outward clearance through the skin. This is the effect of the so-called skin disease — Psoriasis, and, in this particular case, the probable cause of the warts.

Thuja Occidentalis is a specific for the conditions causing the warts, enabling the brown hard excrescences to be released. The tincture of the fresh green twigs may also be applied to the warts themselves, though this is merely an external aid. Tablets containing the tincture of the plant, which has been reduced to a homoeopathic potency of 30X, usually remove the internal cause. The veterinary use of Thuja for old dogs or horses suffering from inoperable internal disorders is quite dramatic in benefit, resulting in complete cures. I have myself rejuvenated an old dog or two with Thuja.

Charles left me that day both happy and enthusiastic. He had discovered the explanation of his troubles and it made common sense to him. He now had a purpose and a programme.

Ageing cannot be disassociated from arthritis. They are both caused in the same way — calcification. In the case of Charles Ware, any treatment likely to be successful would have to be a complete physical rebuilding. In order words — rejuvenation.

Rejuvenation is a word I loathe, for it recalls to me those surgeons and physicians of bygone days (the 1920's) who openly claimed to “rejuvenate” by various glandular operations, by injections and other mysterious concoctions, the written works of whom I had to study in detail, to explore for links in the chain of extra-physiology, and very weak links they proved to be.

The total rebuilding of the body must begin with endowing the cells, which are essentially the body, with new chemical life by means of a new type of nutrition.

During the years of which I write my system of treatment has become well-known in Hollywood and Southern France as a quick and easy way to become younger. My appointments book read more like a

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*Information Section.

Ψ Obtainable from Homoeopathic Pharmacies.

φ See Dr. Beorickes Materia Medica.
confidential “Who’s Who” of film stars — most sensible people who realised that when youth slips past, age begins to show — especially when appearing in front of the hard lights and cameras at five o’clock in the morning.

When it is one’s business to stay young and fit and there is a method to enable one to do so, even if the method is 3,000 miles away, that method is good business.

Since these patients were known only by an initial, I beg to offer my compliments to all who may read this chapter on Charles Ware, for many like Charles are now today (seven years later) young and they stay young, as young as Charles Ware is today.

Charles, however, did not begin as the stars began — with a fit physique. He began with three of the greatest hazards to life that can happen to the human frame, but that was in March 1959.

October 1959 — and I performed the first manipulation to liberate the complex disorders of his spine. The treatment was completely successful. Of his general physical condition I wrote on that day: “Geriatric effects — Blood Pressure 130/60 (the blood pressure of a man of 30 years of age). Undue blood viscosity reduced by 50 percent (thrombosis half-way to clearance).” Charles had reached the half-way mark towards playing tennis again.

It was during February 1960 when I saw him next. His weight was up 2 lbs. and blood pressure up to 140/80. A revision of diet seemed necessary.

I, therefore, set Charles a target which entailed returning to a peak of progress within eight weeks.

On the 27th April, 1960, Charles bounced in having driven from Devonshire. I could see now that he seemed a much younger person.

One cannot look or be younger if disease or disorder is active. Rapid disorders show by rapid ageing.

The facts and figures were good this time.

The wart which had disfigured his face had vanished. I again thanked Thuja. His weight was steadily at 13 stone 11 lbs. Blood pressure at 135/60 — this after a three hundred mile drive in a sports car. Yes, these were fair results. Charles had not wasted his time or his money.

Charles began playing serious tennis in 1961, on my instructions.

I have digressed again and again in my narrative describing the case of Charles Ware, but I make no apology for this is the only way it is possible to take you into the confidence of the consultant’s mind in such a case.

When a patient consults me for the first time, my mind goes from cause to effect and from there to ways and means to attain that goal on the quickest possible time. I am, in fact, a very important man.

During the case of Charles Ware there were great floods in his home district of Devon. He was overworking, assessing damage to property under dreadful conditions. It looked as though 1962 for Charles Ware and myself would be a most frustrating year.

By July 1962 the spine of Ware had recurrently stiffened around the original site of the injury. I encouraged him to be patient, prompted by the thought: “After all, he is not in some hospital — he is working at the rate of two men”.

By the autumn of 1962 Charles was playing County Singles tennis, and doing well.

I recollect that during 1959 I was preparing and collating the manuscript of “Prescription for Energy”.

“Charles,” he said to me, “I have a cottage on the River Dart where you could write your book in peace. Will you come?”

* Published by Thorsons Ltd., 1964.
A week or so later, laden with a tape recorder, manuscript, science notes and a case full of paper, saw me on the “Devon Belle” from London to Torquay and beyond, where the earth changes colour from brown to red and where the train winds under the red cliffs along the seashore from Torquay to Paignton, round the beautiful Tor Bay to Brixham and Dartmouth, and so on to a mile or thereabouts from Dittesham (pronounced “Ditsam”) on the River Dart.

At Dittesham there are four cottages on the waterfront surrounded by the vast green hills which form the valley of the river. It was here, interrupted by impertinent swans which came into the cottage to beg for breakfast, that “Prescription for Energy” was assembled and, during that long weekend born after ten years of building. A new vitamin, the vitamin of life — Vitamin E-Plus — took physical shape and became a reality which has since been universally acknowledged by many who have experienced a longer youth in their life.

That long weekend allowed me to make a comparison between the old Charles Ware and the new.

No longer is he a tired, depleted man; Charles is awake and alert, working at times in the morning when those who live only half a life are still in bed. Enthusiasm for everything — everything to be done and performed at top speed — my eyes were opened.

At consultations one meets one side of a person only, but this human being bursting with life and exuberance astonished me.

Today, on the seventh anniversary of my first meeting with Charles, I began this chapter early in the morning and, a little uncertain of some of the facts, I telephoned him at 5.30a.m.

How would you feel if the telephone rang at 5.30a.m.? Would you swear and ignore the bell? Would you grudgingly answer? Or would you reply: Mr. de Coti-Marsh that must be you. How nice to hear from you”, and with jokes and chatter clear up the problems which prompted the call.

“How are you Charles?” I enquired.

“Never better, thanks,” he replied with enthusiasm.

“How is Dor?” ‘Dor’ is his sister.

“Oh, she is away at the moment flying to Majorca. She is always full of fun.”

(Doreen Ware was condemned to a rocking chair existence two years ago by specialists. Doreen was then suffering from spinal arthritis. However, Doreen has the chair today as a memento of these consultations, she does not need it today, she has her full health.)
THE ELEVEN STAGES OF ARTHRITIS

The following is a chapter which was first published in 1948. It was then enlarged and simplified in the first, second, third and fourth editions of “Rheumatism and Arthritis, The Conquest, 1957”.

The importance of the continuance of this chapter through these various years is that the earliest possible stages of arthritis and its associated group of disorders can be recognised at the earliest onset. This not only in children who are examined at school by the school doctor, but also by those members of the public who may have noticed portions or set symptoms of these stages appearing in themselves.

Anyone can follow the simple phraseology of these eleven stages of the development of arthritis, and providing they have not gone beyond Stage II or III can, with the help of the contents of this book alone, put themselves right.

If, however, a person is suffering any of the complaints listed higher than Stage III or even Stage III itself in an acute form, they should then immediately seek my help or some other professional and expert opinion.

It cannot be too strongly emphasised that arthritis is a continuously progressive disorder, stage by stage, and the following stages of arthritis have been clinically proven over many years — one stage inevitably leads to the next.

It is, therefore, my sincere hope that the further revision of this chapter will enable the public to be well enough educated to recognise the stages for themselves, long before they become crippled.

CATARRH
Stage I

Stage I often begins in children from the age of three to five or from seven to ten or even eleven years with catarrh, that is — well, catarrh is well enough known, and so is the word tonsillitis. Tonsillitis is a Bacillus Coli infection, which is the earliest onset of all rheumatic and arthritic disorders. The stages can occur at any age in life. There may also be bronchitis, which is a catarrhal condition of the lungs. Constipation is almost an inevitable forerunner of rheumatic disorders. These are the symptoms of Stage I.

COLD HANDS AND FEET
Stage II

The preceding symptoms having been met with a possible increase or decrease of body weight, and especially when the hands or feet become colder than the body, the diagnosis “soft sand” sound in joints may now be detected on movements.

FIBROSITIS
Stage III

Fibrositis, muscular pains, stringy and hard sinews, pains across the shoulders and stiff neck.

Very often during Stage III is when we have the slipped spinal disc, often at the third lumbar vertebrae.

However, we still have the underlying symptoms to contend with. These are the fibrositic muscular pains. (Caused by the slipped disc).

Stage III is not in itself a serious stage, but if neglected, a forerunner of Stage IV.
Lumbago, sciatica and painful or stiff muscle movements are characteristic in this stage. The muscles are stiff after resting, but better after continued and determined movement. These are danger signals.

Osteopathic treatment would not be advisable at this stage as the rheumatism has developed to early arthritis.

**MUSCULAR RHEUMATISM**

**Stage V**

In Stage V we have the reaction of all the previous stages to the point where inflammation of the muscle sheaths and acute pain of the muscle occurs. These pains seem to respond to heat, since heat temporarily restores a better circulation of blood to the parts affected.

However, heat or heat treatment, manipulation of physiotherapy is now absolutely contra-indicated — it can do more harm than good at this stage, that is until the internal complex, which has caused this stage, has been cleared.

Nevertheless, in this stage a person can still recover quickly.

In this stage we also have a slowing down of the blood circulation due to an undue blood viscosity that is, unduly thickened blood. The blood itself has a poor circulation, the hands and feet are colder than the body and it is by reason of this poor circulation that arthritis may affect the hands and the feet first. The hands and feet are, incidentally, the last to clear up after treatment.

**ORGANIC**

**Stage VI**

Stage VI is recognised mainly by the internal reactions of arthritis which concern the thyroid and adrenal glands, liver, kidneys and the spleen. Here we need expert diagnosis to relate it to one particular cause.

The glandular and organic disorders allied with this stage of arthritis can often be associated with reactions from a bowel which has not properly cleared the waste from the body. The organs of the body have become toxic and the body as a whole is reacting to this condition.

The obvious method is to go right to the beginning, that is to the bowel. But remember, any thorough recovery from Stage VI is going to take as many months as years it has been in the process of development.

**Stage VII**

We now have in Stage VII a much more serious type of arthritis. One indication of this is that the approach of wet weather will make muscles more painful. This is due to the fibrous and toughened ligaments which tighten like tense strings in damp weather or during weather changes. This tightening draws the joints more closely together and if the cartilages or joints have already become affected, the movement of the joints becomes more painful because the joint surfaces are drawn more closely together by the “ham-strung” muscles.

This explains why people rightly imagine that the weather is associated with arthritis.

**VARICOSE VEINS AND BLOOD VISCOSITY**

**Stage VIII**

A steady physical deterioration due to the preceding stages is indicative of Stage VIII. Stage VIII is a condition where the blood begins to thicken and varicose veins appear upon the legs. The larger veins,
the more pronounced the undue blood viscosity even though the blood pressure may be low in this stage, i.e., a man of 50 may have a blood pressure of 120/140.

It is in this stage that one can clinically notice the senile changes which are rapidized as a result of general calcification and malfunction throughout the body. The skin, for example, becomes wrinkled; the temperature of the body extremities is much lower than that of the trunk; the circulation beneath the skin is considerably lessened, all these being the result of calcification of the arterioles, the fine veins below the skin.

To explain the skin temperature — a young woman has a strong skin circulation and as she grows older the circulation of the skin decreases and this causes the skin tissues beneath to be undernourished by the foods which can be taken into the body and passed to the skin via the bloodstream. This is because the blood supply to the surfaces of the body is lessened by reason of calcification, or by undue blood viscosity (a much thicker type of blood).

In Stage VIII, therefore, the patient feels the cold unduly and needs the warmth, much as an old person needs warmth, because the circulation of the body in itself is insufficient to keep the body warm.

The resemblance will be seen here between the ageing effects of a person in Stage VII at, shall we say, 26 years of age in relation to an older, normal person without arthritis at, shall we say, the age of 70 to 75 years.

All these degenerative effects have a definite increase upon the speed with which the calcification or arthritic condition makes progress in Stage VIII. For example, energy is the opposite factor to any disease or disorder — the greater the energy, the more quickly the disease or disorder will recede against the impact of resistance.

The energy is low in the patient during this stage and, therefore, the arthritic condition can proceed rapidly with little energetic opposition from the body. More energy is being lost daily than the body needs for its upkeep.

Stage VIII is not a stage from which recovery is unlikely; in fact, the majority of cases that I have dealt with unfortunately come to me in Stage VIII, but an estimate of 90 percent have recovered and have had no recurrence.

**OSTEO-ARTHRITIS**

Stage IX

Here are the physical mechanisms of osteo-arthritis.

First we come to the spine, taking a very simple case of osteo-arthritis of the lower part of the spine and of one hip.

What is the cause? It will be ascertained (perhaps not from the patient, but by methods of diagnosis) that preceding the osteo-arthritis of the hip there was formerly an injury to the lumbar spine, perhaps by a fall, a twist of by a “slipped disc”.

Here are the mechanics of the situation.

The spine is a hollow canal through which run the nerves from the brain. These operate the organs and the limbs of the body. Nerves are compressible, and any deviation from normal in the spine will cause a nerve to become partially inoperative; consequently, the limb which it supplies in turn becomes partially inoperative.

Here is a point which can be remembered by all future scientists specializing in physiology.

The nerves are in active communication with the brain in times of pain — and the brain controls the body chemistry.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

Should a nerve be interrupted at its spinal source — that is where it emerges from the spine outwards to supply a limb (in this case a hip and leg) — the interruption causes the nerve to react and signal to the brain.

This is an emergency signal and equal to one which would be given by the nerve in the case of an actual fracture of that part. The two signals are almost identical.

The body chemistry responds with a rush of calcium to the fractured or injured part, thereby eventually bonding the fracture with a natural splint.

In the case of a nerve which is interrupted through a neglected spinal injury, the nerve sends out a similar signal but, whereas in the case of the fracture when the signal ceases upon the fracture being healed, the signal continues in the case of the nerve interruption involving the branches of the sciatic nerve.

The result is that the body chemistry continues to send calcium to the affected part, bonding as it were the part of the spine which emits the signal, and also to the joints of the limb which are served by the sciatic nerve.

First of all, therefore, we have calcification of the spine, or the part of the spine from which the nerve emerges. Next we have calcification extending to the joints of the limb supplied by that nerve. This is the cause of osteo-arthritis of the hip.

The same applies to the cervical portion of the spine, nerves from which control the shoulders, arms and hands — the upper limbs. A nerve interrupted here, by reason of a fall, accident or injury, will result in calcification of that part of the spine first, followed by calcification of the shoulder and then the wrist; the elbows are usually affected next.

Recovery from this stage of arthritis is both simple, rapid and fully effective, providing the patient is treated before the hip has found another false socket and the leg has shortened.

Even in such cases, recovery is practically certain in eighty percent of all cases.

ARTHRITIS-DEFORMANS
Stage X

The tenth stage of arthritic development mainly involves the joints and muscles. The body in this stage has become fibrous. The amount of fibre in the body is measured for geriatric purposes by a system known as the “Fibrosis of Meigs”, because the more fibre (hardened, stringy fibre) there is in the soft tissues and muscles of the body, the greater the age. However, age in itself does not always bring the density of fibrous tissue.

The preceding paragraph is best explained simply by comparison. Whereas an old chicken is tough (fibrous), a young chicken is tender. This is the simplest explanation of the standard of which we call the Fibrosis of Meigs.

In Stage X this fibrous tissue has become more dense through the body, so much so that young persons (and I have seen many) in their early twenties are as physically incapable as persons of sixty-eight to seventy years of age and equally disabled from an employability point of view.

This is a tragic stage for young people to reach, as it must be remembered that in this stage there is also (as a result of the dense fibrous condition of the muscles) very often a distortion of the joints, especially of the hands and feet. This is the “Deformans” type of arthritis, the deformity of the hands, feet or other joints being occasioned partially by the irritation of the joints themselves, but more often by the fibrous condition of the muscles which tighten unduly and so contract or deform the hands, feet or joints.

It is not true that there is no hope of recovery from this stage, although it is obviously better to seek efficient treatment long before this stage is reached.

* Information Section.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

Dr. Marie Strumpell first studied this type of arthritis and found that in Stages IX and X the spine itself can become fused together with calcified products and become drawn forward so that the whole spine is fixed in a forward position. This became known as “Marie Strumpell” type arthritis.

Again it should be emphasized that there is every hope of recovery from this very advanced stage of arthritis. To prove this, I will quote the case of Miss Bessie Hunter.

Miss Bessie Hunter lives in Liverpool, which is a long distance from Westminster. Aided by two wonderful ladies, Miss Hunter came in with her head bowed almost to her knees and her body fixed in that position. Her knees and hands were deformed. This presented a dreadful picture of almost total disability.

Two years later, Miss Bessie Hunter wrote to say that her spine had straightened; she could turn freely in all directions without pain and, whereas formerly she had spent her life “looking for sixpences on the floor”, she could now stand up and “look at the stars”. Tragic as this stage of arthritis may seem, there is always hope.

Stage XI

Stage XI of arthritis is a type of its own and is related to rheumatoid arthritis which so often tragically affects young women between the ages of 18 and 30.

The types affected are usually dark-eyed, dark-complexioned women with hyperthyroidism — a condition which is produced by an excess of thyroxine. This results in a person becoming nervous, over-active, and although they eat what they like, they still lose weight. They are, as it were, consumed by a nervous energy which has run amok and seeks to destroy them.

Curiously enough, it is not the thyroid gland itself which causes the dreadful distortion and crippling of this stage of arthritis. It is brought about by a sequence of glandular imbalance — one gland affecting the other.

The origin is due to a mechanical disturbance of the sacro-iliac, very often caused at birth, causing a displacement or deviation from normal of the sacro-iliac from which emerge the pelvic nerves which supply the sex organs with their hormones. These, in turn, cause kidney and adrenal imbalance, and so the thyroid being in sympathy with the glands is also out of balance.

Rheumatoid arthritis can be completely overcome only after very early diagnosis by school doctors, who should be trained to look out for and locate any spinal disorder which can result in such crippling and devastating a disorder. Prevention must begin at the beginning in order to end rheumatoid arthritis. Indeed, early recognition of the earliest stages at schools could wipe out arthritis from the next generation.

The next logical step would be to classify these disorders as “K” Deficiency Disorders, Stages I to XI.
HOME TREATMENT FOR ARTHRITIS

It must be pointed out immediately that the instructions given here for a course of home treatment are not intended to discourage personal consultation with an expert. Personal consultation or practitioner-guidance is always the best.

The difficulties for efficient home treatment have been solved, with the proviso that the person who is carrying out the treatment (as a result of a book such as this) has someone to turn to — possibly to aid them with small problems which may arise en route.

If the person who is carrying out the treatment carries it out to the best of their ability, the system is most efficient. This is amply illustrated by the results obtained through the last book of this title, as a result of which it is estimated that thousands of people recovered from arthritis and are now fit and well.

No drugs are needed. No clinical treatment is necessary. Obviously, any reader undertaking this system of home treatment does so at their own responsibility.

The KEPNA diet was the outcome of many previous diet systems. It is a good system and every patient who has been through my hands has had this diet adjusted for them, the results speaking for themselves. It is the finest system of diet evaluation I have yet produced for this purpose.

This system does not bind the person down to a rigid diet, but is expansive and liberal — there are no limits to what the person may eat, but there are limits imposed on foods which create extra calcification.

In addition to the diet, there are certain measures of home treatment, such as the treatment of the local tap water — tap water is, after all, one of the prime sources of inorganic calcium to attack the arteries, veins, muscles and joints.

It is, therefore, with pleasure and with confidence that I extend to the reader a survey of suggested home treatment for arthritis.

YOUR THREE STAGES OF RECOVERY

By reading and following the instructions contained in the previous edition of “Rheumatism and Arthritis, The Conquest”, the majority of readers put this system to work at home, recovered their good health and eventually wrote to me to say “thank you”.

With this new up-to-date version, backed by modern physiological and food research, you should do even better.

There are three distinct stages of your total recovery period.

Each stage differs in length of time as there are no standard people — everybody is different — therefore no standard times can be computed for the three stages.

During the past ten years many former problems have been solved. For example, recovery times from one stage to another have been rapidised by the introduction of special preparations which contain no drugs, but which promote an easy and more rapid transit — stage by stage — from arthritis to health.

Advice concerning these preparations is available free of charge from the manufacturers.
THE FIRST STAGE

This is the stage when you alter your diet and, for the first six or eight weeks, you will make wonderful progress. Each day you feel stronger and each day feel less pain and disability — every day is a progress day.

THE SECOND STAGE

Suddenly, for no apparent reason, you experience extra pain, your movements are more difficult and you feel that the treatment is not living up to your expectations.

There is an explanation for this.

A joint which has been fixed (arthritic or calcified) has no movement and, therefore, gives no pain.

In Stage 2, the joints become decalcified and begin to move — this movement causes pain and, in some cases, slight inflammation.

Stage 2 is the liberation stage.

The pains are called liberation pains and the length of time the liberation stage lasts varies from one person to another; perhaps two to three weeks, perhaps longer.

Manipulation of the spine or joints will prolong the liberation stage. Obviously manipulation must be avoided.

Readers requiring help at this stage may apply to me for advice.

THE THIRD STAGE

Following the liberation stage, Stage 3 is the stage of final recovery. This stage in itself is a series of smaller stages, sometimes with minor setbacks, but eventually leading to the restoration of the type of health enjoyed by Mrs. Rasch, Mr. Horace Holmes, Mr. Laurance Swale, Mr. Charles Ware and thousands of others.

Your diet is important, your food creates your physique. Good food can transform a cripple into an athlete.

HOME TREATMENT SECTION

FOODS FOR EXTRA ENERGY

Your first approach to self-treatment must be concerned with diet.

I am not going to be technical concerning this diet and tell you why and how; I will leave that to another portion of the book or to “Prescription for Energy”, which will explain more fully how life is conveyed to the body by food.

Food is your vital intake of energy; make no mistake about that. You can live on three cooked meals a day and these may be very appetising, but you are still under-nourishing your body because cooked food contains very little energy-making matter.

The first thing to do, therefore, is to remember that perhaps for many years you have taken a form of food which, to your body, is poisonous. Fatty, acid foods are in this category.

I do not wish to enter into any form of controversy here, but I am sure our teeth were not made for the eating of dead bodies. If they were, they would be sharp and pointed and made for tearing the flesh — similar to dogs’ teeth.

* Published by Thorsons Ltd., 1964.
Our teeth are round and made for grinding — grinding of nuts, grain and seeds. These are the perfect protein foods.

Under no circumstances do I wish to appear dogmatic about vegetarianism or way of life. I only wish to state facts which are the results of long experience concerning nutrition.

Behind the word nutrition are the long chemical formulae and construction of various vitamins and synthetic vitamins. The discovery of Vitamin E-Plus was a new departure, for this was a new natural vitamin — perhaps the most vital vitamin yet discovered for re-creating a new and healthy body from one which is wrecked either by age or arthritis.

In “Prescription for Energy” I explained something about Vitamin E-Plus, and described the rejuvenative properties of wheat when it is ground fresh and eaten as food. If the wheatgerm, a living organism, comes into too much contact with air, then the germ is useless. The object of introducing Vitamin E-Plus into the body is to gain a new form of vitalisation from this vitamin, since wheat contains nearly all the essential minerals which convert this vitamin into a living hormone.

Vitamin E-Plus is simply made by using a special type of mill which powders the fresh living wheat but does not allow the live wheatgerm to disintegrate. This is mixed with warm milk, from which the cream has been removed, for breakfast or other meals.

We have tested this new type of nutrition on workmen who were working 14 hours a day, unloading timber out of a large ship into smaller barges; very hard work indeed, since the vessels were on the move all the time and the timber was exceptionally heavy.

The men were paid piece-work rates according to the number of “standards” they unloaded.

George, the foreman, who first undertook this test — to take two ounces of Vitamin E-Plus in the form of milled wheat for breakfast in place of his bacon, eggs, fried bread, toast and marmalade — was asked to report the time of day when he felt hungry.

He found he could work six hours at a stretch on this Vitamin E-Plus meal without feeling hungry. On a normal conventional type of breakfast he would have felt hungry after two hours.

This is nutritional history and means that we can take athletes, for instance, and put them on to this type of re-energising foods — the same foods which I am going to recommend to you for arthritic recovery. The athletes would have three times the usual endurance and living strength at their command — as in the case of Charles Ware. So will you — you need the extra energy.

We talk of nutrition from two different points of view; you possibly are thinking of meals at regular mealtimes. I think of bodily needs.

Now another point. I have studied and seen people who have become wrecked by either age or arthritis in nearly every country of the world. In fact, when there has been a person over 100 years of age who didn’t wear spectacles, had all their own teeth, were fully virile and still working — if I heard about them wherever they happened to be and in whichever country they were, I have always tried to see them and to study their type of diet.

A long and most interesting book could be written about these visits which were for one ultimate purpose only — to obtain information which would enable the average person to aid themselves towards better health.

Too many people who suffer arthritis have never been hungry. They have never known the joy of eating a natural meal.

The reason is, of course, that their stomach is never empty. They rise, they have tea and biscuits followed by breakfast and, possibly, at eleven o’clock they have another snack. Again at one o’clock — when eating by the clock they say this is lunch time and so have lunch whether they are hungry or not. On to four o’clock for tea and then, at seven, they have another meal.
I have a very strong theory upon nutritional chemistry of the human body — it is that the majority of disease, and I include many more serious diseases than arthritis, do arise because people eat meals which they cannot digest.

The residue of a meal which is not digested remains as residue and becomes poisonous. The intestines are a series of tubes with pores in them which allow direct access to the bloodstream. If the residue of an indigested meal becomes poisonous waste, then the watery matter from this poison has direct inlet to the bloodstream.

Too many people poison themselves by eating too much too often.

Hunger is the proper natural signal for food to be eaten. Food can be divided or sub-divided into various categories.

Some forms are energy-destroying but these are not harmful if not taken in excess, or when fresh foods are not available.

Other forms contain iron and the necessary vitamins, chemicals and trace elements which the body needs for reconstruction.

It is better, therefore, to follow a system of diet which excludes as many low-energy foods as possible and to concentrate upon those which are going to revitalise — those which contain potassium.

Green leafy vegetables, fresh uncooked roots and celery together with the natural foods in their natural state — those which are uncooked and eaten without salt — will serve you best in this process of reconstruction. Fruits, salads and seeds are also valuable.

Cheeses contain, on average, four times the protein content of steak. This system of diet is rich in concentrated protein. Your protein intake must be five times greater than that of the average person.

You have got to create this energy to enable your body to make the physical progress from ageing or arthritis to the point where your body is so bounding with energy that you have energy in reserve. By eating too much too often you are actually decreasing your energy.

For example, if you eat a mid-day meal you are certainly going to feel tired afterwards — tiredness caused by toxin which is a poison. You are bringing about an unnatural state of depression of energy due to self-poisoning.

This is the first lesson I want you to learn; that in future you will live on a clean diet, a diet which is free from these poisons which take away your energy.

I cannot repeat too often that energy is the sole opposition to any form of disease or disorder. There are no exceptions whatever to this. Diseases of middle age rarely affect the young. Only the vital energy of your body can overcome, in the form of opposition, any disorder which your body experiences.

Several distinguished doctors recently have been researching into a much more dreadful disease — cancer — and by altering the afflicted patients’ foods and taking away salt entirely from the normal routine of eating, they have themselves overcome a condition which, in the normal-meal person, would have proved fatal.

You may now begin to think that I am advocating a cranky and unconventional diet, or even an unorthodox way of life.

If you wish to think that, you may, but I do point out that, until this system of treatment was put into action, there was no cure whatever for the condition of calcification, the cause of arthritic disorders.

I feel certain that if you wish to temporise and go halfway between the unconventional way which I suggest in the matter of your feeding, you will get halfway in your recovery from any arthritic disorder. In other words, you command your own destiny once you have read these words.

*“There is no doubt that Fluoridation of our Public Water Supply would very much increase cancer” — Maud Tresillian Fene, M.D., author of “Cancer — Its Dietetic Cause and Cure”
You have the complete choice whether to wholeheartedly make this book your Bible or whether you prefer to go your own way or heed someone else’s advice.

I only give advice in this book in a general way and, therefore, take no responsibility for any particular person who follows such advice. This should be obvious because I do not know the way the advice may be carried out. I do not advise extremes, because I think all extremes are dangerous.

I regard the man who drinks too much as an extremist. I regard the man who eats steak daily as an extremist. I regard the total vegetarian as an extremist and, therefore, I prefer the word *moderation*. The diet I am going to recommend for you is a rational diet; rational because it is a compromise between that which you can acquire or obtain in any civilised country, remembering the “civilised” state of so-called food.

Certain foods harden and solidify the extraneous calcium in the human bloodstream. These are the foods which act like water to dry cement which, by their binding effect, solidify this cement-like mass which gets into your joints and arteries. These foods, of course, must be avoided. They are the foods which, if taken, in excess in any particular person, could bring about the difference between a slow growth of an arthritic condition, a slow ageing process or a rapid progress of disorganisation.

The foods which solidify calmar* from a fairly harmless state to a serious solidification may be listed as follows:

1. Salt.
2. Indian or Ceylon tea.
4. Foods which create acid and poisonous residue, such as meats.

Tinned foods also have an acid reaction which solidifies the liquid forms of excessive calcium in the bloodstream.

We have, therefore, a series of foods which are completely forbidden. These foods can be replaced with fresh foods which do not have this adverse effect on the body.

Meat can always be replaced with cheeses; there are 400 forms, most of which, if of European character, have the “cholesterol” percentage on the label. Of these cheeses you should take those of 50 percent and below cholesterol value.

I recommend that every country has its cheeses labelled in cholesterol values. These fat globules — cholesterols — once eaten, can be detected within 20 minutes in the bloodstream, forming clots in normal blood.

As a matter of common sense, one has to stop eating foods which are going to aid this disorder to encroach upon other parts of the body. Arthritis endangers life.

One has but one life and it is best to live that life in the fullest possible health and strength. The only way to do this is by supplying to the body the proper fuel, which will enable the bloodstream to keep fluid and free, and so fertilise all the cells throughout the body — from the extremities to the trunk of the body in equal proportion.

That is health in the true sense of the word.

Health is a state in the body of complete nourishment to all parts with an efficient blood circulation.

You now know the reasons why certain foods have to be discontinued; you know which foods are likely to increase the calcification growth throughout the body.

There are three foundations of this system of treatment. I will enumerate them very simply:

1. Your diet and nourishment.

*Information Section.*
RHEUMATISM AND ARTHRITIS — THE CONQUEST

2. The preparations which will rapidise your recovery.
3. Your home treatment and the way you carry it out.

We have three legs to the stool. If you take one of those legs away, or it is a weak leg, then the stool will not support you.

Exactly the same applies to you and the way you attack your own particular problems. If you let one of these legs of the stool become weak, then you will not have the same success.

Tablets or preparations by themselves will not overcome arthritis, you may be assured of that. You have to plan your own part whilst at home. You cannot come to any harm.

Thousands of people in all walks of life have changed to these new types of foods and now have fine physiques. They would never change back to the old ways.

On the railway Pullman cars and nearly all the passenger-carrying ships and planes of the world, they will provide this type of food when reasonable notice is given prior to departure, at no extra cost.

**DIET**

**Important**

Different people, different cases — there can be no standard diet for the simple reason there are no standard people.

The diet outlined here is a general indication of a basic trend — adjustments should be carried out professional by one who is qualified; not only the process of calcification and the chemical problems applying to the bloodstream content of each patient, but also the foods which contain the preventative and corrective factors for that particular person.

Nutritional scientists are attached to universities and could be of assistance in such matters.

**First Day**

**Detoxication**

For 24 hours stop all solid food.
Take a dose to clear the bowel.
At the end of the 24 hours convert to the KEPNA Diet.

**THE KEPNA DIET**

**Explanation**

Foods and drinks are listed overleaf in percentages, high to low.
High percentage foods increase calcification.
Lower percentage foods and drinks decrease calcification.
Wines are most important.
Those who have not taken wines previously should dilute them with equal parts of spa water.
General Assessment of Percentage.
Make your beginning value 60 percent.
Cross out all foods over 60 percent.
The remainder forms a shopping list.
Do not eat foods about 60 percent value.

**Cooked Foods.** Keep these to a maximum of 25 percent of total foods daily.

**Amounts.** You are not restricted, eat as much as you like.

**Exclusions.** Stage I and II exclude eggs.
Do not keep to a rigid diet, have a change now and then — a monotonous diet is a bad diet.
## RHEUMATISM AND ARTHRITIS — THE CONQUEST

### Foods

<table>
<thead>
<tr>
<th>Food</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Butter</td>
<td>80</td>
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<tr>
<td>Kosher Margarine</td>
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<tr>
<td>Salt (exclude salt-tasting foods)</td>
<td>70</td>
</tr>
<tr>
<td>Salt-free foods</td>
<td>10</td>
</tr>
<tr>
<td>Milk — whole</td>
<td>78</td>
</tr>
<tr>
<td>Milk — cream removed</td>
<td>20</td>
</tr>
<tr>
<td>Eggs</td>
<td>50</td>
</tr>
<tr>
<td>Cheeses — cream</td>
<td>30</td>
</tr>
<tr>
<td>Cheeses — hard or matured.</td>
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</tr>
<tr>
<td>Meats</td>
<td>85</td>
</tr>
<tr>
<td>Poultry</td>
<td>50</td>
</tr>
<tr>
<td>Breads — white</td>
<td>78</td>
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<tr>
<td>Breads — wholemeal</td>
<td>12</td>
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<tr>
<td>Porridge Oats</td>
<td>10</td>
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<tr>
<td>Packaged Cereals</td>
<td>30</td>
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<tr>
<td>Spaghetti</td>
<td>23</td>
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<tr>
<td>Rice — long</td>
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### Fruit Salads

<table>
<thead>
<tr>
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<th>Percentage</th>
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<tr>
<td>Citrus</td>
<td>5</td>
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<td>Pineapple</td>
<td>47</td>
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<tr>
<td>Nuts — all</td>
<td>8</td>
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<tr>
<td>Bananas</td>
<td>12</td>
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<tr>
<td>Tomatoes — raw</td>
<td>67</td>
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<tr>
<td>Tomatoes — cooked</td>
<td>8</td>
</tr>
<tr>
<td>Tomato Juice — canned</td>
<td>25</td>
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<tr>
<td>Apples — raw</td>
<td>8</td>
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<tr>
<td>Apples — cooked</td>
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<td>Canned Fruits</td>
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### Salads

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<td>All fresh uncooked</td>
<td>8</td>
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<tr>
<td>Potatoes</td>
<td>11</td>
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<tr>
<td>Salad Dressings, Wine, Vinegar, Oil, Lemon, Spices</td>
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</table>

### Beverages

<table>
<thead>
<tr>
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<th>Percentage</th>
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<td>Indian Tea</td>
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<tr>
<td>Ceylon Tea</td>
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<tr>
<td>South America Tea</td>
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<tr>
<td>Coffee</td>
<td>76</td>
</tr>
<tr>
<td>Coffee — Caffeine free</td>
<td>20</td>
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<tr>
<td>Chocolate</td>
<td>15</td>
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<tr>
<td>Cocoa</td>
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<tr>
<td>Fruit Juices — canned</td>
<td>36</td>
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</table>
A quick glance at the KEPNA diet system explains why the thousands of patients who have used the system have never raised any queries or questions about its use. The system is simple, unrestricted and provides ample variation day to day.

Foods above 60 percent are included to show their comparative values — these foods should be entirely excluded at home and kept to the minimum when eating out.

The system also shows replacement foods and values — Example: Butter 80 percent, Vegetable or Kosher Margarine 20 percent.

The KEPNA diet also allows the practitioner to make personal adjustment for each individual patient above or below 60 percent.

The patients who have made the fastest recoveries are those who made maximum variation with the lower percentage values — in other words, a different type of salad and protein daily with the minimum of cooked food, and those who carry out a detoxication every seventh day for 12 to 24 hours.

<table>
<thead>
<tr>
<th>Wines</th>
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<tr>
<td>French — white</td>
<td>65</td>
</tr>
<tr>
<td>French — red</td>
<td>36</td>
</tr>
<tr>
<td>Spanish — white</td>
<td>55</td>
</tr>
<tr>
<td>Spanish — red</td>
<td>12</td>
</tr>
<tr>
<td>German — white</td>
<td>50</td>
</tr>
<tr>
<td>German — red</td>
<td>38</td>
</tr>
<tr>
<td>Ciders</td>
<td>15</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Beers</th>
<th>Percentage</th>
</tr>
</thead>
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<tr>
<td>Bitter</td>
<td>58</td>
</tr>
<tr>
<td>Mild</td>
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</tr>
<tr>
<td>Stout</td>
<td>40</td>
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<td>Lager</td>
<td>22</td>
</tr>
<tr>
<td>Soft Drinks</td>
<td>33</td>
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</tbody>
</table>
Typical Menus

Within 60 percent KEPNA Value

Summer
Breakfasts
Grapefruit
Wholemeal Toast
Home Milled Wheat
Warm Milk and Honey
Yoghurt

The KEPNA BOWL
Chopped Apples, Dates, Milled Wheat,
Raisins, Bananas, Nuts with Milk and Honey
Decaffeinated Coffee

Lunches
White Wine
Assorted Cheeses
Salads
Fruit

Evening Meals
Baked Jacket Potato
split with Toasted Cheese
Root Salad — Cabbage,
Carrot, Lettuce, Onion
Fruit Salad with Honey
Red or White Wine

Winter
Breakfasts
Oatmeal Porridge
Brown Sugar
Home Mill Wheat
KEPNA Bowl
Wholemeal Toast

The KEPNA BOWL
Chopped Apples, Dates, Milled Wheat,
Raisins, Bananas, Nuts with Milk and Honey
Decaffeinated Coffee

Lunches
Root salad
Assorted Cheeses
Fruits
Wine

Evening Meals
Minestrone Soup
French Onion Soup
Spaghetti Napolitaine
Indian Curry with side dishes
Fruits
Cheeses

Exclusions
Eggs, Salt, Butter, Meats,
Fish, White Bread
Or above suggestions with
half salads at each meal
CAN DIET DO IT ALONE?

Whilst working in the Toronto hospitals, where there are the most modern diet kitchens with highly-trained dieticians to carry out the prescriptions of a nutritionist, many and varied forms of high potassium diet were available.

In order to assess the value of nutrition against assisted nutrition — i.e., the inclusion of bio-chemicals such as “K” Compound — groups of patients were put on to a high potassium diet alone. The patients made physical progress in general health but poor progress in comparison with the patients on assisted nutrition with the freeing of limbs.

The conclusions were that a high potassium diet must be assisted with the potassium elements contained in “K” Compound.

Two “K” Compound tablets (one night and morning) are advised daily during Stage I of recovery. Stage II — one tablet daily each morning.

The KEPNA Diet with “K” Compound has had remarkable results in geriatric restoration of older people to full physical activity and appearance.

MINERAL AND VITAMIN SUPPLEMENTS

The richest source of minerals and vitamins yet discovered as an aid to extra energy and health are a mixture of fruit and vegetable juices with the addition of Deep Seaweed Tablets. The combination should be considered as possibly the most important clinical aid towards, not only the recovery from any form of ill-health or loss of energy, but the most important scientific development preventing the onset of senile symptoms.

Fruit and vegetable juicers are electric machines of various types. Into these machines are put root and leaf vegetables and fruits (with the exception of citrus fruits). Carrots, for example, are reduced to a clear golden liquid, as are celery, apples and similar roots and fruits. Also added are four Deep Seaweed Tablets to each half-pint of mixed fruit and vegetable juice — two half-pints are recommended daily.

DIET NOTES

Energy
The foods outlined create five times more physical energy than conventional meals.

Energy is the sole natural opposition factor to any health disorder.

Calcium or Calmar Content with the proviso that bread, pastry, cakes or foods made from flour are kept to a minimum and that tap water is treated to remove lime and chalk (not by water softeners) the diet will be 95 percent free of inorganic calcium.

Potassium
This important arthritic recovery factor is extremely rich in the KEPNA Diet, especially if the Root Salad in its many varied forms is taken daily.

Iron
This important mineral is abundant in Root Salad.

Protein
Cheese contains five to seven times the protein value of meat.

Minerals
The extra minerals needed are obtained from Deep Seaweed Tablets.

Overall Nutrition
Five hundred percent conventional meals. The daily vitamin content is 600 percent greater than conventional meals.
SPECIAL PREPARATIONS

The word “preparations” is used to replace the word “medicines” because the special preparations needed for this treatment contain no drugs or commonly known medicaments.

They assist and rapidise recovery and are bio-chemical in formulae and nutritive necessities.

The following are the preparations recommended to patients:

“K” Compound
This tablet contains an assembly of ten potassium trace elements which becomes the anti-arthritic factor when taken into the bloodstream.

One tablet night and morning during Stage I. Thereafter, one tablet mornings only.

Energy Plus
These tablets supplement natural energy — formulae and instructions are on the container ( Practitioners note that the haemoglobin value rises about 10 percent per month when these tablets are taken). The intake should be lowered when the haemoglobin value has been maintained for one month or when Stage III of recovery is reached, whichever is first.

Arnica
These tablets contain arnica (homoeopathic) brought up to date and standardised. The tablets are vegetable coated to ensure their effectiveness and shelf life.

Arnica tablets release pain, decrease blood tension and are always advised during Stage I until the patient is comfortable.

One tablet night and morning.
THEORY OF TREATMENT

The theory is based upon the process of mitosis, which rebuilds the cells of the body every six weeks of life.

Living upon conventional meals, the body process of cell-renewal produces a weaker cell every six weeks by reason of sub-nutrition.

The KEPNA Diet, assisted by the preparations, supplies the vitamins and minerals in the form needed by the glands, enabling a stronger cell renewal at each mitosis.

In this way a total constitutional renewal of the whole organism takes place in stages of six weeks.

Recovery from 80 percent crippledom to free active limbs may be computed, taking the disability percentage to equal the physiological age in units of six weeks — this rule applying either to the physiological age of any patient or the disability percentage, whichever is the greater.

Therefore, the treatment is not specifically for the purpose of arthritic recovery but, as will be seen, or a gerontological character aiming at total reconstruction.

For the Patient

Whilst the few paragraphs on the preceding page convey a mass of new technical data to the medical scientist, to the lay reader a few explanations in plain language are necessary.

The theory is entirely new in medical treatment since it aims at reconstructing the entire physique using the natural process of life renewal — mitosis.

Every six weeks the entire body is endowed with new cells — after the use of conventional foods, the cells become weaker at each renewal because the minerals needed were not part of the daily diet.

Therefore, the average person ages or becomes physically a little more weak every six weeks.

Calcification in its slow form is the process of ageing — therefore, the true age of a person is not the number of years lived, but the physiological age. No two people age at the same rate.

Calcification can be rapidised by known factors which affect the joints — this is called arthritis.

Prognosis or future outlook for the patient is then based upon a known factor — the physiological age. Example, Phys. Act 60 has 30 multiples of six weeks to proceed to a Phys. Age of 30, which is the standard physically for all patients who have taken this treatment — in plain words they have all ended up with the same blood pressure 130/60, the same physical characteristics as a person age 30 — but perhaps not the appearance.

It is possible then for a very rough and ready guide to be made, providing there are no other known disorders or pronounced side-effects from drugs to calculate.

A fair estimate of time from beginning treatment to date of recovery of health and freedom of limbs:
Example:

**Age in Years — 40**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Diet alone</th>
<th>Assisted Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage I</strong></td>
<td>40 periods of 6 weeks</td>
<td>4 periods of 6 weeks</td>
</tr>
<tr>
<td><strong>Stage II</strong></td>
<td>20 periods of 6 weeks</td>
<td>2 periods of 6 weeks</td>
</tr>
<tr>
<td><strong>Stage III</strong></td>
<td>10 periods of 6 weeks</td>
<td>1 period of 6 weeks</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>Diet only</th>
<th>Assisted Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 x 6 weeks</td>
<td>9 x 6 weeks</td>
</tr>
</tbody>
</table>

The above is a rough guide only. There can be no standard for all, since there are no standard people.
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RHEUMATISM AND ARTHRITIS,

THE CONQUEST

1968
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Adrenal Glands
These glands have an over-riding control of rheumatoid arthritis. These are the glands which respond to fear, fright, worry, physical or mental shock, and produce the distinct “Fear Smell” (Ketosis – the smell of fear) the smell which causes bees or animals to attack.

The adrenal glands operate upon a fine balance which is disturbed, often for life, by prolonged medication with cortisone and associated drugs. At each reaction the body is subjected to the rigours of shock which cause the patient physical reaction.

The controlling glands are the sex glands; the controlling factor the pelvic nerve.

The adrenal glands produce travel, air and sea-sickness. Remedy: Coeculus 30.

Autotoxaemia
Self-poisoning of the body due to nutritional faults.

Arthritis — Osteo
Calcification of joints due to sub-nutrition, a spinal injury or both.

Arnica
Since medieval times “Fallcrout”, a cure for bruises, swellings and painfully congested tissue, has been known among the mountain dwellers of Germany.

Wild dogs discovered this superlative of pain and tissue reducers — Arnica Montana and the mountain dwellers, noticing that the dogs went to this herb when hurt, followed suit. That is how Arnica became known.

It is well known that an external application of Arnica Tincture allays pain, swelling and injury results, providing the skin is not broken where the Arnica is applied.

What is not so well known is that Arnica, taken internally, can save lives by reducing high blood tension.

Arnica is the supreme reducer of tension, whether the tension causes pain or not. Arnica operates beneath the pain, reducing tension which causes pain constitutionally.

Pain may seem a simple word, but pain is not generally understood. The author carried out the first wholesale research into the mechanics of pain. Underlying all pain is tension. Tension causes more pain. Arnica breaks the cycle between the two. Arnica has been in homoeopathic use for hundreds of years.

Arthritis — Deformans
Loss of flexibility and distortion of joints.

Arthritis — Rheumatoid
Usually preceded by injury to lower spine and pelvic nerve, causing hormone imbalance with swift onset of swollen joints.

Arterio-sclerosis
Calcification of the arteries, “hardened arteries”. Accelerated ageing.

B. Coli — Bacillus Coli
The bacillus causing catarrh and sinusitis is a verminous parasite which colonises on meat or corpse producing a slime which is Bacillus Coli. Formerly supposed to be a “normal bacillus” because pathologically found in the majority of people. Responsible for the infective types of arthritis and rheumatic conditions. Rheu — rhume — slime. Causative factor in common cold and influenzal predisposition. Associative causation of poliomyelitis. Bacillus Coli. produces rheumatoid symptoms by auto-intoximation (self-poisoning).
RHEUMATISM AND ARTHRITIS — THE CONQUEST

Baths
Special for Home Use
No. 1. 2 lbs. Epsom Salts, 2 lbs. Cattle or Common Salt. Tablespoon iodine in very warm bath. Immerse 20 minutes. Wrap in hot towel or blanket. Cover well. Lay on bed and perspire. Removes all aches and pains.

No. 2. Two bowls or buckets containing enough water to cover ankles. In each, 1 lb. Epsom Salts, 1 lb. Common Salt, teaspoon iodine. One bowl very hot, the other very cold with ice.

Procedure. Both feet in hot bowl one minute, then alternate plunges cold and hot, 30 seconds each plunge.

Twenty such plunges excellent for athletes, those with poor circulation and painful feet.

Catalyst
A substance, bio-chemical or mineral, which is necessary to cause other minerals and substances to react in an ordered way producing the maintenance of health processes. Example, “K” Compound, which disintegrates calcium lining of arteries and joints.

Clare Stone
A case of a girl suffering from rheumatoid arthritis and arthritis deformans to near fatal limits, who completely recovered in 18 months to not only attend school, but to become top of the school in sports. Reported in “Rheumatic Review” 1963. (A standard case).

Calmar
The calcification of Marsh, a type of sludge which is composed of lime and chalk which enters the body via certain foods and waters, so causing hardening of the arteries, kidney stones, arthritis and the senile symptoms of ageing.

The Marsh Research aimed at discovering the foods and waters contributing calmar, also the food agents which hardened the soluble sludge to the density of stone.

From this arose this system of “K” treatment, replacing calmar-producing foods with non-calmar foods and, with the aid of natural catalysts, to render soluble, so dispersing the calmar ossification.

Climate and Arthritis
See Stage III — “Eleven Stages of Arthritis”. It will be understood that climate has nothing to do with arthritis. One place, country or locality can be no “worse for arthritis” than any other. The high incidence areas of the world are vanishing with the improved transport of foods.

Arthritis in high percentage of the population has ceased to be confined to locales and has become a world-wide problem.

The worst cases of arthritis the author has treated have come from hot countries. The Nile Delta and India are the worst affected areas.

Arthritis begins in the bloodstream of the individual and develops wherever the individual may go to live.

Prior to completing the notes for this book, the Author carried out investigations during 1965 in Denmark, the Canary Isles (Volcanic Soils), Eire (rheumatoid Arthritis), Algeria (Primitive Foods), Northern France (Agriculture), the Channel Isles (Vraic — Seaweed in Soils), Monaco (Anthropology), Spain (T.B. and Arthritis), Italy (Vegetable Oils and Thrombosis). In all these countries the cost to the countries of disease, sickness and loss of revenue is due to the lack of education in foods and their values for the average family. The climates are not conducive to calcification.

It is common sense and nutritional education — not climatic conditions — that can conquer arthritis universally.

Cells — Disorders of
See Mitosis.
Copper Bracelets
The Author was the recipient of the Gold Medal Award — Brussels (Medical and Scientific Inventions) 1960 — for research into the mechanics of pain.

The body-operated device exhibited and subjected to clinical tests by the Jury was made of copper specially treated to respond to nerve-operated pain signals. The device was called “Beryllium Cup. Met.” Electrode.

This device has never been sold or marketed commercially.

Numerous imitations, in the form of copper bracelets, have, however, appeared on the market and sold to the public as “anti-arthritic”.

Since a report of the original device was included in a previous edition of this book, the Author wishes to warn readers of the dangers possible from copper bracelets, and to issue a plain statement to the effect that these bracelets have no resemblance to the original device.

Deep Seaweed
The human bloodstream and deep sea water contain the same chemicals and minerals in the same proportions if the person is in perfect health.

Daily maintenance of these minerals is essential, since the body uses more minerals in ill-health (in an effort towards recovery) than in complete health maintenance.

The following may be taken as a law: The standard of health is equal to the daily intake of essential minerals.

Low mineral intake, low health, or a daily decrease of physical energy.

Reconstruction of a poor physique to superior health demands twice the intake of minerals needed to maintain health.

Oceanic research revealed that certain types of deep oceanic vegetation contained naturally all the essential minerals in the correct proportion for use by the glands and bloodstream.

Certain types of seaweed are, therefore obtained, pulverised and made into tablets of the required weight for the recommended intake daily as part of this system.

Lack of these minerals is called demineralisation, which may cause degeneration of body cells, glandular disorders or disorders of the bones.

The Deep Seaweed Tablets also contain the natural iodines needed by the thyroid gland, which is the regulator of the rate at which we age.

Encapsulate
To surround — close in.

Extra-Physiology
A very advanced branch of scientific medical research into physiology concerned with the atomic and biological processes of life in the chemistry of the human body in health, also deviations from normal food chemistry which trigger physical reactions leading to either ill-health or ageing. Example, a study of the minerals and trace elements, together with the use of these minerals which the body needs daily, or the lack of these minerals which leads to demineralisation. (The body to maintain high health and energy needs 92 known minerals from foods).

Fibrosis
To explain fibrosis is to describe a stiffening of muscles caused by calmar exhibited in the difference between an old chicken and a young one — tough or tender. A young person with supple muscles or an old person with stiff limbs. This system of treatment is effective in clearing fibrositis whether due to age or arthritis.
RHEUMATISM AND ARTHRITIS — THE CONQUEST

Food and Arthritis (Prevention)
Faulty feeding of young people by uneducated parents deprives children of full potential health for life.

The Author has seen cases of children ill with catarrh and sinusitis, or losing their teeth through demineralisation, physically crippled and distorted, yet under constant medical attention.

These conditions are the forerunners of arthritis.

Rheumatoid arthritis begins in the young, fostered by faulty feeding. (See Autotoxaemia).

Gout
Gout has certainly proved to be the most difficult of all medical mysteries to solve.

In the past, the origin of gout has been traced to alcoholism, yet teetotal spinsters suffered from gout.

Remedies have been based upon Colchicum — a herb — which in the past 300 hundred years in homoeopathic form gave relief.

A recent (1956) research into the basic cause of gout as an arthritic complaint fortunately sheds a new and final aspect upon this painful complaint, enabling a swift and complete lifetime freedom to be obtained.

The basic cause of gout was discovered to be scurvy — the same scurvy which afflicted sailors of the past centuries — a lack of vitamins and minerals in the diet, causing a breakdown of life in the tissues and an undue viscosity of the bloodstream.

Tests over the past ten years have proved to be good news for victims of this complaint, with clinical reports of absolute cures being obtained after taking 2½ pints of fresh fruit and vegetable juices daily together with the recommended KEPNA Diet and “K” Compound.

Before this discovery, Colchicum gave only relief, but gout still remained a fatal disorder to be followed by the inevitable heart failure. This research, giving gout its true name as scurvy, enables, we trust, victims of this complaint to live a full life without fear and in command of their own future.

Geriatrist
A person who has studied applied advanced physiology which, by special treatment, restores youthful physique to aged people. (Extra-Physiologist).

(There have been eleven geriatriists of note since the foundation of the Salerno School of Medicine (Sicily) 2,000 years B.C. — the oldest medical school where Crusaders were “repaired after battles”.)

Haemoglobin
The red cell content of the blood. It is low in cases of anaemia. It should be 95 to 100 percent. (Tallquist Scale).

Homoeopathy
Founded by Dr. Hahnemann, a German. A remarkably advanced system of medicine. Scientifically today understood as “Particle-Anti-Particle” — one particle disrupting a condition caused by unfriendly particles administered by a system of deep diagnosis to causative factors.

The slide rule mentioned in this book was the first known means to calibrate homoeopathic quantities used in dispensing remedies to a known and accepted valency in standard physics; by this means converting particles of “K” Atom to a form of measurement by which they could be dispensed.

Homoeopathy is used throughout Europe by those who prefer not to be treated by drugs.

Horseradish
This root has been known from medieval days to cure the conditions then known as “salt scurvy” — i.e., degeneration of gums and teeth, distortion of vision, loss of energy; the sodium chloride symptoms, including the anaemias.
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Horseradish contains a group of natural remedies for these symptoms. A person who has taken salt will have a craving when the habit is stopped. Horseradish cures the craving.

Inguinal Glands
Regulators of blood circulation and health of the legs. Situated each side of the groins, these glands become swollen and painful to touch if there is serious arthritic activity.

Isometric Exercises
A system of exercises which can be carried out anywhere — even in bed. The objects of the exercises are to tense the muscles and hold the tension for six seconds.

Examples: Lying on back, raise one leg as high as possible, then reach just a little higher. Tense the muscles and hold the position for six seconds.


Influenza — la Grippe
A contagious and often dangerous affliction of different types which annually sweep continents. Rheumatoid arthritics suffer a severe setback after influenza, those suffering osteo-arthritis — a worsening of all symptoms from seven to ten weeks.

Investigations were commenced towards finding immunity in the first place. Immediate control at onset of symptoms in the second place.

Dr. Kelgren
Professor of Manipulative Surgery and Physical Medicine, Sweden. The European counterpart of Dr. Andrew still, America, who founded Osteopathic medicine.

“K” Compound
The preparations are called preparations, for these are not drugs or medicines, and have now been in use for two decades, during which time it has been conclusively proved that the osteo-arthritic group of disorders or calcification of the arteries, muscles and joints, due to calcification and ageing, can be overcome when used with the systems of nutrition which are individually adjusted to suit each person.

Obviously, different times towards recovery are indicated in each case.

The most distinguished of the preparations is “K” Compound, which is an assembly of potassium molecules stabilised and bonded together in a special way, into a seven-grain black tablet.

As a rule, one “K” Compound Tablet is taken daily, in the mornings. Often the advice is given to take one tablet night and morning for the first month, then to take one tablet daily.

The action of “K” Compound dissolves and disintegrates collections of lime and chalk which lodge within the body.

The formula is the assembly of potassium particles in the exact proportion of each which is required by nature to keep the body naturally free of calcification.

“K” Compound has also outstanding effects upon athletes in the prevention of stiffened muscles and the prolongation of athletic life. “K” Compound is also used by many who are middle-aged and whose physique shows signs of age.

“K” Compound and the nutritional systems always get together.

“K” is the symbol of potassium. The bloodstream needs potassium to keep the heart, arteries and bloodstream free of clots and calcification. Salt (that is sodium chloride) has the opposite action. The use of salt should be avoided when taking “K” Compound. The two are antagonistic.
“K” Compound Formula (Homoeopathic Formula)

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</tr>
<tr>
<td>Kali Chlor</td>
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</tbody>
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Liechtenstein — H.H. The Princess Marizza
Patron of the Arthritic Association, 1952 – 62, and a keen supporter of the treatment described in this book. His Highness the Prince Emmanuel of Liechtenstein accepted the Gold Medal Award of the Association in recognition of the humanitarian services rendered by his mother, the Princess.

Lesion
A deviation from normal in the spinal column.

Liberation Period
The liberation period is a point of progress in this system of arthritic recovery when formerly calcified joints begin to loosen and move.

The new movement produces pain during the liberation period.

Exercise should be gentle during this period.

It must be emphasised that the liberation period is not a condition of worsening, but a necessary stage of progress. Continue treatment, take Arnica tablets — one in the morning, one during the evening — the special baths help.

The liberation period lasts from a few days in some cases to a few weeks in others.

Migraine
Cause: Intermittent pressure upon the cervical plexus. One manipulation usually relieves migraine for life.

Mill
For extracting the germ of wheat.

Mitosis
The human cells do not “die”, except from malnutrition. There is no mechanism for death.

One cell grows to maturity, divides into two, nourished by bio-chemicals from foods. The stronger the nourishment available to the cells the stronger the new cells emerge.

In reverse, without the bio-chemicals needed, each re-birth of cells will be weaker — ageing.

Utilising this knowledge, coupled with the Oceanic Biochemical Research, ageing (calcification) has been controlled in the majority of patients.

In the process of mitosis, the total cell renewal of the average person is six weeks, the cells constantly renewing. Under this system the cells are stronger at each renewal.

Disorders arising amongst cells are the results of disordered nutrition, therefore disorder of the minerals needed by the cells for replenishment.

Nutrition
That department of bio-chemistry dealing with the bio-chemical elements in foods and oceanic sources, towards providing advice upon food selection for therapeutic purposes. — See “Diet for Arthritis” by the same author also “Prescription for Energy”.
Neurones
The nerves of the body are conduits, tubes of insulation.

Within the nerve there are neurones.

Neurones are tiny oval bodies with hair-like antennae at one end. They contain minerals likened to transistors. By means of the antennae one neurone can receive a message from the brain and transmit the message to the next neurone all along the nerve.

A spinal compression of a nerve interrupts a message which could be to move a limb or operate an organ of the body.

The minerals are called “Nissle’s Granules.”

Oceanic Research
After the march of death of erosion and the poisoning of the soil and crops, we turned research to the sea for the minerals needed to support health.

The research, originated by the Cornell University, reports upon the unusual good health and fertility of cattle which had access to seaweed in their diet. (Agricultural Division, Cornell University, 1932.)

A further reason was the remarkable similarity of the chemical constituents of the human bloodstream (in health) and deep, oceanic water.

The third reason — with the use of these natural bio-chemicals the energy of an arthritic or aged person could be rebuilt.

The results have proved worthwhile, both researchwise and clinically. The bio-chemicals have supplemented civilised foods.

At the Oceanographic Museum at Monte Carlo can be seen some of the “living plants”, plants with nervous systems resembling a cluster of golden-coloured sensors, searching plankton species for food.

The origin of mankind was evolved from the sea, surviving development changes from a protoplasm to the development of nerves and limbs for movement and protection. Today the bloodstream of man in full health is identical to that of sea-water in chemical proportions.

Osteopath
A practitioner who is trained in orthodox medicine to the point of branching off to be trained in manipulative treatment. Denoted by the Degree or Diploma D.O. The osteopathic physician often employs homoeopathic remedies in place of drugs.

Palpation
The use of specially trained fingers in diagnosis.

Potassium
Known by the symbol “K”. The potassium atom has proven to be the balance of life and the ratio factor by which health may be assessed.

“K” Compound is the formula of “K” which the person who wishes to be cured of arthritis needs daily.

Potassium-bearing foods are mainly green leaves, wheat, nuts and salads. Indoor lettuce, for example, has little “K” content, whereas the roots of outdoor-grown cos lettuce are rich in “K”.

Animals in ill-health respond rapidly to “K” treatment, as do plants.

Synthetic “K” (Potassium Fertilisers) do not have a beneficial effect upon soils. The finest fertiliser is seaweed, rich in “K”.

Pelvic Nerve
Branches emerge from the shield-shaped bone at the base of the spine called the sacro-iliac.
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The sacro-iliac can become ossified, so preventing fully effective nerve supply to the sex organs, lower bowel and bladder.

 Interruption of this nerve is a direct cause of rheumatoid arthritis.

The distorted nerve impulse to the sex organs results in distortion of glandular balance of the entire organism via the pituitary, adrenal and thyroid links, therefore distorted hormone balance causing so-called psychological alterations of personality.

Death processes begin with compression of the pelvic nerve in animals and man and old age is first demonstrated by a “stiffened lower back”.

The pelvic nerve is of importance in geriatric reconstruction of aged people.

Published by the Author

Prescription for Energy
In Prescription for Energy the Author describes the discovery of Vitamin E Plus and explains how to gain energy in life, not to lose it. This book is a world-wide best seller.

A Younger You With The New MARVERY MEAL
An absolutely new method of preparing foods for health, with a thousand possible variations. Also included is the prescription for Bonne Vie.

Diet For Arthritis
Diet For Arthritis is absolutely essential for anyone who wishes to recover from this crippling disease.

The Onion Eaters
Both the onion and the garlic have age-old renown for preserving health and healing. Read this whimsical and entertaining book.

Readers’ Advice Service
Readers of this edition in need of further advice should write to Hursdrex Ltd.

Hursdrex Ltd. supply “K” Compound and other special preparations for this system of treatment.

Rheumatoid Arthritis
Of the hundreds of cases of rheumatoid arthritis treated successfully by this system, the great enigmas in each case were the multiple differences in these people with which the drugs Cortison and A.C.T.H. affected each person in waves of reaction — waves of setbacks due to adrenal reaction. This was reported to Armour Laboratories, Chicago, who produce these drugs, and their assistance requested (1965).

The Author programmed a research period in Eire and Northern Ireland during 1965 assisted by the Government Departments. Hampered by the fact that rheumatoid arthritis is not a “notifiable” disease — which it should be — undrugged cases were contacted, seen once or twice, with the result that they now describe themselves as “cured”.

The Irish Report” research and findings were offered to Trinity College, Dublin during July, 1965.

Successful treatment of rheumatoid arthritis presents no problem with a co-operative patient, but the danger lies in the waves of adrenal reaction caused by the side-effects of drugs producing unpredictable recessions in various cases. Because of the drug reactions, each case is an individual problem.

Rhus. Tox. (Rhus Toxicodendron)
A homoeopathic remedy for stiffened muscles.

Sodium Chloride
Sodium chloride is salt used in cooking or at table. Salt is banned in the “K” treatment.

Seaweed
There are many species of shore seaweeds unsuitable for the purposes of this system. See Deep Seaweed.
“Soft Sand Sound”
A sound or feeling as though soft sand were in a joint. Easily detected with stetho-microphone by the practitioner or by the person under treatment.

The soft sand sounds indicate Stage II of recovery, when the hardened calmar has disintegrated to allow more movement in the joints or spine.

The soft sand sounds may be accompanied by extra pains for a short time — “liberation pains” — which are physical indications of progress.

Sea Salt (Natrum Muriaticum)
Sun-dried deep ocean salt contains many minerals in addition to sodium chloride (table salt). This may be advised by practitioners — from 6 grains daily to tail-off — as a buffer for those who have previously taken excessive salt.

Vegetarians
Those who have read Rachel Carson’s “Silent Spring” will understand why total vegetarianism is becoming more and more impossible from a nutritional success point of view.

“It is not the lethal dose of poison in our foods with which we have to deal but the daily small, insidious dose.”

“Silent Spring” is a book worth reading.

Vegetarianism would be the ideal way of life, but revision is now needed in view of modern food content.

Malnutrition of cells affects some vegetarians one-third less in lifespan than orthodox, uneducated eaters. Vegetarians live one-third longer, their health is 50 percent better.

The facts are that the health of the vegetarian should be 100 percent better than those who eat dirty food. The reason for the difference is due to lack of normal bio-chemicals in natural foods.

It is a tragedy that the vegetarian movement has lacked the services of sound, efficient leadership.

The absolute vegetarian will have to revise and moderate a way of life to meet civilised food production methods or live a life alone, below par, due to demineralisation.

Lacto-vegetarianism — the inclusion of cheeses, but not butter — is to be recommended.

Supplements to diets of vegetarian character are absolutely necessary to prevent demineralisation and to maintain superior health. These can be obtained using supplementary minerals from the sea.

Only two decades ago vegetarians were derided. Now vegetarianism is the educated way of life, the secret of success for the film stars and a word commanding respect from the Maitre d’Hotel and Chef de Cuisine all the world over.

Having introduced the “K” system of treatment universally as “Vegetarian” for simplicity, and since introducing better methods to cuisine, it has been a pleasure to meet nearly every great Chef or Maitre de Cuisine from whom there is a lesson to be learned. They all live simply themselves, having seen the tragedies that overtake those who eat rich foods.

This is a point worth remembering.

Much of this linkage between those who think alike has been obtained for the benefit of patients who, upon changing from the old unhealthy Victorian type of food to fresh living foods would, for a social or business point of view, find themselves isolated.

International response has grown slowly. Professional caterers now are pleased to provide the best food for their special clients. It is worth while for anyone to say to the purser of a ship or the manager of a hotel, “I am a vegetarian” — immediately, fresh foods and the best foods are available.
Vegetarians are, however, recommended not to go to extremes but to temporise and moderate — to realise they have to live with the changes of a changing world and so maintain the superior health which is the heritage of the vegetarian.

**Varicose Veins**
Veins often in the legs which become blue-coloured or enlarged, indicating undue thickness of blood. Can be caused by depression of nerves controlling circulation in limbs. Treatment as indicated in this system.

**Weather and Arthritis**
See Climate.

**Weather Pains**
Cause: Tension in muscles due to damp and salt in diet. May cause cramp.

**Wines**
The Author is of the opinion that wines are an essential part of the system. This opinion is founded partly upon clinical observance and equally upon the chemical content of natural wines in the form of “pre-vitamin elements” without which the vitamins from foods remain inert and useless. The “pre-vitaminisers” convert vitamins for the body to use.

Gerontological studies show that wines are essential to the longer, useful life.

**Yoghurt**
The Author was largely instrumental in introducing yoghurt to the wider public market in Britain.

Sad to say, the yoghurt offered for popular sale bears little resemblance to true yoghurt.

What is yoghurt?
Yoghurt is a living culture with a short (three days) life.

It contains Bacillus Bulgaricus and Bacillus Acidofilus — in equal parts.

Bacillus Bulgaricus was named such because the Bulgarian peasants who made the culture were still young at heart and healthy at 100 years. Bulgaria became noted for its “young” centenarians.

In Britain now, true yoghurt is rare. The goat’s milk yoghurt is best. Better still, obtain a regular supply of culture and make your own — it is easy.