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®

Supplement to *The Art of Getting Well* Prevention and Treatment of Osteoarthritis

ALSO SEE "OSTEOARTHRITIS: LITTLE KNOWN TREATMENTS,"

[HTTP://WWW.ARTHRITIS-TRUST.ORG](http://www.arthritis-trust.org).

Sources are given in references.

Authors of contributions/quotations are alphabetically arranged;
major author, if any, is underlined.

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AKA The Arthritis Trust of America®

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Introduction

Arthritis is incurable, you've been told!

Not so!

The vast majority of folks can and will get well if they will begin an active search for treatments that work. There are many treatments reported in this book that have been effective for tens of thousands.

If you have an interest in Arthritis, the chances are that you've been told that you have some form of Arthritis! Perhaps a doctor has heard your complaint, compared your symptoms against those that he knows, and then has named your "disease" with some sort of jaw-breaker Latin.

The problem with labels -- as you and I know -- is that even if the one they've attached to your condition is the correct jaw-breaker, knowing the disease's name does nothing by itself to relieve the pain or cure the condition. There is often a false presumption that knowing the name for a disease condition, or state of pain, leads to a correct remedy.

While it is sometimes true that naming a set of symptoms leads directly to an answer, such as in the use of antibiotics for sicknesses caused by known micro-organisms, generally, and especially for debilitating diseases such as Arthritis, knowing the label is futile and can be misleading. Too often knowing the sophisticated jaw breaker medical term next leads to "Oh, that disease is not curable!"

Knowing the name of a disease state, and not knowing what to do about it to recover wellness, is frustration.

Two examples can be cited to demonstrate the limited usefulness and possible futility of classifying disease states when causation is unknown.

Prior to the discovery of the tubercle bacillus there were about 100 different names given to 100 different presumed disease conditions. After the discovery of the tubercle bacillus, all of these 100 names collapsed into "tuberculosis of the bone," "of the skin," "of the lung," "of the spine," etc. In other words, the causation was the same, whereas the portion of the body affected, and showing symptoms, was different from person to person¹.

Medical history provides a second striking example in the nature of the symptoms of syphilis. If the syphilis spirocheate had not been discovered, the symptoms of syphilis would have fit a perfect example of proof of a defective immunological system -- exactly the situation that describes the predominant medical view of the causation of Rheumatoid Arthritis¹.

There are two acceptable explanations (or hypotheses) for describing the causation of Rheumatoid Arthritis. The predominant one is that something is a kilter in the afflicted's immunological system. Why this possibility should lead to accepted drugs and treatments that further damage the immunological system appears to be an irrational medical act. Whereas, the other acceptable explanation -- that some unknown organism resides inside the afflicted's tissues, and the individual, being genetically susceptible to either the organism or its toxins, reacts with an internal "allergic" reaction manifesting itself in the form of nearly 100 different named diseases -- does not lead to damaging drugs, and even points to successful therapies.

The Arthritis Trust of America/Rheumatoid Disease Foundation takes the latter view, and now classifies the nearly 100 different disease states under the one heading of "Rheumatoid Diseases," or "Collagen Tissue Diseases."

Without a great deal of scientific and medical study it is futile to require a determination of which of the above two explanations is most probable. Probably both ideas have some truth, and, in fact, possibly many other factors are also related to a painful "arthritic" condition.

The human body, as with other mammals, operates by means of thousands, if not millions, of homeostatic systems. These are self-regulating mechanisms that operate to restore, within certain tolerances, a prior condition. A Bell Laboratories speaker carried about a small black-box illustrating this principle. To open the box, one flipped an external toggle switch attached to the box. When the box was opened by manually switching the external toggle switch, a simulated human hand normally lying at rest inside the box activated, and before closing, the simulated human hand reached out of the box and flicked the external toggle switch causing the box to close again whence the human hand recessed back into the box to rest again, just before the lid closed on it.

In like manner, whenever we affect a biological system, something natural to our organic mechanisms causes our automatic pro-

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Some scientists and physicians view the disease or pain state as a mal-adaptation condition, where our bodies, to function at all, must sustain an unnatural state which includes the pain that we subjectively sense. A crude example, using the black box with the internal hand that restores homeostasis: suppose at the time the external toggle switch is triggered to open the box by a human hand, a stick is placed between the lid and the box. Then, the box's simulated human hand would reach out to trigger the external switch but could not reach it because the stick now interferes with completion of the action, and so the simulated human hand would in futility continue again and again trying to trigger the external switch. In the human body, the equivalent of trying to reach the toggle switch again and again, and failing, might be the human body's constant manufacture of a chemical designed to restore a prior condition which, because of our diet, or drugs, or environmental condition or some other unknown factors, prevents the chemicals from completing their function. The result, therefore, is a persistent attempt that fails, and possible pain.

We see this condition in Rheumatoid Diseases, where macrophages persistently attempt to kill organisms, and in so doing, also damage collagen tissue, which, in turn, creates secondary and tertiary damage to tissues and joints. However, it's overly simplistic to reason that the "cause" of the disease is the macrophage, implying that the afflicted have an improper immunological system. This over-simplistic explanation leads to ways and means to further damage the macrophages at the expense of the whole immunological system, and consequently the whole human body. This additional damage then creates more of the equivalent of probing hands failing in attempts to turn off more toggle switches, thereby creating more mal-adaptations.

It is rare, in the annals of medicine, that a single cause of a disease state can be known, and, if known, can be treated as distinct from all other physiological relationships.

It is more usual, especially with Arthritides (Arthritides: a collective term applied to various joint disorders.) that multiple-causations are suspect, and that multiple treatments be simultaneously used to restore a better quality of life.

More than likely you're reading this because you've tried established medical procedures, and failed to relieve your problem.

You also hope that our suggestions will bear fruit, and are worthy of the expense often required to get well.

The Arthritis Trust/The Rheumatoid Disease Foundation has since 1982 generously helped folks to get well by finding for them knowledgeable physicians and recommending appropriate treatments. Success rate has been high for those afflicted who are willing to begin the grand search of "learning what works for me."

Early statistics kept by our referral physicians demonstrated that 80% of those who followed our recommendations got well from crippling Rheumatoid Diseases, providing they hadn't already been treated by traditional means of long-term corticosteroids, gold shots, penicillamine or methotrexate. If they have been so abused by these damaging treatments, affecting the ability of their biology to respond, our treatment recommendation's percentage of successes dropped to 50%, which is still considerably greater than the "improvement" rate of about 33% obtained through the traditional treatments.

Incidentally, that 33% "improvement" rate claimed by established treatments is just about equal to the placebo effect. That is, about 33% of the afflicted will "improve," from time to time, no matter what, within limits, is done to them^{1,11}.

There are many kinds of Arthritides determined by observation of symptoms, each named uniquely. The three most prominent are Osteoarthritis, Rheumatoid Arthritis and Gouty Arthritis. There are also many pains and other symptoms that resemble, or mimic, some of the above. In the process of untangling one thing from another, and

taking over the responsibility for your own wellness, you'll learn, or must learn, to fix what's wrong with you

Painful "Arthritis"

Pain and joint dysfunction may derive from certain not-well-known physiological mal-adaptations, or may result as a matter of processes that mimic these mal-adaptations.

There are many kinds of arthritides. The most common are three: Osteoarthritis, Rheumatoid Arthritis and Gouty Arthritis. The causation of those that may mimic any of these, or combinations of these, may derive from allergies, effects of pollutants, chemical imbalances, Candidiasis and other micro-organisms, mercury and other metal toxicities, physical sports accidents and so on.

Tens of millions of Americans suffer from either Osteo Arthritis or Gouty Arthritis, while at least thirteen million Americans suffer from improperly classified "incurable" Rheumatoid Disease, a name given to a broad cluster of diseases, perhaps 100 in number (147), that, while appearing to be different diseases because they are described by different word-labels, are nonetheless all related by the fact that collagen tissue is somehow affected.

An estimated forty million people have Osteoarthritis, six million have Rheumatoid Arthritis and about one million Americans have Gouty Arthritis^{1, 2, 3, 4, 5}.

Most people know "arthritis" as a joint disease: painful, swollen or heated joints. Most treatments, therefore, are aimed at relieving pain at the joints without in any way attending to the "systemic" nature of the diseases. "Systemic" means that the disease is pervasive, throughout the whole body.

It has been stated by some practicing physicians that at least 50% of us will have Osteoarthritis (Osteo) if we live long enough, and therefore Osteoarthritis is often -- probably wrongly -- said to be a "degenerative" or "aging" disease. It is characterized by swelling that is bony with irregular spurs and occasional soft cysts, whereas Rheumatoid Arthritis is characterized by synovial, capsular soft tissue that is bony only in late stages³.

Tenderness is normal for Rheumatoid Arthritis, but is usually absent with Osteoarthritis, except during occasional acute flare-ups and particularly at the onset. The distal interphalangeal joint (closest to the nails) is usually not involved with Rheumatoid Arthritis (except thumb) but quite characteristic with Osteo. The proximal inter-phalangeal joint (middle) is usually involved with Rheumatoid Arthritis, and is frequently involved with Osteo. The metacarpophalangeal joint (knuckle) is usually involved with Rheumatoid Arthritis, but never with Osteo, except for the thumb. Wrist involvement is normal for Rheumatoid Arthritis but never involved with Osteo, except for the base of the thumb³.

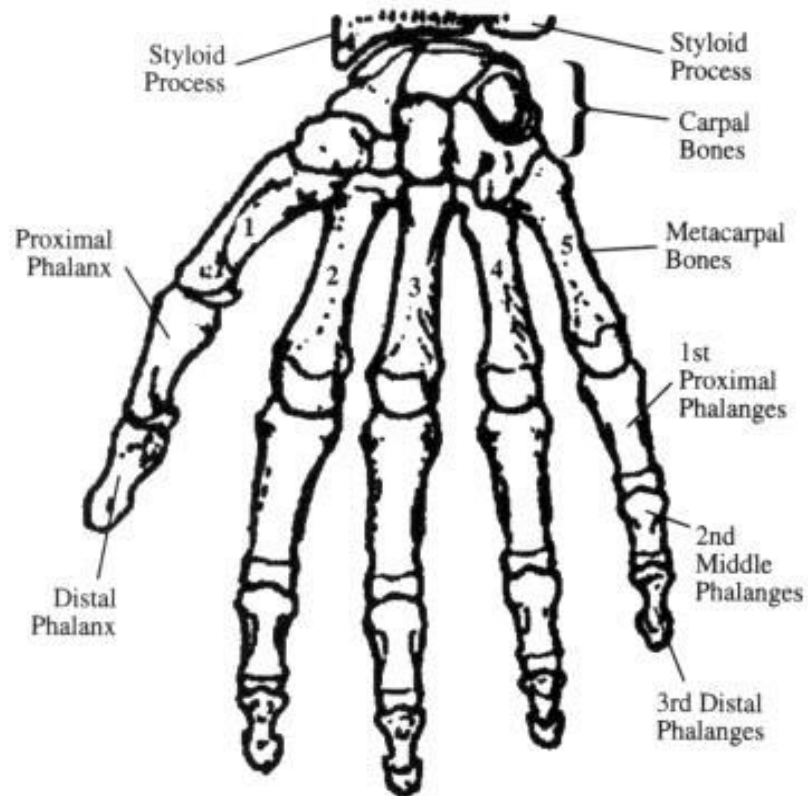
Osteoarthritis is characterized by degenerative loss of joint cartilage, deadening of bone beneath the cartilage, and cartilage and bone proliferation at the joint margins with subsequent bony outgrowths. Impaired joint function and synovial inflammation is common³.

Osteoarthritis is said to be "inflammation of the bones and joints" according to a medical dictionary.

While Osteo is painful, and leads to progressively less usage of joints, it is not the greatcrippler that characterizes Rheumatoid Arthritis. Rheumatoid Arthritis usually is known by a cluster of easily observed symptoms distinguishing it from Osteo: Joints are swollen, heated, and an increasing number of them become affected over time. Night sweats, depression and lethargy accompany this disease¹.

Gouty Arthritis, on the other hand, is characterized by sharp painful joints, as if a needle were probing the internal structure of the joints. One can have attacks of fever, chills and, of course, the described excruciating needle-like pains. Gout victims will suffer for weeks at a time often with loss of mobility; and, as these attacks

Figure 1:
Names of Joints
of Right Hand



become more frequent, they will eventually be disabling. Kidney disease, heart disease, and many other complications can set in⁵.

Osteoarthritis

What Causes Osteoarthritis?

Osteoarthritis appears to be caused by a combination of factors. Hormonal deficiencies certainly play their part, as one-third more women suffer from Osteoarthritis after menopause than do men. Faulty nutrition and stress may also play their fair share, as probably do genetic predisposing factors^{1, 2, 3, 4}.

Prevailing general medical theory suggests that Osteoarthritis may be divided into two categories, primary and secondary¹⁷. "In primary osteoarthritis, the degenerative 'wear-and-tear' process occurs after the fifth and sixth decades, with no apparent predisposing abnormalities. The cumulative effects of decades of use leads to the degenerative changes by stressing the collagen matrix of the cartilage. Damage to the cartilage results in the release of enzymes that destroy collagen components. With aging, the ability to restore and synthesize normal collagen structures is decreased.

"Secondary osteoarthritis is associated with some predisposing factor which is responsible for the degenerative changes. Predisposing factors in secondary osteoarthritis include: congenital abnormalities in joint structure or function (e.g., hypermobility and abnormally shaped joint surfaces); trauma (obesity, fractures along joint surfaces, surgery, etc.); crystal deposition; presence of abnormal cartilage; and previous inflammatory disease of joint (rheumatoid arthritis, gout, septic arthritis, etc.)^{3, 4}"

Prevention Of Osteoarthritis

There are, apparently, three major aspects to the prevention of Osteoarthritis: restore proper nutrition, relieve stress and replace hormones^{3, 4}.

Nutrition must be designed to fit each individual, of course, but there are always good broad outlines that are safe and helpful for

each of us. According to Gus J. Prosch, Jr. M.D.⁹⁵, in principle the closer we can eat to the "caveman diet" the better the nutritional values received. Our human bodies evolved through a varying diet of grains, nuts, berries, fish, meats and other food substances. The "caveman diet" is generally described by recommendations of fresh fruits and vegetables, whole grains, nuts, cold water fish and other sources of essential fatty acids.

One mineral apparently of great importance to the prevention of Osteoarthritis is boron. Dr. Rex E. Newnham, Ph.D., D.O., N.D. of Leeds, England demonstrated demographic and clinical evidence for the usefulness of Boron in preventing and treating Osteoarthritis and some forms of Rheumatoid Disease^{3, 4}. Flouridated water, besides contributing to Osteoporosis, and other degenerative diseases, including Skeletal Fluorosis, which many doctors call "Arthritis," without in any way helping the teeth or bones, also is a natural antagonist to boron, and so Dr. Newnham recommends removing the Flouride from your water if you are to get benefit from Boron. Furthermore, if you make tea with flouridated water, there is much more fluoride in your tea than the cold water alone. For Arthritis, Rheumatism and Osteoporosis, he recommends the use of tablets containing Boron (Sodium Tetraborate) 2.6 mg, Calcium Ascorbate 200 mg, Magnesium Ascorbate 90 mg, Pyridoxine 2.6 mg, Zinc (as Citrate) 4.5 mg, Manganese (as Citrate) 4.5 mg, Copper (as Citrate) .46 mg, Nicotinamide 10 mg, Herbs 10 mg. Such a mixture he has patented under the name of Osteo Trace™. Dr. Newnham recommends 3 tablets a day, one with each meal, if under 168 pounds, 4 tablets a day if over 168 pounds but under 210 pounds, and 5 tablets a day if over 210 pounds. Children between 50 and 100 pounds weight, 2 tablets per day, and infants under 20 pounds only half a tablet per day¹¹⁰.

William Kaufman, Ph.D., M.D.^{89, 90, 91} demonstrated over many years of clinical practice the reversal of Osteoarthritis and some

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Dietary supplements often used are: Niacinamide^{89,90,91} (under close medical supervision), Methionine, Glycosaminoglycans, Super-oxide Dismutase, Vitamins A, E, Pyridoxine, Pantothenic Acid and minerals Zinc and Copper¹⁸.

Linus Pauling Ph.D.⁶⁴ and Robert F. Cathcart, III M.D.² both recommend large quantities of Vitamin C, either orally or as an injectable.

Many of the above supplements are anti-oxidants, anti-inflammatories, synergistic with other substances, hormonal replacements or blockages, or intended to encourage the maintenance of, or faster re-growth of, connective tissue.

Various herbs⁶⁰ have been historically useful for the same purposes, especially in treating inflammation without the serious side-effects attributed to aspirin and other Non-Steroidal Anti-Inflammatories (NSAIDS). These are *Glycyrrhiza glabra*, *Medicago sativa*, *Harpagophytum procumbens*, and the Proanthocyanidins, Cherries, Hawthorn Berries and Blueberries^{17,19}.

Stress⁶⁹ is a factor that is perhaps most often overlooked by the normal medical practitioner. Often there is one or more persons in the close work or home environment who are suppressive to another, such suppression expressing itself in a way that constantly invalidates a person's actions, thoughts or emotions. It is a negative stimulus that depresses our beingness, our will to want to engage in friendly exchange of ideas or activities. A person who is so related to another will often suppress the victim's emotions and behavior in ways that express outwardly in the form of hormonal changes and accompanying clinical sicknesses. The medical terminology is "psychosomatic," indicating that the person's mind governs his emotions and bodily condition. This is true to the extent that a person permits suppressive conditions and "suppressive" people to influence his/her mind/body. As few physicians have training in recognizing the causative patterns, and would probably be resisted by their patients if they mentioned them, stress sources are often ignored in treatment, although they may be the largest component of all diseases, acute or chronic^{2,12}.

Hormonal replacement therapy is practiced by many physicians who recognize that our organs decrease in their ability to perform as we age. Their goal is to achieve a natural balance of all hormonal factors, which is presumed to be an assist to restoration of health that was once ours. The fact that Osteoarthritis is most frequent among women after menopause is a critical clue, as both estrogen and progesterone may be decreased or unbalanced with aging and especially after menopause. According to Raymond F. Peat, Ph.D., "Stress-induced cortisone deficiency is thought to be a factor in a great variety of unpleasant conditions, from allergies to ulcerative colitis, and in some forms of arthritis. The stress which can cause a cortisone deficiency is even more likely to disturb formation of progesterone and thyroid hormone, so the fact that cortisone can relieve symptoms does not mean that it has corrected the problem.

"Besides the thyroid, the other class of adaptive hormones which are often out of balance in the diseases of stress, is the group of hormones produced mainly by the gonads: the 'reproductive hormones'.⁷³" There is often need to consider hormonal replacement, not just in serious cases of thyroid deficiency, but also in marginal cases. A physician who understands the relationship between stress, hormones and disease should be consulted, and, in the case of determining Thyroid deficiency borderline cases, many will recommend the method of Broda Barnes, M.D.^{6,33} who developed a method based on taking armpit temperature before arising every morning, as laboratory testing is not geared to discover marginal deficiencies⁶.

Dehydroepiandrosterone (DHEA) may also be an important and

relevant replacement hormone, as described in the Rheumatoid Disease section that follows⁹⁶.

Dietary Summary by Luke Bucci, Ph.D.

In 1986, *The Rheumatoid Disease Foundation* held its second medical seminar. On the program was Luke Bucci, Ph.D., speaking on "Co-Enzyme Q₁₀: Review of Clinical Uses with Emphasis on the Immune System."

Dr. Bucci was employed by Biotics Research Corporation of Houston, Texas, a company that is much involved with nutrition and nutritional supplements.

During our 1986 medical seminar, Luke Bucci attended the other presentations, and later he summarized what he'd learned in a paper titled "Comprehensive Nutritional Support for Osteoarthritis". This article was later published in *Chiropractic Products*, August 1988, p. 61-63.

With permission of both the publisher and of Dr. Bucci, I have borrowed liberally from his article as follows:

Luke Bucci says: "Years ago (1961), it was recognized that nutrition of cartilage tissue was a major factor in the progression of Osteoarthritis, as this quote from page 1043 of the medical textbook *Pathologic Physiology. Mechanisms of Disease* by William Sodeman illustrates.

"Degenerative changes appear first in that part of the articular cartilage which receives the greatest wear and has the poorest nutrition.'

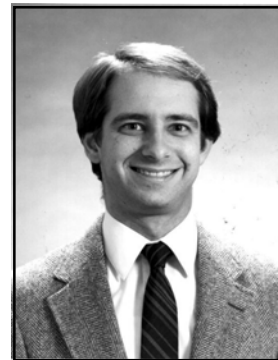
"Many Osteoarthritis patients are elderly and inactive, meaning that most Osteoarthritis sufferers also have cardiovascular problems. Again, this factor contributes to feeding of articular (joint) cartilage, as noted in another quote from *Pathologic Physiology* (p. 1044):

"In extensive arterial and venous disease of vessels to the extremities the synovial vessels may further embarrass the nutrition of articular cartilage and aid in the cartilage degeneration.'

"Through histology, pathologists were able to directly visualize the link between blood supply, nutritional status of cartilage cells (chondrocytes) and Osteoarthritis. Feed The Chondrocytes! is the message given by these observations. How does one go about feeding chondrocytes? Fortunately, the state of research on chondrocyte needs is sufficiently advanced to be able to list specific nutrients which play very important roles in chondrocyte function.

"Dietary For Osteoar-

" M o s t patients consistently show deficiencies of D and E along with insufficient intakes of copper, zinc and Some of these may be caused by the pain-killers commonly used by these patients. Aspiration to gastro-intestinal resulting in 'anemia'. This condition deficiencies of iron, copper and vitamin C. Non-steroidal anti-inflammatory drugs (NSAIDS) make the gut more permeable, which at first glance sounds desirable. However, at least a third of arthritis sufferers are achlorhydric (very low in stomach



Luke Bucci, Ph.D.

Guidelines for arthritis

Osteoarthritis patients consistently show deficiencies of vitamins A, C, calcium, iron, selenium. Deficiencies or exacerbating medications used by these patients can lead to nasal bleeding, and arthritis. This would worsen

acid, with more being hypochlorhydric (low in stomach acid), meaning mineral absorption is compromised and protein digestion

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"Returning stomach acidity to normal levels greatly improves protein digestion. Dietary supplementation can quite easily increase stomach acidity to normal levels. The only contraindication is an active gastric or peptic ulcer. There are many products designed to aid gastric acidity, so consult your favorite supplement manufacturer to find out which product is designed to increase stomach acidity. Usually, one or two tablets taken immediately after meals will be recommended.

"Other general dietary guidelines include decreasing sugar and refined foods, and removing fried foods, margarine and preserved meats. Adding more whole grain products, fresh vegetables and fruits is recommended. Replacement of most red meats with fish (non-farmed cold-water), poultry and wild game has the advantage of reducing consumption of proinflammatory fats and increasing intake of antiinflammatory fats." [Rex Newnham, Ph.D., D.O., N.D. of England says that "If hormones are used in the growing of poultry in the U.S.A., it should not be recommended to anybody. These hormones, at least in Australia and New Zealand do inhibit the menstrual cycle in women and sometimes men develop swollen breasts, [and] interfere with the normal hormone balance and can upset calcium retention." Apparently all U.S. citizens may need to swear off from all U.S. red meat products! Ed.]

"If difficulty in procuring or preparing fish is encountered, fish oil supplements are available. Oils and supplements containing significant amounts of linolenic acids (GLA and ALA) are also available to fortify a return to dietary intake of polyunsaturated antiinflammatory fats. The following lists the dietary guidelines that are currently being recommended to Osteoarthritis patients by medical doctors well-versed in nutrition:

"Dietary Guidelines of Osteoarthritis

1. Improve gastric acidity.
2. Remove refined sugars, corn syrups, fried foods, margarine, preserved meats.
3. Decrease refined foods, replace with whole grains, fresh vegetables and fruit.
4. Replace most red meats with non-farmed, cold-water fish, lean poultry (hormone free, if possible) or wild game.
5. Keep total fat intake below 30% of total calories.
6. Reduce consumption of white potatoes, tomatoes, green peppers, eggplant, chili peppers (solanine-containing plants) if Rheumatoid Arthritis symptoms also apparent." [About 1/3 to 1/2 are sensitive to chemicals in these products. Also tobacco carries toxic substances into the blood and tissues, damaging to muscle and nerve metabolism. Also see *Food Pain!* <http://www.arthritis-trust.org>: Ed.]

"Specific Supplements: Vitamins

"Since dietary deficiencies of vitamins and minerals have been found for Osteoarthritis patients, a multiple vitamin/mineral product should prevent gross deficiencies from occurring. High doses of B vitamins (over 500% of RDA) have not been useful for Osteoarthritis, according to several studies; therefore, modest doses of B vitamins are sufficient for supplemental purposes (1-10mg B₁, B₂, B₆; 20-50mg for B₃ and B₅; 6-25mcg for B₁₂).

"Vitamins A, D and E are oil-soluble, meaning the most efficient forms of supplementation are emulsified forms¹. For vitamins A and D, supplemental amounts of 100-200% of RDA are sufficient. Higher doses seem to be unnecessary and may possibly lead to toxicities if very large amounts are ingested for very long times. As an

antioxidant, vitamin E is important, and larger amounts may be supplemented (400-1200 IU daily if nonemulsified; 90 IU or more if emulsified¹).

"Vitamin C (ascorbate) plays a major role in cartilage metabolism. Osteoarthritis is worsened by deficiencies of vitamin C, which is commonly seen in these people. Vitamin C is a growth factor for chondrocytes, having an anabolic effect. One to two grams daily (preferably buffered) is sufficient to raise blood levels of vitamin C. Bioflavonoids taken together with vitamin C help to preserve the vitamin C and add their own antioxidant characteristics. Citrus bioflavonoids are commonly used, usually in amounts 1/10 to 1/2 the amount of supplemental vitamin C.

"Minerals

"Since several minerals are of vital importance to cartilage metabolism and are also deficient in Osteoarthritis patients, special attention should be paid to mineral intakes. Of primary concern are calcium, magnesium, zinc, iron, copper, manganese and selenium. Daily supplemental amounts of these minerals should reach 100% of RDA or ESADDI amounts, as seen below:

"Specific Dietary Supplements for Osteoarthritis (Daily Amounts)

"Vitamins:

B vitamins — 100-500% of RDA

A — 5,000-10,000 IU

D — 400-800 IU

E — 30-1,200 IU¹

C — 1-2 grams (Many physicians recommend 5 to 6 grams daily).

"Minerals:

Calcium, Magnesium, Iron, Zinc, Copper, Selenium all 100% RDA Manganese — 5-50mg." [Dr. Newnham also recommends 8-10mg of Boron and Cobalt in Vitamin B¹²:Ed.]

"Oils:

Fish oils — 3-9 capsules

GLA oils — 3-6 capsules

"Enzymes:

Proteolytic enzymes — 2-8 tablets 3 times daily

Antioxidant enzymes — 2-6 tablets 3 times daily

"Plant Compounds:

Yucca saponins

Gamma oryzanol/FRAC (Ferulic Acid)

Bioflavonoids — 10-1,000mg

"Chondroitin Sulfates:

(Purified) — 1-2 grams

"Antioxidants:

Beta carotene — 5,000-25,000 IU

Vitamin C (ascorbate) — 1-2 grams (Many physicians recommend 5-6 grams daily).

Bioflavonoids — 10-1,000mg

Vitamin E (tocopherol) — 30-1,200 IU

Coenzyme Q₁₀ — 1-100mg

Selenium — 25-200mcg

Sulfur Amino Acids (cysteine, methionine, taurine)

SOD, Catalases/Peroxidases

Plant phenolic acids and derivatives

"Usually, a calcium and magnesium supplement (but not carbonate or phosphate forms) is required to reach RDA levels for these minerals, unless a very high calorie diet is eaten. Soluble, organic forms of minerals are always preferred.

"Cartilage needs sulfur to regenerate properly. Both inorganic and organic forms of sulfur can be utilized, but organic forms (such

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"Enzymes

"Proteolytic enzymes can offer short-term relief of symptoms in a majority of patients, but continued proper usage is difficult. The antioxidant enzymes superoxide dismutase (SOD) and catalase will be considered separately.

"Other Dietary Supplements

"Another supplement with some reported benefits is yucca plant saponins. Several other dietary aids such as glandulars, garlic, aloe vera and alfalfa have some anecdotal support but need to be studied further.

"Last But NOT Least

"At this point I would like to draw attention to two relatively overlooked nutrients with important ramifications for Osteoarthritis. These two are antioxidants and chondroitin sulfates.

"Antioxidants

"Free radicals are known to be the major reason cartilage is destroyed in Osteoarthritis. Lack of oxygen from poor circulation increases free radical damage. Whenever an antioxidant reaches moderate to high levels in the body, reductions in cartilage degeneration and improvements in healing have been seen. Vitamin C², vitamin E¹, bioflavonoids, selenium and the sulfur amino acids are all major antioxidants that have already been discussed. The other major antioxidants in our bodies are beta carotene (carotenoids), coenzyme Q₁₀, SOD, catalase, dietary phenolic acids and their derivatives. These antioxidants are available in supplement form; Dietary phenolic acids and their derivatives (one example is curcumin) are found in plants and frequently account for medicinal properties seen for herbs. Recently, one of these compounds, gamma oryzanol, has been shown to be a potent antioxidant. Its water-soluble active component, ferulic acid, is available in supplemental form as FRAC.

"Mixtures of antioxidants usually work better than a single antioxidant. Many such products abound. For use in Osteoarthritis, the manufacturer's suggested usage should be doubled or tripled. Fortunately, antioxidants are quite safe, except for massive doses of selenium.

"Chondroitin Sulfates

"Finally, chondroitin sulfates are the most important single dietary supplement for Osteoarthritis. Chondroitin sulfates (CS) are the major type of GAG (the new name for mucopolysaccharides) found in cartilage. Chondroitin sulfates are large polymers of sulfated, modified sugars synthesized by chondrocytes. CS give elastic, weight bearing and cushioning properties to cartilage.

"Calf trachea and green-lipped mussels (*Perna canaliculus*) have been two crude sources of Chondroitin sulfates, but their limited bioavailability means that an effective dose is a handful of powder. CS has been purified and these supplements are preferred. One to two grams per day has shown reduction of symptoms and regeneration of cartilage. Since CS is nontoxic, more may be taken if desired⁴.

"Summary

"The general dietary guidelines shown for specific nutrients should allow useful concentrations of nutrients to reach chondrocytes. When chondrocytes are fed, they are more able to perform their function — repair cartilage. Combined with other treatment modalities to reduce the wear on cartilage, optimal nutrition allows the chondrocytes to perform to their capabilities, meaning a net result of healing. The most important single nutrient for chondrocytes is chondroitin sulfates. One of the advantages of nutrition is that all

cells are affected, meaning improvements in vascularization are possible when nutritional status is improved. Thus many factors contributing to Osteoarthritis can be favorably modified by judicious use in diet and specific nutrients."

This ends Dr. Luke Bucci's article.

Treatment Of Osteoarthritis

Treatment for Osteoarthritis -- or what appears to be Osteoarthritis -- can be divided into four components: Treatment for the (1) pain, (2) defective skeletal structure, (3) faulty nutrition, (4) hormonal imbalances.

As treatment for faulty nutrition and hormonal imbalances have already been mentioned, and as they both require individualized attention by holistically minded physicians, we shall further discuss only treatment for pain and defective skeletal structure, with the exception of repeated emphasis on the use of niacinamide as per William Kaufman's Ph.D. M.D. early and lengthy research work^{89, 90, 91}.

Pain and Defective Structure

Professor Roger Wyburn-Mason M.D, Ph.D. more than thirty-five years ago was able to demonstrate that the source of pain in both Osteoarthritis and Rheumatoid Disease is not in the joints — where most modern-day treatment lies — but in certain key nerve ganglia leading to the joint. These nerve ganglia are found in uninsulated nerves usually lying close to the skin's surface, known as "C fibers."

Intra-Neural Injections

Based on Roger Wyburn-Mason's theory, Dr. Paul Pybus⁷ found that a combination of Depot Medrol with a very dilute solution of Triamcinolone Hexacetonide (Lederspan[®] or Aristospan[®]) not only immediately halted the pain appearing in remote joints, but also permitted the nerve cell lesions to heal, probably by stabilizing nerve cell membranes.

Pybus stated that these nerve lesions triggered off two signals, one set following the nerve path to the brain, the other following a reflex arc to the spinal column and back. The signal to the brain came back to represent pain at the joint. The reflex signal to the spinal column came back to the joint to produce the following easily recognizable phenomena: heated joints (pyrexia), swollen joints (edema) and tension or clamping of muscles at the joints. **It is the tension or clamping of muscles at the joints which creates degeneration of cartilage at the joint which results in the pain of Osteoarthritis (or the pain of Rheumatoid Arthritis)**, and this was further explained by Pybus by knowledge of Charnley clamps used on knee joints which, while producing a forcible compression of joints, also resulted in destruction of cartilage in the joints.

Destruction of cartilage (leading to pyrexia and edema) is caused because cartilage, having virtually no blood distribution system of its own, requires a continuous squeezing and expanding of the cartilage in the joint, squeezing out blood and sponging it up, respectively. When one side or both sides of a joint are under conscious or unconscious tension because of nerve cell lesions constantly sending a reflex signal to tense or clamp the joint — then the cartilage begins to degenerate through lack of sufficient nourishment and this decomposition results in the creation of additional secondary and tertiary "free radical" chemical reactions that are further destructive, also producing the symptoms of pyrexia (heat) and edema (swelling). "Free radicals" are chemicals that seek active combination with other chemicals.

Gus J. Prosch, Jr., M.D.⁹⁵ successfully developed the Wyburn-Mason/Pybus intraneural treatment for arthritics in the United States, and taught many physicians.

Acupuncture

Most of the traditional acupuncture points are exactly the same as the trigger or key nerve ganglia used in Intra-neural Injections, and

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the physics of explanation may be similar for both, as the developer of Intra-neural Injections, Dr. Paul Pybus, was first an acupuncturist and surgeon. He said, "Acupuncture . . . shows no great permanency in the relief afforded just by one treatment, as when the needle is removed the membrane is still destabilized and the condition reverts to the status quo ante." This seems to be confirmed by the experience of Arabinda Das, M.D. who says, "acupuncture may help localized pain of rheumatoid arthritis but chronic generalized rheumatoid arthritis is not amenable to acupuncture as [is true with] many chronic infectious conditions"⁷⁹."

When Pybus combined acupuncture with a substance that stabilized the nerve cell membrane, he began to see long-term improvement in both Osteoarthritis and the pain of Rheumatoid Arthritis. Undoubtedly others who were familiar with Acupuncture discovered this same phenomenon, as there is now practiced "Pharmaceutical Acupuncture."

In addition to good effects on pain, Acupuncture is said to strengthen the immune system⁶⁹.

Electromagnetics and Biomagnetics

In the past practice of medicine chemistry has been applied to the human body more than the knowledge of physics. Many physicians and researchers are now exploring physics in relation to the body, and one important area is the effect of electromagnetics and/or powerful specially built (i.e. ceramic) magnetics primarily for the relief of pain^{53,112}."

As the use of magnets, and their accompanying magnetic fields, interfere with the natural magnetic field of the cells and the body, one must be very careful not to use these magnetics indiscriminately.

There is often confusion between the use of electromagnetics and magnetics, and there are reports of serious damage having been done to individuals who have used magnetics of powerful force, thus having interfered with the body's natural fields. Thus, ELF Laboratories^{113,114,115,116}, and others caution against the use of magnetics, but do recommend the use of pulsating electromagnetic fields under certain very carefully controlled conditions. One such condition is the combination use of the Light Beam Generator with the Vodder Lymphatics Massage technique assisted by a flow of harmless electrons, that has beneficial effects on the body's cells. On the other hand, William Philpott, M.D. describes the proper use of stationary magnets which apparently not only decrease pain, but help the body solve some otherwise intransigent problems. See "Magnetic Resonance Bio-Oxidative Therapy for Rheumatoid and Other Degenerative Diseases," <http://www.arthritistrust.org>.

Niacinamide and Boron

The excellent work of Dr. Rex Newnham, Ph.D., D.O., N.D. has already been mentioned with regard to Boron. Through demographic analysis, and later clinical trials, he was able to demonstrate that both Osteoarthritis and Rheumatoid Disease can be stemmed through appropriate quantities of Boron²³.

Also of special importance is the excellent work of William Kaufman, M.D., Ph.D. in the use of Niacinamide for both Osteoarthritis and Rheumatoid Arthritis. Dr. Kaufman, through clinical observation, determined that Aniacinamidosis (lack of sufficient niacinamide) was persistent with those having joint problems of Osteoarthritis or Rheumatoid Arthritis. He invented a measuring device easy for other doctors to use, and thus standardized by an objective measure improvement, or lack of, in patients. Over many years and with the help of many patients, including those with aging problems, Dr. Kaufman developed an oral schedule of niacinamide per day, the Niacinamide being taken in frequent intervals during the day in, usually, varying dosages because of the quickness by which niacinamide flushed from the body^{89,90,91}. Usually the dosage is dependent upon severity of the joint dysfunction.

Neural And Reconstructive Therapy

Another cause of the pain of Osteoarthritis is defective skeletal posture resulting in pains remote from the source of defect or misalignment, and also pain from Osteoarthritic calcium spurs usually located along the spinal column and rubbing on branching nerves from the spine⁸. Possibly the first treatment of choice by Osteoarthritics should be that known by D.O.'s as "Sclerotherapy", by M.D.'s as "Proliferative Therapy", and by some modern-day physicians as "Reconstructive Therapy".

We know from work by such referral physicians as W.W. Mittelstadt, M.D./D.O. of Ft. Lauderdale, FL, that Intraneural Injections and Sclerotherapy (Proliferative) treatment will work on Osteoarthritis. On a visit to his office, Dr. Mittelstadt introduced me to a patient who had had Osteoarthritis so badly that she had been unable to move her fingers easily. She demonstrated to me the flexibility that she now had.

Dr. Prosch recently said, "If you really think about what we are trying to do, we will have to come to the conclusion that Osteoarthritis is not a joint disease! It is a nerve disease -- if we and our theories are correct. Of course the end result is a joint disease, but the etiological (causative) factor is the nerves -- and not the joints - as far as where the disease originates."

James A. Carlson, D.O. of Knoxville, TN recently explained to me that Sclerotherapy can reduce Heberden nodes in Rheumatoid Arthritis!

Intraneural Injections and proper use of Proliferative Therapy (Sclerotherapy) also seem to be excellent and perhaps sure answers for Osteoarthritic problems. But what of the ever-present nutritional factors?

Strangely enough, and little known by many physicians, scar tissue from past penetrations of the skin can also cause skeletal misalignment problems, and these are usually treated at the same time using Neural/Fascial Therapy⁹, a treatment developed by German physicians, and especially Ferdinand Huenke, M.D. and Walter Huenke, M.D.¹⁶. The knowledgeable patient will find a physician who practices these two treatment modalities before trying many other forms of treatment.

More than 30 years ago demonstrations on laboratory animals showed that loosened, stretched or torn tendons and ligaments could be tightened up by means of inserting just beneath the skin, in the proper location, a natural bodily substance (Sodium Morrhuate) which would promote the growth of collagen tissue and fibroblasts. Other substances besides Sodium Morrhuate are also used.

As we age, our tendons and ligaments tend to stretch or can be torn from their connections to fascia through sports or accidents, or can be weakened through poor nutrition, disease or unbalanced chemistries. As the body's skeletal posture is held together by means of tendons and ligaments — not the muscles per se, which simply provide power for the tendons and ligaments — a stretching of one set of tendons or ligaments will be unconsciously compensated for by other pulley and lever mechanisms in remote parts of the body. According to masseur Thomas Gervais⁸⁸, "Tendons are muscle ends. Fascia apparently gives ligaments and bones their proper place/structure. The fascial connective tissue thickens and becomes most rigid at places of greatest/most frequent use and demand. This 'ossification' process of fascia makes a return to good posture difficult." One compensatory mechanism is the production of Osteoarthritic spurs in the spine. Although the body's problem is lax or torn ligaments or tendons elsewhere, the body's chemistry attempts to compensate by creating calcium spurs along the spinal column. Were these calcium spurs cut out, the body's tendon and/or ligament problems would persist, and the body would attempt to compensate in additional ways.

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To illustrate: James A. Carlson, D.O. was asked to look at a patient's right index finger-joint nearest to the fingernail (between the Distal phalanx and the Middle phalanx). The joint had been inflamed for months and was deforming. After study Dr. Carlson deduced that the cause was a left-foot heel-bone out of alignment. This may sound peculiar until one is versed with the manner in which the skeleton is held together, and the means by which the human body compensates. A bone awry at one place affects structure remotely connected. Using Osteopathic manipulation, he placed the heel bone back, and then using reconstructive therapy, Dr. Carlson placed near the proper tendons and ligaments substances that promote the body's ability to keep the bone in place. The finger immediately ceased its pain and deformation stopped¹⁰.

In a similar instance, the finger nearest the small one on the left hand was unable to touch the palm of the hand. It was very stiff and often hurt. Dr. Carlson determined that the cause was an arch-bone in the left foot out of alignment. Again he manipulated the bone to its proper location and then used reconstructive therapy to place the bone permanently where it belonged. The pain immediately disappeared and the patient had restored ability to touch the palm of the hand with that finger¹⁰.

Many other instances -- much more spectacular^{8,9} -- can be described for all parts of the body where Osteoarthritis is presumed but in fact it is the slackness or disruption at the connective base of ligaments and tendons that slowly create Osteoarthritic-like symptoms⁸.

According to William Faber, D.O. and Morton Walker, D.P.M., "typical musculoskeletal lesions that may be permanently corrected are: bunions, heel difficulties, finger dysfunctions, patellar problems, migraine headache, neck pain, chronic shoulder dislocation, rotator cuff tears, generalized back weakness, herniated disks, mid-level backache, low back pain, compression fractures of the vertebrae, ankylosing spondylitis, spondylolisthesis, fibrositis, fascitis, tendonitis, pain after severe injury, pain after stroke, temporomandibular joint (TMJ) syndrome, post-orthopedic surgery pain, dysfunctional hip joint, chronic and acute knee disability, ankle weakness, tennis leg, tennis elbow, wrist pain, carpal-tunnel syndrome, and most forms of arthritis, especially the type derived from wear and tear (osteoarthritis), and more disabilities. Reconstructive therapy is often a medical alternative to orthopedic surgery, hand surgery, podiatric surgery and other traditional techniques of musculo-skeletal repair⁸."

According to Gus Prosch, Jr., M.D., Intra-neural Injections and Reconstructive Therapy cannot be performed at the same time, as the chemistry of the two therapies work in opposition to one another^{2,8}.

Rolfing®

To solve what was diagnosed as Rheumatoid Disease, Ida P. Rolf, Ph.D.⁸⁶ developed and applied her "massage" discovery in what is now called "Rolfing"². Dr. Rolf may or may not have had Rheumatoid Disease, but her discovery has wide application to all forms of arthritides, as well as other structural and pain problems.

According to the Rolf Institute⁸⁷, founded to carry on Dr. Rolf's work, "Fascia belongs to a family of closely related connective tissues found throughout the human body. Although fascia is technically a tissue, Rolfers sometimes speak of it as the 'organ of form' because it literally holds your body together and gives it shape." Fascia is found throughout the body and surrounds all organs. If healthy, it is slightly elastic with strong resistance to stretching. It can break or tear however.

The nature of fascia is to fasten and hold. According to the Rolf Institute: "1) Slack strands of fascia can adhere to one another [adhesions] and shorten a fascial structure, thus distorting the three-dimensional fascial network and pulling the skeleton (and body segments) out of alignment. This can occur in response to poor postural or movement patterns, injury, [chronic emotional patterns]

or surgery. . . . 2) Adjacent fascial structures can adhere to one another and bind two structures together. Even in a healthy body, the fascial envelopes of adjacent muscles may adhere to one another. Two muscles, which should glide over each other, become yoked together; neither muscle can function independently and efficiently."

Fascia can adhere to itself and change shape causing the fascial network to become distorted, but this plasticity, fortunately, can also work in the other direction, restoring the structural integrity with the proper Rolfing applications of pressure.

According to Dr. Ida Rolf, ". . . the 'joint' is much more than the bone of the ball-and-socket. All muscles and ligaments that weave or support its structure are part of it. This is true of any joint. Trouble in any of the component parts -- muscles, ligaments, bones -- is apt to be interpreted or at least verbalized as being in the joint. Unnumbered, casual, hasty diagnoses of 'arthritis' reflect nothing more serious than a shortened or displaced muscle or ligament resulting from a recent or not-so-recent traumatic episode. True arthritis, on the other hand, is deterioration of the joint, characterized by chemical change in the blood and in joint tissue. Arthritic pain is the result of joint compression. Not all cases of true arthritis are painful; where there is adequate capsular space, the individual may well be pain-free. When your shoulder or your hip hurts, it is well to paraphrase an old adage: not only is all that glitters not gold, but, even more hopeful, all that hurts is not necessarily arthritis. It may be merely pseudoarthritis, a disorder in the tendons and ligaments. . . . Appropriate muscular organization can give the pseudoarthritic movements and render him pain-free."

Rolfing, through restoration of fascial integrity, restores natural posture which, for the arthritic and pseudo-arthritic alike, means more freedom of movement and lessened pain, and also improvement of metabolism, circulation, neural transmission, joint and tissue repair, emotional stability, and, generally, an overall increase in available energy that was otherwise bound up in maintaining the poor muscular imbalances.

Other Treatments

Photopheresis

Photopheresis is a new form of treatment that exposes portions of the blood mixed with a light-sensitive chemical to ultra-violet radiation. Its object is to "immunize" the body against malignant T cells found in the immunological system. It has so far shown promise for the treatment of various Rheumatoid Diseases (Scleroderma, Lupus Erythematosus, Rheumatoid Arthritis), autoimmune diabetes mellitus, organ transplant rejection and AIDS related complex²⁵. William Campbell Douglass, M.D. of Georgia reports excellent success with many otherwise intransigent disease conditions, using photopheresis, and especially against AIDS²⁶.

Cryogenic Exposure and Exercise Treatment

Japanese scientists demonstrated the improved effects of cryogenic exposure on degenerative disease. Tonis Pai²⁷, M.D. of Tallin, Estonia, who constructed his own clinic's cryogenic chamber, also continues this work reporting improvement among patients with various joint diseases, including Rheumatoid Arthritis and Osteoarthritis. Patients enter a chamber (cooled cryogenically by liquid nitrogen) for repeated visits for a duration of 1-3 minutes. They then exercise strenuously.

Ge₁₃₂: Bis-Beta-carboxyethyl: Germanium Sesquioxide

Dr. K. Asai of Japan designed Bis-Beta-carboxyethyl Germanium Sesquioxide (Ge₁₃₂), finding thereafter many interesting and useful properties. Ge₁₃₂ is a substance that does not easily enter into bodily tissues, and therefore has been found to be non-dangerous. It performs several valuable functions, among which is the ability to take up excess electrons from the cell's mitochondria -- the cell's power unit -- and flush them from the body. This function is analogous to increasing basal metabolism at the cellular level. Excess electrons can

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create free-radicals which may lead to pain and inflammation. Ge₁₃₂ also decreases pain by increasing endorphins in the brain. "In both humans and animals Ge₁₃₂ has been shown to increase gamma interferon in the blood, activate macrophages and natural killer cells, bring blood hemoglobin levels up and white cell counts down, stimulate immunomodulation activity in the B cell system and demonstrate antitumor and antiviral activities. This substance, therefore, may be an excellent adjuvant (aids the operation) of immunochemotherapeutic agents. The effects of Ge₁₃₂ on various immune parameters are almost identical to that of known gamma interferon immunomodulating activity. In addition, studies on immune-suppressed animals and on patients with malignancies or rheumatoid arthritis suggest that Ge₁₃₂ normalized the function of T cells, B lymphocytes, anti-body-dependent cellular cytotoxicity, natural killer cell activity and numbers of antibody-forming cells. Obviously organic germanium has a 'normalizing' influence on the immune system^{57,58,59}," and it can be effectively used either sub-lingually or as an injectable.

Caution: do not take Germanium Oxide, which is poisonous and can be damaging.

Live-Cell Therapy

According to Lester Winters, Ph.D.^{93,100}, and Robert Bradford, D.Sc.¹¹¹, European Live-Cell Therapy has been available for many years, and used by millions of people. Prof. Paul Niehans, a famous Swiss physician and Surgeon, is considered the father of cellular therapy used by kings and queens, popes, presidents, ministers, movie stars and the wealthy. Pioneer Wolfram Kuhnau, M.D. reported that past recipients of Live-Cell Therapy included "Konrad Adenauer, Charles DeGaulle, Dwight D. Eisenhower, Sir Winston Churchill, the Duke and Duchess of Windsor, Haile Selassie, the monarchs of Morocco and Saudi Arabia, Bernard Baruch, and Joseph Kennedy¹¹⁰." This replacement therapy now is available at a reasonable cost outside of the United States in Europe, Bahamas, Mexico and other countries. Briefly, calf, sheep or piglet fetal (embryonic) tissue is injected (or placed) in the body. (Apparently any mammalian tissue will do, so long as it is from the proper fetal stage, kept sterile, and stored properly, although bovine or sheep tissues, for various reasons, are preferred by many.) For a period of one to four years, depending upon nutrition, metabolism and life-style, these foreign tissues supply hormones and other vital chemicals which the body uses as its own. Of greater significance, is the ability of the body to repair damaged molecules in fading organs, thus restoring vitality and health. Additionally, according to Dr. med. Gerhard Shettler⁹⁴, intra-articular cellular therapy is often effective in replacing damaged or worn joint cartilage. William Saccoman, M.D. has had considerable success replacing joint cartilage¹⁰⁰. Live-cell therapy is well worth trying for various health reasons, not just Osteoarthritis and Rheumatoid Diseases. A listing, according to Bradford¹¹⁰, follows: "Neuromuscular disorders, including epilepsy, multiple sclerosis, amyotrophic lateral sclerosis (ALS), Parkinson's, post-stroke paralysis and muscular dystrophy; hormone-dependent dysfunctions including a full range of sexual disorders ranging from impotence and early menopause as well as obesity, insufficiency and hypothyroidism; chronic dermatological disorders, especially psoriasis and eczema; chronic arthritis of all kinds; chronic pancreatitis; arteriosclerosis; liver cirrhosis; allergies of all kinds; genetic and hereditary disorders, including mental retardation, Down's syndrome, bone and cartilage abnormalities, congenital hip malformations, congenital dysplasias, spinal problems, cleft lip and palate; chronic lung disease; chronic kidney disease; autoimmune disease; narcolepsy; and rejuvenation¹¹¹."

The arthritides afflicted would do well to explore this approach.

Homeopathy

Homeopathy is several centuries old, and was once a widely practiced healing discipline, until the dominance of allopathic medicine

in many parts of the world. Allopathy, the dominant medical philosophy in the United States, is that method which seeks to cure disease by the production of a condition of the system either different from or opposite to the condition produced by the disease¹⁰¹. Homeopathy is its opposite, a theory or system of curing diseases with very minute doses of medicine which in a healthy person and in large doses would produce a condition like that of the disease treated¹⁰¹. The basic principle is that symptoms of a "disease" are a natural part of the healing process. As such, they must be allowed to occur, even augmented, rather than be suppressed.

According to the Arizona Revised Statutes 32-2901, "Homeopathy means a system of medicine employing substances of animal, vegetable or mineral origin which are given in microdosage, prepared according to homeopathic pharmacology, in accordance with the principle that a substance which produces symptoms in a healthy person can cure those symptoms in an ill person. The practice of homeopathy [in Arizona] includes acupuncture, neuromuscular integration, orthomolecular therapy, nutrition, chelation therapy, pharmaceutical medicine and minor surgery⁶⁶." As some practitioners of Homeopathy do not subscribe to the total practice as described herein, we will discuss only the first part of the above definition.

Dr. Samuel Hahneman (one of Napoleon Bonaparte's physicians^{66,69}), Kent⁶⁶, and others founded and defined the basic outlines of Homeopathy. On Napoleon's route to conquer most of Europe, Napoleon used "Dr. Hahneman to keep his troops free of typhoid fever. Hahneman created a totally new concept of medicine, which he called 'Homeopathy,' derived from the Greek words, 'homeos,' which means 'similar,' and, 'pathos' or 'disease'. Hahneman's basic law was, 'Let's cure a disease with the disease itself, or like cures like'⁶⁹. Hahneman and other physicians observed and reported that an extremely minute dosage of a substance that could reproduce some of the symptoms of a known disease could somehow teach the body how to heal itself. Substances, therefore, are diluted to such an extreme dilution that scoffing scientists will describe the resulting mixture as being the "essence of residual vibrations of a ghostly spirit passing quickly through the room one time."

Carefully selected substances are sequentially diluted (and struck: percussed) to concentrations such as 0.9 X 10⁶¹. The more diluted is the substance chosen, the more "powerful" its effect -- a phenomenon which stretches normal imagination beyond training of allopathic physicians.

While it is true that modern medicine has a difficult time reconciling healing with a dilution so tiny that no molecule of the original substance can possibly remain, there are efforts to develop hypotheses to explain the mystery. Several clinical experiments have stood up to scrutiny, including increase in growth of wheat seedlings, diastase hydrolysis of starch and lymphoblast growth rate. Studies using nuclear magnetic resonance spectra, photoelectric densities and dielectric constants have been made, and new hypotheses have been created, seeking a "rational" explanation⁶⁷. To the great chagrin and consternation of traditional allopathic practitioners, "The British Medical Journal (Feb. 9, 1991) published a groundbreaking survey of clinical research on homeopathic medicine. Three experts on clinical research analyzed 107 controlled clinical studies which were published between 1966 and 1990. They noted that 81 trials indicated positive results⁷⁰."

While Homeopathy is not licensed in all states, it has been available in many European countries for 200 years. Certain present-day royalty and other governmental leaders would not have any other kind. And, while John D. Rockefeller (the original) is said to have promoted allopathy in many American medical schools -- as drugs

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increased his profits -- he, himself, would not permit any other kind of physician than one who practiced Homeopathy.

In addition to healing, Homeopathy is said to strengthen the immune system⁶⁹. Many success stories, with every form of disease, have been reported through the use of Homeopathy. According to Corazon Ilarina, M.D.⁴⁰, recommended Homeopathic remedies are Traumeel, Belladonna, Injul Farte arsemium, Album Injul, Hepeel, Injul-Chal, Phosphor Injul and Lachesis. She says that "Traumeel and Zeel ointments are very good for swelling and inflammation when applied topically on affected joints⁴⁰." Dr. Ilarina also uses Homotoxicology which is the Homeopathic process of ridding the body of toxins that contribute to disease.

Recently, there has come increasing successes combining Homeopathy with work originally defined by Louis Pasteur's contemporary Antoine Bechamp. "Professor Dr. Guenther Enderlein (1872-1968) and his associate Alfred Baum, M.D. along with discoveries of German doctor Alexander von Seld, M.D. and Wilhelm von Brehmer⁶⁸" state that they have developed Homeopathic medicines that cause pleomorphic organisms that appear in one form to revert to a form capable of being handled by the body, (i.e. non-dangerous), and they include a very wide range of diseases, including various arthritides, in their successes. (Also Ernst B. Almquist⁷⁷, Gerald J. Domingue¹⁰⁷, F.E. Haag⁷⁷, Koch⁷⁷, G. Koraen⁷⁷, Virginia Livingston-Wheeler, M.D.⁸³, A. Maffucci⁷⁷, Lida Mattman, Ph.D.⁷⁷, Gaston Naessen⁸⁴, P.G. Olsson⁷⁷, Royal Rife, E.J. Roukavischnikoff⁷⁷, Jorgan U. Schlegel, Gerda Troili-Petersson⁷⁷, Willibald Winkler, M.D.⁷⁷, Hannah B. Woody⁷⁸, W. Zopf⁷⁷, and many others⁷⁷, have followed up wholly or in part, or rediscovered, Antoine Bechamp's⁷⁶ work but applied concepts not necessarily related to Homeopathy.)

Dehydroepiandrosterone (DHEA Sulfate) Therapy

C.A. Hackethal, M.D. has reported excellent success in treating Parkinson's Disease by use of replacement therapy of DHEA. Apparently the bad side-effects of L-Dopa are avoided, and the Parkinsonian victim is restored to appropriate functioning. As a collateral observation, Dr. Hackethal has observed Rheumatoid Disease patients (who also have Parkinson's Disease) become well even when C-reactive protein and Rh-factor is positive. This may be a linkage between loss of homeostatic hormones and the onset of Rheumatoid Disease, and conversely, this may also highlight the reason why replacement therapy of cortisone increases the rate of disease progress, as well as its other bad side effects on Rheumatoid Disease victims. But Parkinson's Disease and Rheumatoid Disease are only two of many health problems that DHEA may help in some way, including various geriatric and metabolic problems, Cancer, Diabetes, immune system enhancement, improved brain function, infection, obesity, Osteoporosis, Alzheimer's Disease, Chronic Fatigue Syndrome, and estrogen replacement^{96,107}.

According to Julian Whitaker, M.D.⁹⁶ "Blood levels of DHEA in men and women peak around age 20, and it is the only hormone that declines in a linear fashion in both sexes. As such it is one of the most reliable markers of aging. By age 80, blood levels of DHEA are only 5% of what they were at 20."

Dr. Julian Whitaker¹⁰⁷ says, "DHEA is extraordinarily safe. Administered by prescription, it is given in physiological replacement dosage (up to 90-100 mg per day, usually less, or up to 250 mg per day, according to some other physicians, depending upon age and need). You should find DHEA to be safer than most over-the-counter items such as Tylenol, Sudafed, Motrin, or even aspirin, and far safer than almost all other prescription drugs.

"The goal of physiological replacement is to increase your blood level of DHEA or DHEA sulfate (both levels are comparable) to that found in a normal 20 to 30 year-old person. Therefore, if you are a 55

year-old who has a normal blood level of DHEA for your age, physiological replacement is used to increase your blood level to that of a younger, healthier individual. If your blood level of DHEA is equal to or lower than that of people in your age group, then your risk of disease and other consequences of aging is far higher than the health risks of physiological replacement therapy with DHEA.

"In general, your body tends to utilize the extra DHEA if it needs it, and ignores it if it doesn't. For instance, if DHEA is given to an animal with a viral infection, the animal will use all the extra DHEA to enhance its immune system. If the animal does not have a viral infection, the extra DHEA is simply ignored.

"Prescribing and using DHEA is both legal and rational. But because it is an unpatentable therapy, the FDA takes the stance that it is 'experimental,' and has been overcontrolling it for years. . . . Since no drug company can patent it, the FDA denies you access to it, giving drug companies a clear shot at making metabolites of DHEA that they can patent."

Hydrogen Peroxide Therapy and Ozone Therapy

Hydrogen Peroxide has been in medical use for several centuries^{34,37,39}, and there are thousands of scientific studies on its use. What is not well known is that Hydrogen Peroxide is also used by many both internally³⁷ and externally for many different disease conditions, including Rheumatoid Disease. Ozone Therapy³⁵ is somewhat newer on the medical scene. These two are often referred to as "Oxygen Therapies," which is somewhat of a misnomer. One can take a breath of air and receive more oxygen than one can receive from Hydrogen Peroxide Therapy, and the use of Ozone Therapy³². Although not entirely understood, these two therapies clearly do not supply significant additional oxygen. In applying Ozone Therapy, like Photopheresis, a certain supply of blood is removed, treated with Ozone, and then replaced in the patient.

In desperation for relief -- any kind of relief -- arthritics will gradually increase their oral intake of food-grade hydrogen peroxide, many reporting relief of their symptoms, and sometimes their degenerative conditions.

Other physicians, including Charles H. Farr, M.D., Ph.D.³¹, have shown that the intravenous usage of hydrogen peroxide has a beneficial effect on many disease states. Dr. Farr has also shown that the good effects of intravenous hydrogen peroxide usage stem principally from its ability to activate oxidation enzymes.

Miscellaneous Treatments

Osteoarthritis and Rheumatoid Arthritis have been historically viewed by traditional medical practitioners as two far-ranging "unsolved" disease conditions. As established medicine admits to no answer despite a multitude of modern scientific tests and categorizations of phenomena, it is not surprising to find that trial and error medicine by those concerned and those afflicted have brought about some practical answers. What is surprising is that many of these answers have no clear or clearly known underlying basis. For example, among various preferred solutions to either the inflammatory conditions, or to the underlying unknown physiological mechanisms, are Diet, Extreme Cold Therapy, Hydrotherapy, Poulitices and Topical Treatments, Homeopathy, modern methods based on Professor Dr. Guenther Enderlein's work⁶⁸, Biomagnetics, Colon Therapy, Sound Therapy, Color Therapy, Aromatherapy, Mental Healing, Ayurveda, Dental Involvement (replacing poisonous mercury amalgams), Live Cell Therapy, Hydrogen Peroxide Therapy, Acupuncture, Acupressure, Rolfing, Oxygen and Ozone Therapy, Photopheresis, Yoga, Chelation Therapy⁹⁸ and many specialized organic substances from either the land⁶¹ or sea³⁶. Obviously not all of these treatments work for 100% of the afflicted or there would be no reason for this book.

The Rheumatoid Disease Foundation takes the position that --

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since traditional medicine admits to no answers -- each person must search out the medical answer for him/herself, and that search may require open-mindedly trying one recommendation after another. After all, to the afflicted, it is not the correct theory that is important, but whether or not desirable results are achieved.

Information and Physician Reference Source

The best source for information or physician referral is The Rheumatoid Disease Foundation, 5106 Old Harding Road, Franklin, TN 37064. They have a listing of more than 200 physicians in 17 different countries (but mainly within the United States) who use one or more of the various recommendations for Osteoarthritis, Rheumatoid Disease, Gout or related Arthritides.

The Rheumatoid Disease Foundation is non-profit, charitable, tax-exempt, so please send a contribution to help defray cost of services requested.

Additional assistance may be had from the following organizations:

1. Candida Research and Information Foundation, PO Box 2719, Castro Valley, CA 94546.

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