Chemicals in ‘hot’ chili peppers confirmed to be cause of arthritis

BY JACK ABEL, PH.D.

Ed Wendlocher, founder and president of the Arthritis Help Centers, Inc., suffered from arthritis for many years until he discovered his sensitivity to various foods. He promoted clinical studies that resulted in several booklets, the latest being Foods Found to Cause Pain, Swelling and Stiffness available either through our website or at his address listed below. After careful studies over many years it was learned that many taste enhancers, such as capsaicinoids, were exempted by the food labeling act and were also found in small quantities in many ordinary foods. These, it was discovered, caused many people, including Ed Wendlocher himself, to suffer from the classical phenomena of “arthritis.”

Now the mechanism is revealed through further academic research that capsaicinoids do, indeed, play a serious role in creating inflammation, tissue damage and “arthritis.”

We highly recommend obtaining the Arthritis Help Center booklets describing foods that may be causing arthritic problems.

(Editor)

“Harvard Medical School researchers have now found that the receptor activated by chemicals in ‘hot’ chili peppers is also responsible for the ongoing, burning pain associated with inflammation, tissue damage and arthritis!”

The chemicals in the ‘hot’ chili peppers that cause them to be ‘hot’ are the capsaicinoids. Capsaicinoids are strong irritants that act directly on the pain receptors in your skin and mucous membranes. The strongest capsaicinoids are capsaicin and dihydrocapsaicin. Capsaicin is so strong that a single drop diluted in one million drops of water will still warm your tongue. Like dihydrocapsaicin, it delivers a sting all over your mouth. A third capsaicinoid, nordihydrocapsaicin, produces a warmer, mellower sensation in the front of your mouth and palate. A fourth, homodihydrocapsaicin, packs a delayed punch, delivering a stinging, numbing burn to the back of your throat.

Until now, capsaicin has been reported to primarily have beneficial effects on the body. It is best known as an effective “pain relief” substance when applied topically to the skin where it destroys certain nerve cells and prevents pain signals from reaching the brain. However, increased research of capsaicin is now uncovering that it also has significant detrimental effects on the body.

Capsaicin is now confirmed to be a primary cause of the on-going, burning pain associated with inflammation, tissue damage and arthritis!

Capsaicin is a strong irritant. Applied to the skin, it causes the small blood vessels under the skin to dilate; increasing the flow of blood to the area and making the skin feel warm. It stimulates nerve endings in your mouth normally stimulated by a rising body temperature, sending impulses to your brain that release endorphins giving you a false sense of well-being. Eating ‘hot’ chili peppers may upset your stomach, irritate the lining of your stomach, irritate your bladder so that you have to urinate more frequently or even make your urination painful.

The ‘hot’ chili pepper plants are ‘cousins’ of tobacco being in the same Solanaceae plant family, as are tomato plants. The ‘hot’ chili peppers contain many of the same natural toxins as tobacco. By comparing the established LD-50 values (measures of toxicity), we see that the capsaicin in ‘hot’ chili peppers is in the same league as a dangerous toxin as is nicotine in cigarette smoke.

Capsaicin is now used commercially as a pesticide on fruits and vegetables as it both kills insects and repels animals from crops.

Painkillers prevent healing

From Discover, January 2003, p.55, “Mainstream Painkillers Stop Broken Bones From Healing.”

So, here’s another reason to avoid common Non-Steroidal Anti-inflammatory Drugs, such as Vioxx, Celebrex and others containing indomethacin, those called COX-2 inhibitors.

Patrick O’Connor, assistant professor of orthopedics at the New Jersey School in Newark, completed research that demonstrates that these types of pain killers prevent bones from healing, causing as much as 25 to 50 percent healing delay in rats.

Osteoporosis could be affected by use of COX-2 inhibitors! Of course humans have yet to be tested the same way.

Volunteer broken legs, anyone?
CAN RHEUMATOID ARTHRITIS BE CURED?

The Roger Wyburn-Mason Treatment for Rheumatoid Disease

If left untreated, Rheumatoid Arthritis and other forms of Rheumatoid Diseases can become progressively worse, eventually leading to painful crippling, but this is particularly true of Rheumatoid Arthritis, which can and will destroy the joints unless effective treatment is administered in time.

Those who tell you that nothing much can be done for Arthritis are only fooling themselves and you. A great deal can be done, as you will learn — and crippling is not inevitable.

Most arthritis victims suffer pain, but we can show several ways that pain can be controlled and possibly alleviated entirely.

The sooner you begin treatment for Arthritis, the more probable of having success in halting its progress and perhaps cleaning up or reversing damage that has begun.

When there are those who tell you that nothing much can be done for Arthritis are only fooling themselves and you. A great deal can be done, as you will learn — and crippling is not inevitable.

"Once you have Arthritis, chances are great that you're stuck with it for life," and "You should learn to adjust to it, for better or worse. "Don't look for a cure or relief", but learn to control your symptoms" — those people are telling you to give up, to permit the crippling to go on, to get yourself ready for a life of total misery and acceptance of your fate.

Those same advisors are also ignorant of any other means of helping you, or they would not be giving you such advice. They have given up. You don't need to give up too!

You must make a choice. Do you wish to follow such "establishment medicine" practices? Or do you wish to fight for your survival and some of the good things in life, including the right to live unhindered from pain and crippling?

No pharmaceutical company is interested in curing or stopping the progress of our disease. They are interested in maintaining our dependency drug habits so that corporate stock owners and upper management can swell up their pocketbooks. Ideally, when a drug company can develop an exclusive, patented drug upon which arthritis must rely — as a drug addict must rely on habit-forming drugs — then the drug company is content. They are especially happy if the medicine relieves symptoms and forces us to spend more and more on the drug to simply maintain the appearances of wellness — and the disease rages on!

The House subcommittee on health and the environment (1987) investigated hikes in prescription-drug prices — a 12.2 percent increase between July 1985 and April 1987 (versus only a 2.7 percent increase in the Consumer Price Index during that time).

The subcommittee staff obtained revenue data from the nation's 25 largest drug companies and prepared a report. Subcommittee chairman Henry Waxman summarized the findings at a hearing, saying, "Most of the money generated by the recent enormous price increases is not going to fund Research & Development. Between the years 1982 and 1986, drug price increases produced revenue gains of $4.7 billion. During the same period, Research & Development expenditures rose only $1.6 billion — or about a third of the revenue gains from price increases."

"In short, the money was arriving in bucketloads, but was going to Research & Development in spoolfuels," Waxman said.

Cortisone provides only symptomatic relief, as its sale and medicinal administration to arthritis illustrates very well. Cortisone provides temporary and spectacular pain relief and the glow of false wellness. We must take increasing quantities over time to achieve this effect at the level we received earlier. During that period our bodies produce less and less of it. Eventually, over time, we quit producing cortisol at all. (Hydrocortisone: closely related to cortisone.) Thereafter, over time, we're hooked, and without periodic cortisone purchased from a drug company, by doctor's prescription, we die.

Our recommended treatments may not restore your ability to produce your own
Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

TREATMENT continued from Page 2

corticosteroids, a substance similar to cortisone, and it may not restore your deformed joints, but read on. It may restore your hope in a livable future, a sense of adventure, and a faith that you have possibly buried beneath tons of pain and agony. It may restore wellness!

Treated by the hundreds of physicians who follow our treatment protocol properly, there are already tens of thousands of former arthritis — folks like you and me — who have found great relief, improvement, and yes, even complete wellness.

I was an arthritic — perhaps just as you are now — but I am free of the horrible disease, and have been since 1982.

I intend to convince you to take command of your life again, to learn for yourself ways and means of achieving wellness and again peace of mind. I will describe what you can do, recommend books to read, and that you work with a caring physician. If necessary, you must search out and find a physician who is not bound by that ancient arrogance which prevents some physicians from learning further and the patient from achieving wellness.

Eighty percent of those who follow my directions will either be cured or improved immensely and the disease halted. If you are among those whose bodily functions (immunological system) have already been damaged by traditional treatments that use gold, penicillamine, methotrexate and long-term cortico-steroids, the news is still favorable and better than your present outlook. About 50% of this latter group get well or vastly improved, especially when they are willing and able to halt these destructive treatments for four months prior to starting the one recommended herein. Usually after permitting bodily systems to recover throughout four months, the immunological system responds sufficiently to our treatment.

Traditional treatment can expect to achieve relief or the temporary appearance of wellness but 33% of the time. The placebo effect — the percentage of patients who will improve (at least temporarily) no matter what the physician does — is about 33% for arthritides. It follows, therefore, that traditional treatments are not effective any better than chance alone, and for that dubious privilege of non-wellness we pay out $15 billion a year.

The treatments described in this article are therefore at least 165% or better than traditional, accepted but ineffective treatments.

I have no vested interest in the sale of drugs, foods, medical treatments, vitamins and minerals, physicians or clinics. I work for a non-profit, charitable, tax-exempt foundation dedicated to solving the problems of arthritis by means of education and research.

This article condenses The Rheumatoid Disease Foundation (The Arthritis Trust of America) findings since 1982, and while our recommendations are in advance of anything else written on arthritis, it will not be the last and final word. Scientific progress means change. Solving Rheumatoid Arthritis and related diseases means changing both the modalities of present-day treatment and our own attitudes toward it.

To your family doctor, we say: Our treatment protocol has never been considered for use against Rheumatoid Arthritis because the various rheumatologists and arthritis associations have not investigated Professor Roger Wyburn-Mason’s brilliant scientific work, published since 1964, that led to the treatment to be described.

You must decide if the prescriptions that follow are harmful to your patient. If not, is the cost involved worth a trial, considering the hopeless and insidious nature of the disease?

Many cooperating physicians, and their patients, use and have used the protocol — more than two hundred physicians, tens of thousands of patients, represented in many countries.

Many of the suggested treatments are recommended by the writer because of his personal experiences, although it is true that some chapters came into being because of successes reported by other patients or physicians who tried the treatments described therein.

Rheumatoid Disease Foundation referral physicians contributed greatly through their clinical experiences.

The Rheumatoid Disease Foundation cannot, of course, be responsible for mal-application, mis-application, or inappropriate treatment of any kind, and suggests strongly that treatment, if possible, be through your family physician.

I pray that you will be among those who read and follow recommendations where appropriate.

Our common goal?
To rid the earth of this terrible, crippling plague, called Arthritis!

You Must Judge

An arthritic needs no description of his disease’s progress, nor his painful symptoms that distort the joints into such grotesque forms, leading inevitably to surgery and certain crippling. But even the arthritic needs to be able to differentiate those arthritic symptoms that represent an on-going disease process —

TREATMENT continues on Next Page

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Have you mailed us your annual membership fee of $25?

Your membership fee helps us to help others, and entitles you to our newsletter!
When our treatment is used, and when it is effective, the symptoms of swelling and heated joints disappear, and the symptoms of joint pain may disappear, as may the symptoms of lethargy and depression. Most certainly other treatments to be described will probably rid one of left over joint pains and lethargy and depression unless irreversible damage is involved, such as permanently deformed joints. I have two small fingers with permanently deformed joints, for example.

Like you, I was skeptical and even scoffed — but I tried this recommended treatment, for lack of anything better.

Even my family doctor scoffed, saying, “Look, it won’t help, but it can’t harm you, so go ahead and try if you wish,” and with that he unknowingly started me on the path to wellness.

The truth is — and so it is true of the scientific method — that no number of hearsay statements from and about successful patients will answer your big question. Since the treatment is safe — or at least extremely safe when compared against traditional treatments — your only question is, “will it be effective for me?”

There is no way to answer such a question without giving our treatment protocol a fair trial — and only you will know whether or not you have tried honestly and fairly.

If Authorities knew the correct treatment, they would already be applying it, wouldn’t they?

Be warned that many of the treatment methods to be described for you are not accepted treatments. Some related treatments to be described and which have also proved effective are being persecuted by unknowledgeable state medical boards and duped district attorneys in some states. While this blind rejection is not true of everything to be described, by being forewarned you will be able to better cope with scoffers and authoritarian figures who feel their control — and income — slipping away.

If Authorities knew the correct treatment, they would already be applying it, wouldn’t they?

So don’t be embarrassed if some would-be larger than life Authority denounces what is said herein, or argues against your trial of various treatments. Progress in medicine has always been thusly hindered, and your job as a patient is to separate the “It works for me!” from “It doesn’t work for me!” And no number of Authorities can make it otherwise, and no one knows better than you whether or not the treatment fits one category or another. Our recommendations to get you well are for the most part safe, effective and cheap.

Remember this!

Not all the Authorities on earth and their scholastic, hob-goblin opinions can determine whether or not our treatment works for you!

You must judge for yourself!

Rheumatoid Disease Newly Defined

The human body has a limited number of responses to various system disturbances.

| TREATMENT continues on Next Page | Bequests |

Plan Us Into Your Future

A good way to make your contribution live for years onward is to plan us into your will.

A bequest such as those provided by others promises that a specific amount of money, property or a percentage of your estate be given to The Arthritis Trust of America.

A general guideline for making such a provision is this: “I give, devise and bequeath to The Arthritis Trust of America the sum of $” (or describe the real or personal property).

All contributions to The Arthritis Trust of America are tax deductible to the fullest extent allowed by law.

While easy to write, best that you work this provision out with your attorney or CPA — and again, many thanks!
For example: Most everyone is familiar with headaches. While the pain of each headache may be very similar in nature each time experienced, the cause of each headache can vary considerably. Headaches might be caused by eye strain, back or low musculature strain, biological disturbances of tissues or chemistry, suppressed emotion, and so on.

In other words, just because a person has a headache does not mean that the cause is self-evident, or necessarily simple, nor does the cause of our headache need to be related to the causes of our neighbors or friends.

While we are all genetically different, and have different bio-chemistries, our bodies seem to have limited ways of responding to varying stimuli.

It should be clear, therefore, that all symptoms described as "arthritic" are not symptoms that derive from the same cause. You probably already know about "Osteoarthritis," "Rheumatoid Arthritis" and "Gouty Arthritis," three of the most common with differing causes.

Rheumatoid Arthritis is characterized by specific symptoms: heated joints and body members, swelling, lethargy, depression and an increasing number of painful joints that eventually become damaged and crippled.

Since we look at only symptoms of a disease "in-process" we cannot say for sure that every time someone has these five characteristics he/she has the same disease as others.

When laboratory tests are used to narrow the causative agent(s), we are often led to costly tests that are virtually useless. The test that is labeled "RF" for "Rheumatoid Factor" is mis-labeled and probably does not test for Rheumatoid Arthritis at all. It tests a fraction of blood called "immunoglobulin" and is present in 70% of adults with Rheumatoid Arthritis. Some physicians have indicated that 25% of such tests are negative, when they should be positive, and 25% are positive when they should be negative. At best, the test measures probable existence of something akin to respecting our bodily systems, a fact we already know.

It is highly unlikely that any number of present-day laboratory tests (1994) can determine the existence or non-existence of Rheumatoid Disease. Often the physician makes such tests because it is the established and accepted thing to do, and because doing the established and accepted thing protects his/her medical insurance and medical license status. Neither of these reasons gets you properly diagnosed or well.

While we are all genetically different, and have different bio-chemistries, our bodies seem to have limited ways of responding to varying stimuli.

Sometimes these lab tests together with clinical experience and good judgment can deduce a set of possible causes that should be further explored by medical treatment trials. Those trials even if unsuccessful, may lead to further educated guesses on the part of your physician that will eventually narrow causes down to one or more that are amendable to changes.

Your problem may be to find a physician who is willing to step outside of traditional treatment boundaries and to view you as a whole person, not just a statistic to warehouse in a small examination room pending arrival of his augus presence, and there to be scrutinized but minutes, and thereafter to be given at relatively high cost a traditional, accepted, ineffective treatment.

Many in the medical community suspect a causative organism for Rheumatoid Disease such as bacteria, mycoplasma, yeast/fungus, protozoan, virus, cell wall deficient organism, or some combination or variation of these minute life forms.

They suspect that people are either born with a genetic susceptibility to these organisms or develop that genetic susceptibility later. "Genetic susceptibility" means an inborn sensitivity to the organism or toxin from the organism that causes our tissues to respond with the symptoms.

There is a high degree of suspicion that we have developed, or are born with, an "allergy" to some organism that invades from outside our bodies. We develop "antibodies," fighters, for that "antigen," the invader, and there comes persistent warfare between our antibodies and the antigen that creates damage we see as the symptoms we call Rheumatoid Disease.

This suspicion may very well be true, and it serves as a good model, really the best predictor and hypothesis of the nature of the disease that we have to date. From a purely workable viewpoint, we can accept the model until developing a better one.

The antibody/antigen model serves to underline one very important aspect of Rheumatoid Disease. The disease is not localized in just one place! The disease is systemic. This means that even though you do not observe symptoms of the disease as raging onward in a particular portion of your body -- as when you're under the influence of cortisone -- the disease is there, actually everywhere, believe me.

It may be for the moment you are manifesting the disease in a particular part of the body. These overt symptoms make you think the disease is localized to, say, a knee joint, or wrist joint. All of your attention is quite naturally on that spot, because that's where the pain, swelling and heat is for the moment.

If you accept the proposition that Rheumatoid Disease is systemic (throughout the body) in nature, it is clear that a treatment for purely local parts of the body is doomed to failure. Cortisone

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**How to Receive Our...**

**PHYSICIAN AND SCIENTIST ADVISORY LIST**

Send a legal size, self-addressed, stamped envelope to The Arthritis Trust of America®, 7376 Walker Road, Fairview, TN 37062-8141, and ask for our latest Physician and Scientist Advisory list. Or, go to our website at www.arthritistrust.org.

When requesting our Physician and Scientist Advisory list, while it is not necessary to donate $2, a donation of that size or greater would help us defray the cost of this service.
There are two characteristics about Rheumatoid Disease to keep in mind. One is that Rheumatoid Disease symptoms may be the result of multiple causes. We see similarities between different people because our bodies are designed to respond in but limited ways. The second fact is that Rheumatoid Disease pervades the whole body, not just a local area.

Having stated the above two principles, we now mention possible "causes" of "arthritis".

The symptoms of "arthritis" may be "caused" — that is, actually produced or mimicked, by any one or combination of the following:

1. Bacterial infections such as those resulting from invasion of gonococcal, tuberculosis, or pneumococcal germs.
2. Viruses, particularly RNA viral forms.
3. Yeast/fungus, particularly Candida albicans.
4. Allergens, internal and/or external, as with foods, pollens, house dusts, invading organisms.
5. Weakened immunological system, caused by any of the above and including any cause of improper nutrition, prolonged stress, etc.
6. Metabolic disturbances, as evident with Gout, Osteoarthritis, Osteoporosis.
7. Other unidentified and unnamed source causes.

All of the above, and perhaps more, may cause symptoms of Rheumatoid Arthritis. The portion of the body where the symptoms may appear are a multitude. To name a few, they are:

- The arteries, as in periarteritis; Bone, as in Paget's Disease, cysts and myelomas; Brain and Spinal Cord, as displayed by tremors and seizures; Bronchi, as with bronchitis, intrinsic asthma (as opposed to extrinsic; i.e. caused by an external allergen or external source); Heart, as with dysrhythmias, myocardial disease, pericardial disease; Cucum as with appendicitis, mesenteric adenitis; Colon, as with ulcerative colitis; Endocrine glands, as with thyroid, parathyroid, thymus, pituitary, adrenal glands; Esophagus and Stomach, producing atropic mucosa (pernicious anemia); uterus; Eyes, with iridocyclitis, exophthalmia; fascial planes, showing as bursitis; Female Genitals, for ovarian cysts, fibroids, salpingitis-sterility, tubal pregnancies; Hemopoetic, displaying as Systemic Lupus Erythematosus, polycythemia, purpura; joints, as with arthritis; Kidneys, pyelonephritis, calculi; Liver, showing as hepatitis, cholangitis, gallbladder disease; Lower Small Gut, displaying as regional enteritis, Crohn's disease; Lungs as with alveolitis; Lymphatics (Lymph system) for lymphomas, splenomegaly; Meninges (covering around brain), producing headache, meningomas; Muscles with myositis; Nerves, trigeminal neuralgia; Nose and Throat, presenting as rhinitis, eustachian salpingitis, enlarged tonsils and adenoids; Ovum, producing fetal deformities and abortions; Pancreas with pancreatitis, maturity diabetes, non-insulin dependent diabetes; Salivary and Tear Glands with SICCA syndrome; Skin with psoriasis, alopecia, erythemas, urticaria; Spine, degenerated discs and low back syndrome; Tendons for tendinitis, ganglion; Upper Gut with Coeliac disease; and also functional Central Nervous System problems producing neuroses, psychosis and senility.

Since different parts of the body are involved, the symptoms presented to the physician are given different names, but many of those described can now be classified under one heading, that of "Rheumatoid Disease". This is the definition given by Professor Roger Wyburn-Mason, a brilliant research physician from England, now deceased, and whose treatment methods [along with Thomas McPherson Brown, M.D.] led to the first major improvements and cures.

There is a parallel, by analogy, between the old and generally accepted view of "Rheumatoid Arthritis" and that cluster of diseases which our Foundation now titles "Rheumatoid Disease". Before the discovery of the tubercle bacillus, the germ that causes tuberculosis, there were about 150 differently named symptoms that patients presented to their doctor. The fact that each symptom was given a unique name sometimes apprised the patient, but certainly did not get them well.

After discovery of the tubercle bacillus all of those 100 or so names collapsed under the heading of "TB of the bone", "TB of the lungs", "TB of the skin", and so on.

When I went to grade school (thirties) I was taught that everyone on earth was exposed to the TB germ, but that only a small number of people were genetically susceptible to the organism, this coming down with TB. This may or may not have been true, but as a parallel analogy, and to produce a working hypothesis around which Rheumatoid Disease can be solved, the essentials appear to correspond. Rheumatoid Disease (hereafter often referred to as RD), has been given nearly a hundred different names; it now has but one. "Rheumatoid Disease" or "RD" and it seems to have a "genetic predisposition factor", i.e. people seem to be susceptible along genetic lines (inherited) to whatever causes the apparent antigen/antibody relationship.

All of the above-described rheumatoid diseases and perhaps more — can occur in their pure forms, or in combinations with any of the other "labeled" diseases.

Naming a disease, as you know, does not get the person well any more so than treating a disease with the wrong medicine, or by the wrong treatment protocol. Most of the established and accepted treatments for RD...
are based on the presumption that there is something wrong with the immunological system, that portion of the body that fights off infection by recognizing a foreign protein as “not-me”. If this presumption is wrong, there will be endless hours spent unraveling the complexity of the very complex and obscure immunological system. There are, in fact, tons of books on the complexity of the immune system, and it requires a highly trained specialist simply to understand details. It’s sort of like being in the middle of a tangled woods and, rather than stepping out to understand the woods as a whole, one spends a lifetime learning about and studying each individual sapling and undergrowth.

A perfect example of this “scientific” medical problem once existed with the lack of understanding of syphilis as a disease caused by an organism. Until the finding of the syphilis spirochete, the symptoms of syphilis presented to the research physician a perfect picture of an “auto-immune” disease; i.e., a disease wherein the immunological system fails to identify portions of the body as “self” and attacks the body as “non-self”.

Now we know better that syphilis is a disease caused by an organism that comes from outside the body. It is not the consequence of a “failed” immunological system, except in the sense that those who live life styles that weaken the immunological system are at higher risk for becoming infected with any kind of pathogenic organism.

But consider the present day consequences to millions (and to organized society) if research physicians continued to insist that syphilis was a failure of the immunological system, an auto-immune disease, as all characteristics seemed to indicate before discovery of the spirochete! Tens of millions, perhaps hundreds of millions of dollars would have been expended in studying the immunological system, and thousands of dangerous drugs would have been invented and tried without success to modify or otherwise change a supposedly defective immunological system — to no avail!

But that situation indeed seems to prevail today in the attempt to understand and otherwise control arthritis!

We have no proof that those who pursue the small seedlings within the forest of the very complex immunological system are not correct. But they also have no proof that our hypothesis and treatment is not correct. We must be fair both ways, and perhaps both sides have a component of truth. You and I as arthritic victims care less what is believed or known, so long as we get well!

We do believe at this point in time that a better analogy to what happens when folks suffer from Rheumatoid Disease relates to the camel whose back was broken by a single straw. We believe that so many different stressors are placed on the individual that finally disease is manifested. The immune system is doing it’s miraculous job daily. It’s simply overloaded!

We shall take the assumption that there is a causative organism of origin or origins unknown. And from that presumption, simply as a working hypothesis, we expect to show 80% of those who try our treatment that they can indeed become greatly improved or cured completely.

Finally, to all of those who have written to the Foundation or will write to ask a certain question, we have the same advice. Since there are no definitive tests, if you wish to know if your particular symptoms will respond to the treatment to be described, you can only answer this yourself, by trying our recommendations fairly and honestly under supervision of a caring physician.

May both God and your own good sense go with you in the next adventure!

Part II of this series will appear in our next newsletter.

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"Giving Just Got Easier"

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To sign-up for this valuable service, simply go to www.arthritistrust.org, click on the Talk4ArthritisTrust banner and follow the easy steps.

3.9 cents/minute For Home or Business

P.S. If you don’t have a computer, call me at (615) 799-1002 and I’ll help you to sign up through my computer. -- Perry A. Chapdelaine, Sr.
Again, based on LD-50 values, it is one of the more dangerous toxic pesticides in use today!

‘Hot’ chili pepper, also known as cayenne pepper, is made from the seeds and pods of Capsicum peppers, a species completely different from Piper nigrum, the plant whose fruit is used as black pepper (the one in the shaker on your table). The Capsicum peppers are native to Mexico, Central America, the West Indies and much of South America, but similar varieties are also native to the Far East. They may be long and thin like the cayenne pepper, large and firm like the Anaheim, cone shaped like the jalapeno or small and cherry shaped. Tabasco peppers, used to make a popular hot sauce, are a variety of ‘hot’ peppers known as Capsicum frutescens. Ground red pepper labeled cayenne pepper or simply red pepper is made by grinding the smaller, more pungent Capsicums. The term “red pepper” may also be used to describe ground red pepper milder than cayenne. Crushed red pepper, the spice you find in pizza parlors, is made from the seeds of the ‘hot’ varieties of Capsicum annuum and Capsicum frutescens. Chili powder is a blend of red pepper with other herbs and spices.

Recent studies completed in association with scientists at a major university show that persons with arthritis can significantly reduce their pain, swelling and stiffness by conscientiously avoiding the foods containing the ‘hot’ chili peppers and certain other food ingredients!

The problem: ‘Hot’ chili ingredients are not easy to avoid as they are rarely shown on the food label by that name. They are usually shown on the label as spices, spice extracts, flavorings, natural flavorings or seasonings; or added as colorings or preservatives and not shown at all!

For complete information on the foods to avoid, contact ARTHRITIS HELP CENTERS, phone (973) 361-1867 or order thru the website of The Arthritis Trust of America, at www.arthritistrust.org for the guidebook “FOOD PAIN” $9.95 + $3.00 S&H.

What Harvard Medical School researchers seem to have concluded is as follows:

1. When chili peppers activate certain nerve receptors, this activation is also responsible for a burning sensation associated with inflammation, tissue damage and “arthritis.”

2. When inflammation occurs, a “p38” molecule switches on. This is an intracellular signaling molecule which causes a “cascade” of enzymes to increase the amount of heat that passes through a protein known as “TRPV 1,” sometimes called the “ion-channel protein.” It is also sometimes called the “chili pepper receptor.”

3. The “chili pepper receptor” is very sensitive to capsaicin. Capsaicin causes chili peppers to feel “hot.”

4. Regulation of the chili pepper receptor was not expected, according to Harvard anesthesia researcher professor Clifford Woolf as large increases in the amount of receptor from increasing inflammation does not change production of mRNA. However, “The gene itself is not being changed, the mRNA that is is being translated is.”

5. Dr. Woolf may perform further research in using p38 inhibitors for treatment of inflammation and accompanying pain.

Footnote from: “Hot research, burning pain: the protein TRPV1 is sensitive to capsaicin, found in chili peppers.”

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