A New Pathogenical Theory of the Rheumatic Inflammatory Diseases. Pathogenical Levels.

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Summary: We propose a new pathogenical point of view in rheumatic complains related to the success we had and we have in preclinical and clinical testes with the PL treatment, antioxidants and intravenous oxygen therapy.

The main tissue disorder in rheumatic diseases (generally speaking) is produced by OFR (Oxygen Free Radicals) aggression. All the other biochemical and immunological imbalances are consequences of the OFR aggression. For that we propose Pathogenical Levels (a tool to help our understanding) which are useful in the explanation of that new pathogenical theory: The genetical level; the ill-organic level; the histo-biochemical level and the quantum level.

The study of the rheumatic diseases shows, in some specific rheumatic diseases, a complex biochemical and immunological disorders. The Rheumatoid Arthritis - the "classical" chronical inflammatory disease is an autoimmune condition with antigen excess and a possible HLA DR4 (histocompatibility). The Ankylosing Spondylitis is also a chronical inflammatory rheumatic disease but with a less important immunological participation: a possible increase of the IgG and the IgM Imunoglobulines in over 60% of the ill persons but with a strong histocompatibility determination (HLA B27). The Osteoarthrosis is a degenerative and age influenced conditions with no immunological or HLA involvement.

In spite of this clinical differences in the practice only in the late states of illness we find a clear delimitation. In the early stages of the rheumatic complains it is sometime really difficult to say if the ill person has an osteoarthosis disorder with inflammatory involvement or is a beginning of a rheumatoid illness. We may find many other border situations between inflammatory or degenerative rheumatic disorders.

The classical treatment nowadays is different for the Arthritis (Rheumatoid arthritis) the Osteoarthrosis, or the different kinds of mialgias. Instead of this point of view we try to show that exist a large unification of the pathogenic condition and the consequence is a same possible treatment. The pathogenycal condition is in the bio-chemical changes in the tissues, but the bio-chemical imbalance is due to the "energetic" imbalance in quanta. My father, medical doctor Alexandru Savulescu and the father of the PL treatment, spokes about energetic imbalance without specification. If we use only the term "energetic' is to large and we lack of delimitations. As we shall see below, if we use "quanta energies" is to say the same but with a specific underground. For that we propose four different pathogenical

levels (PathLe), which is an artificial separation useful in understanding what we need to say. I. The first PathLe is the Genetic, which is deterministic and probabilistic. That means you can't escape his determination (you need to be so) and the possibility to develop a specific illness is probabilistic when it's not deterministic.
II. The second PathLe is the ill organic. It's the disease. Only at this level we may have a diagnosis.
III. The third one is the cell biochemie. Unbalance in the cell life. Such changes may be present before the occurrence of the clinical symptoms.
IV. The fourth PathLe is the quantum. That means that biochemical changes in the cells, the beginning of the disease and even the HLA probabilistic determination may depends on the quantum atomic excitation (energy).

The genetic level is represented by a polygenic system, namely the HLA system, whose genes have different sites on the chromosomes of the VIth pair, being classified into three distinct groups: 1.HLA A, HLA B< HLA C; 2.The HLA D and HLADR genes; 3.The complements and the proactivators of the C3 Fraction.

The HLA D, DR and B genes inducing an intensive proliferation, particularly of the B lymphocites cells with a protective role. They are important in the chronic rheumatic inflammatory diseases. All these genes produce tissue antigen of glycoproteic nature.

The whole system of tissue HLA antigens polygenically controlled is a fractional unity involved in the non-self recognition. The HLA system acts in close connection with plasma immunoglobulins, which, in their turn, are under a rigorous genetic control.

The HLA DR4 system is present in over 40% Rheumatoid Arthritis (RA) patients. In the Ankylosing Spondylitis (AS), according to some authors, the HLA B27 is found in over 90% patients.

The ill organic level comprises, in the Arthritis (RA), what we call the "disease", the autoimmune aggression. Changes in connective tissue an in bones, pains, articular stiffness, synovial proliferation with tumefaction and in the late stages bone destruction and ankylosing. In autoimmune diseases (Rheumatoid Arthritis) we may met the following steps: The setting of the immune complexes through an antigen excess followed by complement addition, platelet injury leading to the releasing of vasoactive biologic amines (kallikrein, bradyquinin, bradyquininogen, etc.), the increase of the vascular permeability by the factors released by platelets and white cells, the localisation of the immune complexes on vascular walls, releasing of chemo tactic factors (opsonines), tissue infiltration by polynuclear cells and macrophages with immune complexes ingestion, lysosome realising leading to

increase in tissue proteolysis (rheumatic factor, reactive c protein, plasma immunoglobuline, a.s.o.).

The histo biochemical level is represented by biochemical changes in the tissues, at the cellular level. The cellular membrane may be damaged by the poly-unsaturated fatty acids (phospholipids) per oxidation leading to eicosanoid formation (arachidonic acid, prostaglandin's, Thromboxanes, leucotriens and other lipoxins). The chemical species called Oxygen Free Radicals (OFR) which is ubicuitary because they are made up and released by cells (especially leucocyte cells) and which are close related with lipid per oxidation. The most important OFR are: the single turning rapidly into super oxide, a species with high toxicity and able to initiate some chain reactions; the hydrogen peroxide, less noxious but able to form oxidril radical more toxic.

Tissues have natural protection by the Antioxidative System (AOS): superoxid-dismutase (SOD), catalase, peroxidase, cytocronoxidases and macrocortin (lipomodulin) an A2 pfospholipase inhibitor, substances which have the ability to protect against the toxic action of OFR in excess.

In pathological conditions this protection is ineffective. The excess of OFR may lead to cell destruction, proteolysis, with auto antigens production.

The quantic level is that of intra-atomic changes. There are more possible atomic and molecular orbital depending of number of electrons, spin movement and molecular energetical charge. When a molecule receives energy it become "exited" and the electrons begin to change their orbital. In the Plasma (the forth state of matter) all the electrons are leaving the atoms because of the great energy, the Maxine of oxidation. At the beginning of the OFR studies they find them in radiation conditions. This confer them an oxidative power which depend both on chemical species (super oxides, oxidril radicals) and of the quantic excitation.

In the body the quantic excitation may depend on different factors like: toxic substances, ionising radiations (exposure to the sun light), microbian or viral invasion, traumas, some metallic ions, exogenous oxidative enzymes. a.s.o.

Interrelations between the pathogenic levels.

This frame of pathogenic levels is artificial but necessary for our intention of changing the medical thinking upon the usefulness if the nosological entities, (different diseases, different treatments) and to propose an other approach, more ethiopatogenical which may lead to a different understanding of the treatment.

There are important interdependences between pathogenical levels difficult to separate.

First important observation is that is an important difference between the molecular oxygen, which helps us to move the acid conditions in the tissues (respiration, tissue oxygenation) and the OFR species. The molecular oxygen is not "exited", their electrons are in stable orbital and are no ready to level their substrate, the oxygen molecules. The OFR species are "exited", they dun proteolysis, cellular destructions. In pathological inflammatory conditions (like in reumativcal diseases)
They grow in number and they become more and more excited. Way? Genetical determination by HLA, possible microbian or viral aggression and immune complex apparition.

The firs autoagression is that of the OFR species which, as we say, grow in number and became exited. The consequence is the proteolysis witch lead to the immune complex formation and a second auto aggression, the immune auto aggression is at the start.

We repeat. In some special conditions we call pathological, and only in some conditions, the OFR, present all over the body in health conditions, grows in number and became more and more excited, more and more, fool of energies (we call quantic energies), more and more loosing electrons. In pathological conditions a lot of OFR may appear in soft tissues as muscles, connective tissue (sinovia, tendons, fasciae) and they **burn** this tissues. The immediate consequences are: pain, stiffness, redness, swelling (calor, rubor, dolor, tumor, as in all inflammatory conditions). Proteolysis is the chemical effect by which OFR may reduce their excitability and even may scavenge them. This is the "natural" kind of self treatment the body has. More consequences: Denaturised proteins stimulate the Immune complex formation and after several moth, or years, of pains, swelling and treatment with AINS, or other anti-inflammatory medicines, joints may be affected and even ankylosing may occur.
That is the case in arthitis.
In AS the Para vertebral destroyed connective tissues and muscles (the OFR aggression is focused on the spine- genetic aleatory determination).
Became fibrous (fibrous Para vertebral ligaments with a fibrous ankylosing) and after another time the ankylosing will turn in osseous ankylosing. Because of the long period of big muscular and connective pains patients are obliged to reach vicious position in flexion and the ankylosing follow it.
In Osteoarthrosis is the same situation but with less important OFR aggression. Proteolysis leads to the articular deformation, condensing osteitis.

We come back to our mind. The first auto aggression is the OFR aggression. The mesenchime, muscle, connective tissue and only after a long period of pains and

swelling the joint and generally the bones are involved. The firs injury is in the soft tissue.

That means that the pathogenical differences between different rheumatic diseases, arthritis, AS, Osteoarthritis, is genetically aleatory determined and maybe extern influences.

Immediate consequences: All the Anti-inflammatory treatments and immune treatments skips the quantic level auto aggression and may no change the ill evolution, no mach recovery in rheumatic diseases.

Our PL treatment with a dilution of little chains of polypeptides may be a help in the local scavenge of OFR. The natural scavenge (AOS) with superoxid- dis- mutase, catalase, different kinds of peroxidases has no a real power in pathological conditions, even C Vitamin, E and A Vitamin, Selenium, by food or administrated as a supplement has no power to scavenge OFR. By local and regional injections with PL we offer a very good local scavenger of the OFR species.
The Homoeopahtical dilutions of PL (PL2 or 3- Hahnemannian dilutions) by their clusters (water crystals) may help by their chemical phantoms which may scavenge OFR like the chemical species (Polypeptides).

Second important observation. In the medical literature there is an ambiguity between the healthy Oxygen species witch help us to avoid cellular acidosis and the OFR species which are weapons as antimicrobian or antiviral aggression.

The healthy oxygen species are in a low quantic excitation and for that has no a proteolysis effect. The OFR species have a great energetic charge and that means an excited quantic state with a power fool force of oxidation, of proteolysis.
For that the intravenous treatment, we use to, with oxygen peroxide in low dilution may help against cellular acidosis and is no harm as an OFR.

Conclusion.
All rheumatic diseases have the same pathogenical conditions. The differences between Arthitis, As and Osteoarthosis is aleatory HLA dependent and for the outside conditions.
The illness is the **OFR Autoagression.** The immunological Auto aggression is secondary.
The PL treatment is a local OFR scavenger.