Rheumatoid Arthritis is a Chronic Active Systemic Intracellular Bacterial Infection

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Abstract

Rheumatoid Arthritis (RA) is a severe annoying disabling disease affects mainly middle aged females. Officially it is of unknown etiology and origin. So no standard remedy but the anti-immune due to this poor system is being as a basket to throw what is out of our mood in, according to his attitude of discovering the neurosurgical pathologies and aiming to treat these pathologies in origin and the way with which abbas al-naji reach and conclude them is by strict thorough clinical examination and systemic review with the wide knowledge in medical and biological sciences plus recent muscle tissue test by polymerase chain reaction (PCR) tissue examination to proof these visions, some other fields began to be revealed as an a COMPANION PHENOMENON/A, one of these is the RA which showed to be a complication of a hidden chronic or sub-clinical Brucellosis with or without history of febrile illness recent or remote.

Keywords
Rheumatoid Arthritis; Brucella; Intracellular Bacteria; Companion Phenomena

Introduction

Many entities in medicine and in surgical practice are put to unknown origin and behavior (tissue). All of us as specialist and the lay people all together share one sure doctrine that there should be some cause for the unknown, but still the most are in unknown since the last hundred years of the real science revolution in all aspects! His progress in uncovering the real causes for his field of neurology and neurosurgery with the reputation among the related people and friends to treat the refractory illnesses radically (not symptomatic or palliative) brought me cases not related to his fine training seeking or hoping in salvage. To dive deep into the ocean brings to a visions and interpretations so different than that on surface (shallow).

The interpretation of the cell diseases (what make the cell ill) is another world, if you in, you will see the stem and the branches and more importantly, the roots, one become knowing what is these branches are, also you will be able to expect or recognize what branch is from. Hence the same, the pathology of Rheumatoid Arthritis (RA) is a branch to a tree of a stem which is the immune aberration, while the root is a pathogenesis of many infective bacteria harbored by our body cells, these intracellular bacteria ICB make its activities on our cells that it master like many other activities it is mastering to live and stay for millions of years in a time it is a unicellular creatures. The range of these unicellular bacteria that invade the host cells and live in have a range of effects on this hosting cell so away from the recognition of most genius scientist of the

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mankind, simply if we consider the drug resistance only, it would need extraordinary mind to solve or overcome it, if someone say, No, not that much, let him solve the return of resistant TB!

**Patient and Method**

As abbas al-naji mentioned earlier the results of his career gave me a reputation of treating difficult illness among his community. For example, the first case of RA was a female in late twenties of age was on methotrexate for the last sixteen years plus steroids and different non-steroidal to make her able to overcome the pain of her severely eroded knees, but with mild other joints deformities, It is extra-ordinary when her father brings her to my private clinic of neurosurgery to treat what is not in his proper field. He asked to treat her on his responsibility due to her disability in spite of close and intensive classic medical care and treatment for this long period. Other two cases are of same of long on cytotoxic anti immune drugs. Their manifestations are controlled by these anti-immune medicines but not without mild progressions and strong relapse on discontinue. The last treated case was from more than three years so no test by polymerase chain reaction at that interval was available in my service. Also long term follow up is defective in our system where the patient is lost whence he become stable or better where as e.g. the fist case kept on regular visits for six months as she is getting better and sharp loss or disappearance after full improvement on anti-Brucella with gradual discontinuing of all the above anti immune medications and the non-steroidal. The next defect is with his records, where abbas al-naji register the name, age, gender and the general location it means the geographical location rather than exact address for many social affairs. When it happens to ask for telephone contact for the interesting cases you see every now and then numbers are changed. These three cases were well worked up for their current diagnosed RA by their original specialists. As for me only strict history taking with wide systemic review with whole body clinical examination away from what pointing on RA.

**Results**

These three cases were suffering In spite of the continuous and regular standard therapy, with macro and micro structural changes. Keeping on the standard therapy with ensuing the anti-Brucella based on clinical examination (in full prone). As the cases are so late for my diagnosis, the onset of any CHANGE in the disease course takes time; we look for any new modification or amelioration in the condition which is recorded by the patient and family. The general sense of well- being more energized, less fatigability, lees need for non-steroidal analgesics, improvements in other levels like decrease in paresthesia qualitatively and quantitatively, less headaches and pyrexias, better moods, all these within one month of anti-Brucella start. On continuing anti-Brucella (of different regimens are given to prevent resistance) patients gaining their better general health and less symptoms on all levels. As months passes with these improvements on all levels we start to discontinue steroids and cytotoxic. Patients keep on with their happy general health. The skeletal problems are still per inspection but without progress to the worse. And the radiological Osteoarthritic changes also remain as we started but with remarkable comfort not obtained by the patient when she was on standard anti-RA. Follow up was maximum with the first cases which was up to six month the time she was getting better and on treatment of anti-Brucella, she was lost when the all standard anti-RH stopped for one month without relapse, He think even she stopped the anti-Brucella. The previous serological test remains positive In spite of these clinically positive results. The sign of no return of these three patients for re-treatment as the others do when discontinue treatment and get relapse, this no re-turn signs gives clue that they had cure or at least long remission.

**Discussion**

Theoretically Brucella has a potent skeletal destructive effect. His work on the effect of intracellular bacteria ICB on the human cells is clear that these ICB modifies the molecular structure of these cells in different modes and grades, immune cells are not away or immune from that. So, we are between two effects, either the Brucellar direct effects are collectively termed unintentionally in some time, by some whom, as RA and treated non-specifically due to his unawareness to the real cause, or, as what is currently known as autoimmune destructive process but the trigger to this immune aggression is the ICB in general and according to his clinical assessment and positive trial treatment it is Brucella. If not Brucella the successful trial treatment denotes to the cross response from other ICB. So we face a strong challenge to reveal out what is the one in question! Every reasonable person on earth want to explore any given material (of course not harmful) he explore it with one or more of his/her senses, like taste, this taste...
process as a logic takes few drops or very tiny volume to explore and evaluate the content. Like that what is here, we have only three cases like the three drops that refer to the content of a jar.

**Conclusion**

Rheumatoid Arthritis in this small sample is very obvious with such a random selection. So it may be the real cause in spite of the mechanism/s involved.

**Recommendation**

A great break through is the discovery of the real cause behind the RA. So effort and clue should be considered and given its depth in a reasonable research mind. Abbas al-naji intended to cooperate with the interested workers to widen such principle by taking a tissue biopsy for PCR to reveal such ICB like Brucella or others, in the RA patients to see first the incidence and the correlation between the pathology and this incidence which might be the only cause behind RA.