# THE USE OF ENZYME POTENTIATED DESENSITIZATION (EPD) FOR THE TREATMENT OF MULTIPLE DISORDERS IN ENVIRONMENTAL MEDICINE: REPORT OF A COHORT STUDY

AUTHOR: W.A. SHRADER, JR., M.D. 141 PASEO DE PERALTA, SUITE A SANTA FE, NM 87501

Goals and Objectives: This paper will present the current available data on 639 patients of EPD immunotherapy from the U.S. IRB Study group.

#### Introduction

Enzyme Potentiated Desensitization (EPD) is a method of immunotherapy developed by Dr. Leonard McEwen (London) in the mid 60's.  $^{1-6}$  The method involves desensitization with a combination of very low dose allergens (generally mixed) with the enzyme,  $\beta$ -glucuronidase. The  $\beta$ -glucuronidase is thought to act as a lymphokine potentiating the immunizing effects of the allergens and acting directly on at least one variety of T-suppresser cell. This induces a longer lasting desensitization than does any type of previously known immunotherapy, and necessitates injections only be given every 2 to 3 months, and later less often. EPD also appears useful in the treatment of a large variety of conditions not previously considered responsive to immunotherapy of any kind. EPD immunotherapy can be tapered and stopped over time. The average number of injections required appears to be between 16-18 before the injections can be discontinued or stopped for long periods.

This is a continuation of the non-blinded study of Enzyme Potentiated Desensitization first reported by this author in Oct., 1992, though my original 134 patients are not included in the group, as I have moved my practice and the original data has not been updated as yet. Thirty-eight separate disorders were investigated (now expanded to about 50 -- see the patient questionnaires included here) though these medical conditions will not all be discussed in detail. The study has now been expanded under the auspices of an IRB, and includes patients from several physicians.

The results and data prepared in time for submission for the syllabus which appears I may be different from that given at the time of presentation, as other physicians may subdata to be added to this study. This current study group covers the period from 3/20/91 7/29/94, a period of 3 years and 4 months. Some of the patients below were eliminated from data calculation, as follows:

STARTING NUMBER OF PATIENTS	639	100%
1) DROPPED OUT, <3 INJECTIONS	55	8%
2) DROPPED OUT, FAILURESnot eliminated	26	4%
3) SHOTS EXTENDED, DOING WELL - not eliminated	0	
4) DROPPED OUT, FINANCES/OTHER	12	2%
5) DROPPED OUT, TOO DIFFICULT	11	2%
6) LOST CONTACT	9	1%
7) TRANSFERRED TO ANOTHER EPD PHYSICIAN (NOT COUNTED IN DROPOUT RATE)	(41)	
TOTAL Dropouts:	113	17%
REMAINING PATIENTS	526	
No Response, or response non-interpretable	20	
PATIENTS COUNTED FOR STUDY RESULTS (Total minus #7, minus "No Response and plus #2 above)	491	

Average ages of total patients in study, prior to elimination of any patients

SEX	#	%	AVE AGE
MALE	202	32%	32.23
FEMALE	437	68%	42.77
ANDROID	0		
TOTAL			39.49

639 patients were initially included in the study. There were 202 males (Ave age: 32.23) and 437 females (Ave age: 42.77).

The results of the data collected at the time of submission are as follows: 1) patients transferred to another EPD MD are not counted in results, 2) numbers and percentages of patients with diagnoses include all patients active in study only, 3) results of treatment for all diagnoses do not include dropouts, except dropouts who did poorly and had more than 3 injections, 4) therefore, dropouts in categories 1, 4, 5, 6 and 7 are not counted in the statistics to follow.

Participating Physicians (listed alphabetically) were: Dr. Steven Edelson, Dr. Ken Gerdes, Dr. Richard Hrdlicka, Dr. W.A. Shrader, Jr., Dr. Bruce Stayton, Dr. Lawrence Webster, Dr. Randy Wilkinson and Dr. Rick Wilkinson. Physicians were all assigned numbers, and specific data is reported by number only.

## Patients contributed:

Physician #	Beginning # of patients	Dropouts	Transferred	Remaining Patients	General: Excellent Very Good Good	
4	274	66	35	172	76%	
6	233	30	0	203	71%	
8	38	3	0	35	57%	
9	39	5	6	28	53%	
10	8	0	0	8	100%	
11	26	0	0	26	53%	
12	20	1	0	19	100%	
Total Pa	atients ("No Resp	oonse" patient	s deleted)	491		

NOTE: Values reported in percentage values are rounded to absolute numbers, and may not total exactly 100%

AVERAGE NUMBER OF SHOTS GIVEN WAS 4.26 PER PATIENT

## General Results Reported by Number of Shots Given:

#	(# (	Excellent	%	Fair	%	Poor	%	
Shots	Patients	Very Good Good				Terrible		
1	38	26	68%	8	21%	4	11%	
2	86	52	60%	18	21%	16	19%	
3	91	59	65%	21	23%	11	12%	
4	86	58	67%	17	20%	11	13%	
5	67	48	72%	12	18%	7	10%	
6	35	29	83%	3	9%	3	9%	
7	34	26	76%	8	24%			
8	23	20	87%	3	13%			
9	13	11	85%	1	8%	1	8%	
10	7	6	86%	1	14%			
11	2,	2	100%					
12	3	3	100%					
13	2	2	100%					
14	2	2	100%					

Results for inhalants, patients' histories positive to inhalants, by number of shots given:

Shots	#	EVGG	%	Fair	%	P/T	%
1	25	11	44%	8	32%	6	24%
2	61	35	57%	14	23%	12	20%
3	70	38	54%	22	31%	10	14%
4	4 65 35		54%	18	28%	12	18%
5 63		34	54%	13	21%	6	10%
6	26 21		81%	3 12%		2	8%
7	29	22	76%	5	17%	2	7%
8	20	16	80%	3	15%	1	5%
9	6	3	50%	1	17%	2	33%
10	4	3	75%			1	25%
11	2	1	50%	1	50%		
12	2	2	100%				
13	2	2	100%				
14	2	2	100%				

## Results for foods, patients' histories positive to foods, by number of shots given:

Shots	#	EVGG	%	Fair	%	P/T	%
1	25	11	44%	7	28%	7	28%
2	58	22	38%	15	26%	21	36%
3	69	31	45%	26	38%	12	17%
4	61	35	57%	14	23%	12	20%
5	61 31		51%	12 20%		8	13%
6	31	24	77%	5	16%	2	6%
7	28	18	64%	6	21%	4	14%
8	19	14	74%	5	26%		
9	8	5	63%	1	13%	2	25%
10	3	3	100%				
11	2	2	100%				
12	2	2	100%				
13	2 -	2	100%				
14	none						

Results for chemicals, patients' histories positive to chemicals, by number of shots given:

Shots	#	EVGG	%	Fair	96	P/T	%
1	18	3	17%	7	39%	8	44%
2	32	11	34%	9	28%	12	38%
3	44	19	43%	17	39%	8	18%
4	40	18	45%	9	23%	13	33%
5	37	17	46%	8	22%	12	32%
6	20	9	45%	11	55%		
7	12	9	75%	2	17%	1	8%
8	14	10	71%	3	21%	1	7%
9	3	1	33%	1	33%	1	33%
10	1	1	100%				
11	2			2	100%		
12	1	1	100%				
13	1			1	100%		
14	none						

Summary Table: General, Inhalants, Foods, Chemicals, by number of shots given:

g Shots	Gen	inhal	Food	Chem	EVGG Gen%	EVGG Inh%	EVGG Food	EVGG Chem	FAIR Gen%	FAIR Inb%	FAIR Food	PAIR Chem	P/T Gen%	P/T Inh%	P/T Food	P/T Chem
1	38	25	25	18	68%	44%	44%	17%	21%	32%	28%	39%	11%	24%	28%	44%
2	86	61	58	32	60%	57%	38%	34%	21%	23%	26%	28%	19%	20%	36%	38%
3	91	70	69	44	65%	54%	45%	43%	23%	31%	38%	39%	12%	14%	17%	18%
4	86	65	61	40	67%	54%	57%	45%	20%	28%	23%	23%	13%	18%	20%	33%
5	67	63	61	37	72%	54%	51%	46%	18%	21%	20%	22%	10%	10%	13%	32%
6	35	26	31	20	83%	81%	77%	45%	9%	12%	16%	55%	9%	8%	6%	
7	34	29	28	12	76%	76%	64%	75%	24%	17%	21%	17%		7%	14%	8%
8	23	20	19	14	87%	80%	74%	71%	13%	15%	26%	21%		5%		7%
9	13	6.	8	3	85%	50%	63%	33%	8%	17%	13%	33%	8%	33%	25%	33%
10	7	4	3	1	71%	75%	100	100	29%					25%		
11	2	2	2	2	100	50%	100			50%		100				
12	3	2	2	1	100	100	100	100								
13	2	2	2	1	100	100	100					100				
14	2	2			100	100										

**KEY: EVGG = Excellent (>90%), Very Good (>75%) or Good (>50%)** 

FAIR = 25% better

P/T = Poor/Terrible (No better or worse than before shots begun)

Conclusion: There is now little question that EPD appears to be an effective treatment for most conditions we treat as Environmental Physicians, and likely more effective for a considerable number of conditions than other therapy available. The author believes this paper, though the data should still be considered preliminary, presents mounting evidence to support this position.

### References:

- 1. McEwen, L.M., Ganderton, M.A., Wilson, C.W., and Black, J.H. Hyaluronidase in the treatment of allergy. Brit Med J 1967: ii:507-8.
- 2. McEwen, L.M., Starr, M.S. Enzyme potentiated hyposensitization I, The effect of pretreatment with  $\beta$ -glucuronidase, hyaluronidase and antigen on anaphylactic sensitivity of guinea pigs, rats and mice. Int Arch Allerg 1972: 42:152-8.
- 3. McEwen, L.M. Enzyme potentiated hyposensitization II, Effect of glucose, glucosamine, N-acetylamino-sugars and gelatin on the ability of  $\beta$ -glucuronidase to block the anamnestic response to antigen in mice. Ann Allerg 1973: 31:79-83.
- McEwen, L.M., Nicholson, M., Kitchen, I. and White, S. Enzyme potentiated hyposensitization III, Control by sugars and diols of the immunological effect of β-glucuronidase in mice and patients with hay fever. Ann Allerg 1973: 31:543-9.
- 5. McEwen. L.M., Nicholson, M., Kitchen, I., O'Gorman, J., White, S. Enzyme potentiated hyposensitization IV, Effect of protamine on the immunological behavior of β-glucuronidase in mice and patients with hay fever. Ann Allerg 1975: 34:290-5.
- 6. McEwen, L.M. Enzyme potentiated hyposensitization V, Five case reports of patients with acute food allergy. Ann Allerg 1975: 35:98-103.
- 7. McEwen, L.M. A double-blind controlled trial of enzyme potentiated hyposensitization for the treatment of ulcerative colitis. Clin Ecol: 5:47-51.
- 8. Fell, P. and Brostoff, J. A single dose desensitization for summer hay fever. Eur J Clin Pharm 1990: 38:77-9.
- 9. Eaton, K.K. Preliminary studies with enzyme potentiated desensitization in canine atopic dermatitis. Env Med 1991: 8:140-1.
- 10. Longo, G., Poli, F. and Bertoli, G. Efficacia clinica di un novo trattemento iposensibilizzante, EPD (enzyme potentiated desensitization) nella terapia della pollinosi. Reforma Med 1992: 107:171-6.
- 11. Eggar, J., Stolla, A., McEwen, L.M. Controlled trial of hyposensitization in children with food-induced hyperkinetic syndrome. Lancet 1992: 339 (May 9): 1150-3.
- 12. Shrader, Jr., W.A. Enzyme potentiated desensitization the new frontier of immunotherapy? Presented at the annual meeting of the American Academy of Environmental Medicine 1992 (Oct.), accepted for publication by the Journal of Environmental Medicine, 1993.