PL TREATMENT IN THE ANKYLOSING SPONDYLITIS

(Published in Rev. de Hom., vol. I, 1993) Geo A. Săvulescu, M.D., The Baloteşti Hospital

SUMMARY. We propose a new drug PL and his third hahnemannian dilution, PL CH 3, or shorter PL 3, in the treatment or the Ankylosing Spondylitis. Since 1975 (till now) we treated 426 patients with AS, 225 in early stages of the illness and 201 in advanced stages of illness. 77 patients were treated with PL (till 1987), which is the initial drug, the others were treated with PL 3. The treatment was administrated regionally by injections (para spinal, the thorax, the hip and in joint). We are looking for the local homeopathicity, a notion in discussion, which means the local recovery. The therapeutically results were significant for all the patients. Especially good and very good for the early stage of the Ankylosing Spondylitis (AS), good and acceptable for the advanced stages of AS. Only a few cases of the later stages of the illness were without any positive result. We succeeded to reduce the daily dose of NSAID and to withdraw the corticoid therapy. These therapeutically results were obtained with PL or/and PL 3. Their effects were comparable for that we succeeded to use at least only the PL 3 treatment. Key words: Ankylosing Spondylitis, polypeptidic solutions and local homeopathicity.

The therapeutically results we want to present in the treatment of Ankylosing Spondylitis (AS) were performed since 1975 till 1992. Between 1975-1987 we used in treatment the PL medicine, which is a polipeptidic solution in saline. It was the first medicine we used the "mother" dilution. Since 1987 till now we begun and we succeeded using centesimal dilution from PL. For this proceeding we had the help of George Dragan (physicist) with structural determinations and we started the therapeutics with the 3-rd and the 9-th dilution. These two solutions showed an increase of the water crystal phase. For the practically points of view we used the 3-rd centesimal dilution. Since 1988 we used only this dilution in the treatment of the rheumatic states, the PL CH3, shortly PL 3.

Material and method. We treated 426 cases of AS, 309 cases having less than 40 years, at the beginning of the PL treatment. We treated 77 patients with PL (the "mother" dilution) between 1975-1988. The rest of the AS ill patients were treated with PL 3 (349 cases).
We injected PL (PL 3) in the ill region of the body. That means in all the regions but with pain and swelling, with mialgia (the mialgia is a witness of the muscular disorder and no only a reflex pain); paraspinal region, cervical, thorax, lumbar, sacral, and in any other places where inflammatory changing was produced, depending of the ill evolution (perypherical or axial evolution).

We injected daily min hospital conditions or at two or three days in clinic. At each day of treatment we injected between 5 and 50 ml medicine in many places and in regard with the importance of the symptoms and the evolution of the ill state. In gonitis or in coxitis we injected 2 ml. PL3 intra-arthicular twice a week.
The NSAID treatment the patient has come with was kept. In the evolution we noted the possible reduction of the daily doses of NSAID. We kept also the cortisone treatment the patient has come with and we noted the reduction of the daily doses or the withdraw.
We administrated the PL treatment in series of 12-24 treatment days four times in a year or twice a year depending of the illness evolution.
We treated 321 male patients (76%) and 105 female patients (24%).
At the beginning 225 patients where in the early stages and 201 in the late stages of the illness. In early stages there are reduction in the spine mobility and radiological sacroileitis (bilateral or unilateral). In the late stages we can find ankylosing (sacroiliac and poker spine). We may find even coxitis or gonitis.

Therapeutically results. The therapeutically results in the early stages were better than in late stages. The time to reach improvements in early stage cases was shorter than in late stage cases. We succeeded to have very good and good results in 291 patients, moderate results in 108 patients and none in 19 patients.

Table I. Therapeutically results in early stages (I) and in late stages (II) of the Ankylosing Spodylitis.

	I	II	Total
Very good results	43	28	61
Good results	137	98	235
Poor results	42	66	108
None	1	2	3

Important for this therapeutics is the fact that these therapeutically results are very stable in time. We succeeded long term remission of the illness in the early stages of the Ankylosing Spondylitis in one or two years of treatment. There was more difficult to obtain long-term remission in patients with late stages of disorder.
Another important observation is that we succeed to reduce the need of NSAID even in the pause time. All the AS patients in the early stages have now a quite normal life.

We had three patients that came with important daily needs of prednison, over 10 mgr. daily. In all three cases we succeed to withdraw the need of prednisone, not easily.

Another important observation is that there is no important side efface to stop the treatment. Only a slide local pain (In the injected area).

Discussions.
A. We may observe that there are not long term good results in the Ankylosing Spondylitis in medical literature. We are the own to have such results. We have patients in long-term remission since 1976 that is similar to say they are cured.

We are thinking that PL treatment may change the image we have about the Ankylosing Spondylitis, a severe illness. We may find a curable illness if we start the PL treatment early.

B. The problem how may be a polypeptidic solution in homeopatical dilution (the 3rd centesimal dilution) active as an anti inflammatory medicine is not a speculative idea but a pre clinical finding (see *The Anti inflammatory Effect of Some Protein Hydrolisates* in **Focul Veşnic Viu,** 1; 1993).

C. Another important finding is the PL treatment is administered in local-regional around the joints in pain, with swelling, in a bad functional state (periarthicular or intramuscular) that mean in the mesenchimal tissue witch is caring the disorder. The soft tissue disorder is main in AS and the joint disorders are secondary. Only following a long period of the soft tissue suffering the joints are involved and the soft tissue disorder is present even in late stages of the AS. For that reason we injected the soft tissue, the mesenchime and not the bones.

D. The last but not least main problem we rise is the treatment with a homeopatical dilution. PL is the "mother" dilution of the horse serum in water. PL33, the 3-rd Hahnemanian dilution has no more than 0.0015-0.0020 milligrams of polypeptides at 1 millilitre of solution. Physical structural trials, done by George Dragan, has shown that the 3-rd. centesimal dilution have

different liquid crystal frame from the other dilution or the pure water, even different density. Water is not a unique substance, there a multiple different qualities of water with the same chemical H2O but different in their liquid crystal frame which may have chemical like frame (as polypeptidic one) with a good effect in our body, which may support our mesenchime.

Conclusions.
The PL (PL and PL3) treatment is using diluted or very diluted (homeopathic dilution) polypeptidic solutions. This treatment is avoided of side effects (no toxicity, pirogenity, antigenity).

With the PL treatment we had good therapeutically results (student <0.001) for the early cases of AS.

The PL treatment is a possible new therapeutics for AS.

We may change the view about the AS ill state as a severe illness with ankylosing spine. The future may be changed for the AS ill person with the Pl treatment.