A Natural Treatment For Arthritis Pain

Jonathan Wright, M.D. says:
Say goodbye to most arthritis pain for good in eight steps or less.
Jonathan Wright, M.D.

In the March 2003 issue of Nutrition & Healing, you read about different ways to protect your heart - a topic not making many headlines these days, but one that's still critical to your health. In this article, I've chosen another topic that you're also not hearing much about lately (except in drug ads), even though it probably affects many of you on a daily basis: arthritis.

I've seen just how debilitating this condition can be. And although there are plenty of patented prescription and over-the-counter arthritis medications available, judging from the fact that arthritis is still one of the primary complaints of patients who visit the TaLoma Clinic, it's obvious that those options are only masking symptoms temporarily. They're just not designed to correct the underlying problems that are causing your pain. So let's take a comprehensive look at the various natural alternatives that might allow you to throw out those patent medicines once and for all.

The first thing to determine is which type of arthritis you have. There are two major forms of arthritis: degenerative arthritis (also known as osteoarthritis) and rheumatoid arthritis. Osteoarthritis is the most common form of the disease and occurs when the cartilage between the joints begins to break down and wear away, causing pain and stiffness. Rheumatoid arthritis involves inflammation, pain, and stiffness of the lining of the joints in your body and also causes redness and swelling in most cases. If you aren't sure which form of arthritis you have, your doctor can help determine that. Although both types can vary different causes, some of the natural treatments for each type overlap.

The arthritis triggers that could be growing in your garden

The first thing I recommend for osteoarthritis is changing certain aspects of your diet. In the 1950s, Norman Childers, Ph.D., found that eliminating certain vegetables (known as nightshade vegetables) from the diet could completely eliminate arthritis symptoms in many cases. Nightshade vegetables include tomatoes, potatoes, peppers (including paprika, but not black pepper), eggplants, and tobacco. According to Dr. Childers, nightshade sensitivity isn't an allergy but actually a progressive loss of the ability to metabolize substances known as "solanine alkaloids," which are found in all nightshade vegetables. Unfortunately, there's no test that can tell you if your arthritis will respond to a nightshade-free diet. It's strictly a 'try it and see' situation.

It's harder than it might seem to completely eliminate nightshades. Tomato and potato make their way into a wide variety of foods products, and pepper gets around a lot too. Check your local library or contact the Arthritis Nightshades Research Foundation (www.noonarthritis.com) for a copy of Dr. Childers' book, variously titled (depending on the edition) Children's Diet; Children's Diet to Stop It: and similar titles. The information he includes can be a big help in searching out all sources of nightshades. But even eliminating the most common nightshades (the ones listed above) is definitely worth trying. Eliminate them for at least three to four months and see if it makes a difference in your symptoms. If you're not sure after three or four months, you can do a "nightshade challenge" by eating lots of tomato, potato, and peppers. If the pain comes back after the challenge, you'll know that you are nightshade-sensitive and you should eliminate those foods from your diet permanently.

[Also The Food and Health Research Group, Inc., Box 768, Wharton, NJ 07885, published research findings in Foods Found to Cause Pain, Swelling and Stiffness, which identified a large number of foods many of which contained nightshades and related used as taste enhancers not required to be identified on the food label. http://www.inflammatoryfoods.com, Ed.]

Sometimes, osteoarthritis is aggravated by "regular" food allergies. If you have a personal or family history of allergies, it's worth having this

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HOW I GOT INTO NATURAL HEALING

by Andrew W. Saul, M.S., N.D.
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It was either the shots or the blood.

Since the earliest I can remember, going to the doctor meant getting a needle in the rear end. When I was a preschooler, our family doctor seemed genuinely old. He had been a general practitioner for thirty years or so before I got to him. As soon as I could read, I noticed that his ancient medical degree dated from the 1920’s. His methods were not refined. He gave me whatever he thought was a smile, had my parents forcibly flip me upside down onto his worn, paper-covered black leather examination table, and jab me in the keester. I couldn’t have been thinking too deeply at that age, but evidently the impression those hypodermic needles made on me were deep in more ways than one. Somewhere in the back of my mind it seemed that there must be more to medicine than silver-colored instruments and pain.

While in high school, I looked like and occasionally acted like the type of kid that would someday be a doctor. Combine skinflintiness, eyeglasses, honor society and graduating two or three years ahead of my class, and you might just expect that, I was the kid who could cut up anything in biology class and dissected toads, bullheads and NATURAL HEALING continued on 2
fetal pigs at home on Saturdays. I turned my bedroom into a chemistry lab. I started a science club at school and attended future physicians' seminars. Once, at a meeting at the local medical society, we watched a movie showing some surgical operations. At the first foot-long incision, I knew I had a problem. During small group discussions, I lightly asked if anyone had ever become a doctor who could not stand the sight of (human) blood. The responding doctor said, politely smiling, that rather few had done so.

During my second and third years in college I arranged to observe surgery at various hospitals. This seemed like a good way to overcome my aversion to slicing into a live person. It took over two hours by bus to get to see my first operation at the then small hospital in Dansville, New York. I was the first gowned-up non-nurse in the operating room when they wheeled in the patient. She was old enough to be my great-grandmother, and in for a breast biopsy. As she turned towards me she could not have missed seeing that I was as white as my mask. Perhaps she noticed the cold sweat on my forehead.

She quietly said, "You're not the doctor, are you?"

"No, ma'am," I answered. "Oh, good!" she said, and closed her eyes, smiling.

I had brought comfort on my very first day. When they gave her anesthetics, she was asked to count backwards from one hundred. She never made it to 99. I managed the opening incision, saw that fat was bright orange, and the lump proved benign. Afterwards, I was offered coffee by every single person in the doctors' lounge. Maybe that was out of courtesy, but I think word got around and they thought I needed the caffeine.

I knew now that I could handle an inch-long incision without passing out. From there, I watched more extensive operations at larger hospitals. One procedure is particularly memorable. Another elderly woman was in for an adrenalectomy. I was told that this was to help relieve her severe arthritis pain. Having by now seen enough abdomens opened up, I watched with well concealed surprise as the operating team turned her over and made really generous cuts at the level of the lowest rib. It then occurred to me that, of course, this was the shortest route to the kidneys on which the adrenal glands are perched. The kidneys are each protected by ribs. I waited for the rib-spreaders next. In a stainless-steel flash, the chief surgeon instead produced the largest pair of tin snips I have ever seen. By "tin snips" I mean those massive metal-clamping scissors that would cut through a Buick.

Oh, no, he's not really going to...

"CRUNCH!"

Yes, as a matter of fact he was.

"CRUNCH!" Those were the genuinely loud sounds of human ribs being cut. The lady's body shook with each cut. Oh well, I thought, they'll put them back when they're done. They didn't. The ribs were removed, casually placed in a pan, and that was the last of them. The adrenals were easily removed after that.

You might think that right then and there I'd immediately begin a passionate search for a painless, natural cure for arthritis. No, for I could now better stand the incisions and the blood, and I wanted to be a doctor.

It was Professor John Mosher at the State University College at Brockport who first asked me to reconsider what "being a doctor" actually meant. Was it about being the M.D. in the white coat, or was it about really helping people get well? It was a good point, and I largely ignored it. After all, I already assumed that it was essential to be a medical doctor in order to do healing. Weren't chiropractors, dentists, optometrists and other professionals just helpers? I wanted to be one of the guys at the TOP of the health heap!

Dr. Mosher got me to read a book, now out of print, by an English physician named Aubrey T. Westlake, M.D. It changed everything. Dr. Westlake wrote of his long experience as a practitioner. He said that during his professional life, he had mostly been engaged in "bailing out leaking boats." I followed Dr. Westlake's narrative with increasing fascination as he described his search for real healing. He ended up WAY outside of conventional medicine. Herbology, homoeopathy, naturopathy... these approaches were utterly new to me. Yet Dr. Westlake, a fully qualified doctor of medicine, saw value in these unorthodox treatments. I could not simply disregard them. This man just didn't seem to be a complete idiot.

I began to think that there was something to this new holistic healing methods after all.

That, of course, was only the beginning. The really subversive thing about reading books is that each good one leads to many others. So it was with me. If there wasn't yet a medical blacklist or "Index" listing all health heresies in print, I think I came reasonably close to creating one during college and graduate school. I read Medical Nemesis, by Dr. Ivan Illich, Who Is Your Doctor and Why, by Alonzo J. Shadman, M.D., and dozens of research papers reprinted by the Lee Foundation for Nutritional Research. Works of Dr. Linus Pauling, Dr. Abram Hoffer, Drs. Wilfred and Evan Shute, Dr. Paavo Airola, Dr. Ewan Cameron, Dr. Richard Passwater, Dr. Robert Mendelsohn, Dr. Roger J. Williams, Dr. Edward Bach and many other respected scientists eventually persuaded me that natural healing was not only valid but was generally superior to conventional drug-and-surgery medicine.

As an undergraduate, I spent a year studying at the Australian National University. While there, a friend and I calculated that a person would have to eat something in the neighborhood of 7,000 oranges a day to get the amount of vitamin C recommended by Dr. Linus Pauling. Seemed like a lot to me, but I soon began to take a daily vitamin C supplement. While doing graduate work as a bachelor, I began vegetarianism. Truth to tell, I did this mostly to have fewer dishes to wash. It also seemed to me that vegetarian meals were cheaper and took less time to prepare. I avoided a lot of greasy pots and pans and, really as a side benefit, began to feel better as well.

Around this time I tried fasting. Not on myself, of course, but on my dog. It happened that the dog developed quite a fever and curled up in a corner of the dining room all day and night. I checked with the vet, and he said that it was not dangerous to leave the dog to itself, so I did. That dog stayed curled up in that corner for three days. It moved only for water and to go outside for bathroom purposes. The dog ate nothing at all during those three days. It slept, and I watched. On the fourth day, the dog got up and was its own doggy self again. The fever was gone, and it was generally as if nothing was ever wrong.

This got me thinking.

Not long afterwards I got sick. Real sick. Sick enough for me to notice an improvement right away. I began to fast, basically duplicating what my dog had done with the exception that I did not sleep in the corner. (I also did not use the outdoors for excremental purposes.) To my dull-headed surprise, I was comfortable... never eating anything. All I wanted were liquids and sleep. The illness was over quickly, without any medicines. The result was good, but it was the PROCESS by which I'd gotten better that really intrigued me. This sounds odd, but while fasting I'd felt the best I had ever felt while feeling bad. Certainly I had been very ill, yet this simple cure was completely satisfactory. Hmmm.

I continued postgraduate work now for a doctorate in naturopathy. This kept me reading more and more books on natural healing written by experienced doctors. These physicians treated extremely serious diseases with fasting, diet, herbs, homeopathy, minerals and vitamins. I finally began taking a natural vitamin every day, and continued to live alone, work and complete my naturopathic degree.

Then, of course, I fell in love and got married.

From reading we can soak up many facts but it is having children that really tests our knowledge. Exams and theses on one hand, babies on the other. Raising a family provides plenty of opportunity to see whether an idea is any good or not. Marriage and kids showed me that nature-cures work. It is simple, safe, economical and effective. Of course, we've all been told that anything easy, cheap and harmless cannot possibly be any good.

That's what I had thought, too. Ever since those first injections in the rump.

It turns out that the natural therapeutics are as good or better than allopathic (drug-based) medicine. During my bouts with pneumonia, experience showed me that Erythromycin will not cure it as fast as high-dose vitamin C therapy will. My father once had angina and an irregular heartbeat. He now has none of those symptoms, because he takes quite a lot of vitamin E each day. He found that the vitamin works better than the prescriptions he'd been taking, and doesn't have the side effects, either.

Outside my family, I have seen "hopeless" cases turn around with natural therapy: impending blindness reversed; multiple sclerosis improved; mental illness ended; hips rebuilt without surgery; malignancies shrunk; immune systems restored; severe arthritis eliminated. All these and many more, all cured without drugs.

After you see this happen again and again it begins to reach you: these truly ARE simple, safe, economical, and effective natural treatments. And...
epidemic FOLLOWING World War I than had been killed DURING that terrible war. Worldwide flu deaths exceeded 20 million.

If anyone tells you that war deaths are inevitable, you might well look at them with a strange expression. There is an old Star Trek episode about a culture that waged war by computer and then executed its own people that were declared casualties. This seems as crazy to us as it did to Captain Kirk. Have your own people line up for death because it was customary? Ridiculous! Yet heart disease and cancer are today accepted as commonplace. Cancer is expected to ultimately claim one life in four. Heart attacks alone kill hundreds of thousands annually. Unavoidable? So-called "primitive" societies do not even have WORDS for cancer and heart disease. Simple native diets and lifestyles have been repeatedly demonstrated to prevent these diseases of civilization.

We no longer have to wait in line for a terminal illness.

Do you remember a movie called Network? In it, a slightly mad prophet told everybody to open their windows and shout out, "I'm mad as hell and I'm not going to take it anymore!"

It is time to stop accepting sickness as our lot. Americans seem to love disease in the same way they are captivated by horror films and soap operas. It may be morbid, but it has often felt so good to hurt so bad. But no longer. Enough, already!

It is almost impossible to believe that we have waited generations for the government to come up with a medical care for cancer while all the while that same government allows hundreds upon hundreds of chemical additives in our food. If you wait for the government to cure you, you might be in for a long wait indeed.

I have seen the foolishness of conventional disease-care wisdom. Yes, I have seen hospitals feed white bread to patients with bowel cancer. I have seen hospitals; feed "Jell-O" to leukemia patients. I have seen schools feed bright red "Slush Puppies" to 7 year olds for lunch. I have seen children vomit up a desktop full of red crud afterwards. And, I have seen those same children line up at the school nurse for hyperactivity drugs. I have seen infants given Coca-cola in baby bottles. I have seen pregnant women smoke. I have met too many obese nurses, doctors, and school health teachers. I have seen bright red lollipops sold by cancer societies to raise funds. I have seen hospital patients allowed to go two weeks without a bowel movement. I have seen patients told that they have six months to live when they might live sixty. I have seen people recover from serious illness, only to have their physician berate them for having used natural healing methods to do so. I have seen infants sip up formula while their mothers were advised not to breast feed. I've been inside institutional kitchens and I've read labels on cases of institutional foods. I have seen better ingredients in dog food than in the average school or hospital lunch.

And I have seen enough.

Don't bother looking in the history books for what has slaughtered the most Americans. Look instead at your dinner table. There's an old saying: "One fourth of what you eat keeps you alive. The other three-fourths keep your doctor alive!" We eat too much of the wrong things and not enough of the right things. Scientific research continues to indicate nationwide vitamin and mineral deficiencies in our country. Is it any surprise that doctors consistently place among the very highest incomes?

Most moviegoers have seen either One Flew Over the Cuckoo's Nest, or more recently, Awakenings. In the movies, did you happen to notice what mental patients were fed? While a student in Australia many years ago, I had frequent opportunities to observe inmates in a hospital psychiatric ward. I saw first hand what patients got to eat: overcooked meals high in meat, starch and sugar. Not a vitamin supplement in sight. Just like in the movies. Only even worse.

You have probably seen a prison movie or two. I visited a maximum security prison once (no, not as an inmate). A friend of mine was a staff psychologist there. He confirmed that prisoners were fed high starch, high sugar diets. He felt that this did not help their behavior any. If an inmate wanted to take a vitamin supplement, he had to buy it. A prison salad bar is a novel thought, but it can't be that expensive. Keeping people in jail is. Prison costs well over $25,000 per inmate per year. Keeping people in a mental institution costs vastly more than that. Let's feed these people right so they can be safely released sooner . . . and the taxpayers can save some money.

But we don't. The same window bars that keep inmates in are keeping nutrition reforms out.

Heart disease, cancer and behavior. Like "Lions and tigers and bears" in The Wizard of Oz, our biggest health fears can be met and overcome. Not by some government or medical wizard, but by us.
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causes pain not only to her, but to all of us, who share her love and kindness.

Please, let us know more about the best alternatives we have and how The Arthritis Trust may help us.

J.L.B.

There's no doubt that Rheumatoid Arthritis can be cured, but your beloved must start learning and exploring the various causes and solutions to those causes. Please read the attached article, "Foreword," to our latest book, and each of you will better understand what must be explored. [http://www.arthritistrust.org]

There is no single doctor/dentist who can provide all the treatments that she may need to explore. Some treatments she may be able to handle to a great extent herself. But she must learn about these various causes and the answers to them -- which is what our website and books are for.

Thank you for your prompt response to my query.

I have found your articles on oral vaccine very interesting. ["Universal Oral Vaccine: The Immune Milk Saga!" See [http://www.arthritistrust.org]] I have an 8 year old son with an autistic spectrum disorder, which is a collection of multiple chronic and related illnesses, including yeast infection, leaky gut and a dysfunctional immune system.

We have tried many different therapies over the years, with only limited success. I had been intrigued a year or so ago by the possibility of trying transfer factor therapy for autism as a result of an article published by Dr Fudenberg. However, this therapy is not available through conventional medical channels, and the products available on the market are not, as you point out, specific to the child, nor are they reported to be effective.

I would like to investigate further the method used by Congressman Bedell and the father Herbert Saunders. I have read what you have written on this subject in your Oral Vaccine articles. You mention that some people have indeed tried this themselves.

I am not sure how to proceed from here. Is it possible to be put in touch with a person or persons who have some experience with this technique, and who might be able to advise me?

Any assistance you can provide will be very much appreciated.

G.F.

Since this article was published in Townsend Letter for Doctors and Patients as well as in our newsletter, I've received a larger number of queries on how to proceed with colostrum treatment than any other subject ever presented. There seems to be an instinctive positive response to the health potential on the use of antigen-specific colostrum preparations.

Unfortunately, the one company, Iowa's Impro, that produces an excellent product for use by dairy farmers and veterinarians is terrified (rightly so) that either the Department of Agriculture or the FDA will shut them down if any of their product gets used by humans. They are, however, an excellent source for a wide-range of antigen-specific antibody/complement -- but only dairy farmers or veterinarians can order the product for animal usage.

Chisolm Biological Laboratory, 542 Legion Road, Warrenville, SC 29881-9562; (803) 683-961-9777, provides an excellent product for human use. Contact them to learn if their product is suitable.

After Minnesota passed a law which permitted dairy farmers, such as Herbert Saunders to provide colostrum to friends and neighbors this foundation engaged in a Minnesota attorney to evaluate the impact of this law in relation to all other Minnesota state and federal laws, thinking that perhaps the door was opened to begin a full-scale Minnesota treatment facility using colostrum. [See http://www.arthritistrust.org, “Colostrum Therapy Project Research Memorandum” by Diane M. Miller Esq.], Diane Miller’s excellent legal analysis leaves the question somewhat problematic.

However, to get to the problems of your 8 year old son, when you have done your research and are ready to make a decision, please contact the folks at [http://www.arthritistrust.org].

This approach uses a person’s blood, a veterinarian injecting the blood into the cistern of the cow or goat, collecting the colostrum at the appropriate time, and then the patient feeding him/herself the colostrum.

No other approach can be more antigen-specific than this one.

To: Bill Hockett, M.D. (July 29, 1982)

Yesterday I had a phone call from a Dr. Evers, Dothan, Alabama, (used to be from Montgomery), the chelation doctor. He had used chelation for arthritis and thought he was getting good results until he saw a couple of my patients. He said he was amazed. He said he didn’t want to “steal my thunder,” but asked if he could use the same treatment. Naturally the answer was YES. A doctor Lomar, Jacksonsville, Alabama, called this a.m., also thrilled by two of his patients that we had treated. He had used a lot of Fluygl in India. He is going to start the treatment in his practice. Maybe it won’t be necessary to keep our office going forever after all.

Jack M. Blount, M.D.

Ray Evers, M.D. (deceased) & Gary Null (Gary Null is a well known health advocate; see Gary Null link at "Alternative Medicine Connections" on our website; [http://www.arthritistrust.org]) Photo from The Evers Health Center Newsletter, Vol. 5, No. 1, Sept. 1987

Ray Evers, M.D., one of our former referral physicians, often considered the father of EDTA Chelation Therapy, was a brilliant, caring, religious physician always on the look-out for the very best in treatments. Dr. Blount treated more than 17,000 rheumatoid disease patients before his death, and he was fearful that his knowledge would be lost.

For arthritis, chelation therapy blots up free-radical pathology, thus easing pain temporarily. It can be an important treatment for a wide variety of physical problems, and this foundation has long recommended its consideration.

Jack Blount, M.D. (deceased) & Carol Blount, R.N.

I wish to tell you briefly about my knowledge of Doctor Jack M. Blount of Philadelphia, Mississippi. [See [http://www.arthritistrust.org, “In Memoriam: Jack M. Blount M.D.”] Back in my youth when I was a Sophomore in medical school, my mother was in the final stages of severe, deforming rheumatoid arthritis. Her last twelve or fifteen years had been sheer misery. Prior to her death she made me promise to do anything I could when I became an M.D. to help find relief for people suffering from this incurable disease. In 1975 when my wife noted an AP report in the paper about an English physician who had discovered the cause and cure of rheumatoid arthritis, she called my attention to the article for I was beginning to have the symptoms of the disease. Because of my own pain and discomfort and remembering my mother’s plea, I wrote, telephoned and finally visited Doctor Roger Wyburn-Mason of Richmond Hill, England about thirty miles outside of London. My wife and I spent about four hours with this man and his wife in their very interesting home and in a wonderful Italian restaurant just a few blocks from their home. He showed me some of his as yet unpublished manuscripts and very briefly described his investigations. I was impressed by his intelligence, his sincerity and the promise of his treatment. I was most anxious to try his treatment based mainly on the drug Chloroformazole.

He gave me prescriptions and I purchased from a local pharmacist about $500.00 worth of vaginal tablets containing some Chloroformazole. This was the only form in which it was available.

I came back to Virginia and took the medication that he had prescribed. I shared the medication with our Afro-American maid who suffered from the typical deformities and muscular atrophy.

Neither of us were helped at all. I was very disappointed but I did not write off Doctor Wyburn Mason as just another quack with a “cure” for cancer or just as ridiculous, a “cure” for arthritis. I simply concluded that his treatment, for some reason or other, did not work on everyone.

I forgot about him until by a strange coincidence in 1981 I heard a young “know-it-all” type doctor making light of a treatment some “small town” doctor in Philadelphia-Mississippi was using based on a crazy idea by some “nut” named Mason in England. I asked, would it happen to be Wyburn Mason? He said yes that’s his name.

The very next morning I went to this young, ever-so-smart doctor’s office; contacted the
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nurse-employee, and she gave me a one page reprint of Doctor Blount's experience. I wasted no time in obtaining a bottle of 100 Flagyl [Metronidazole] tablets and followed the procedure that he had described. I started on a Monday and took eight tablets at a time for two consecutive days. On the following Thursday, I became very nauseated and vomited repeatedly for two or three hours. This did not alter me for it was the identical experience described by Doctor Blount. It was a typical Hershheimer reaction as was first described in the treatment of syphilis and it was the toxic result of the death of untold numbers of amoebae. [See "The Hershheimer Effect," http://www.arthritistrust.org]. My arthritis very promptly and dramatically improved. I have since that time taken at six month intervals three or four courses of 100 tablets while I am not cured and free of all symptoms, I am so much better that there is no comparison. My general health is vastly improved and my stamina is also greatly improved. I have the determination to go on living and working to promote the great work of Wyburn-Mason and the courageous major contributions to the basic work by Doctor Blount. I have visited Doctor Blount on several occasions.

In my opinion (and I have nothing to gain by supporting this man), Doctor Blount is an ideal physician — selfless and dedicated to the welfare of others unfortunate enough to suffer from rheumatoid arthritis and related-auto-immune diseases. He is a moralist. Semmelweis. He deserves praise and support not condemnation and punitive action. Few of us have the opportunity to do great things for the human race. You can by giving your support to this caring, fine, gentle, man.

William J. Hockett, M.D. (May 12, 1982)

This letter, virtually an additional Memoriam to Jack M. Blount, M.D., was addressed to Doctor Frank Morgan, President, State Board of Medical Examiners, Jackson, MS, when Dr. Blount was brought before the Board for using "unapproved" procedures.

I attended this hearing, and was absolutely disgusted with the evidence that the attorney general's office presented. Half of the meeting was devoted to Dr. Blount's passing along prescriptions without seeing his patients, and half to attempting to disprove Roger Wyburn-Mason's thesis, that an amoebic infection caused rheumatoid arthritis. The only witness was a transient patient who, psychologically, fit into an unstable neurotic or even psychotic category. Her memorized testimony was patently that of the prosecutor's. Even more revealing was that neither the board nor the prosecutor permitted her to be cross-examined. When I tried to approach her after her testimony in the hallway, she was deliberately and swiftly escorted away, never to be seen again.

Dr. Blount was not inhibited by the Board from using the Roger Wyburn-Mason, M.D., Ph.D., treatment for arthritis despite repeated attempts by the prosecuting attorney to elicit this response from the Board. He was restrained from giving free prescriptions to needy patients who he'd not seen, and who'd been refused the Wyburn-Mason treatment by their own physicians. Dr. Blount was fined $50,000 and restrained from practicing medicine for 6 months. This legal action nearly broke his generous heart, but he came back strong, and continued his curing of rheumatoid disease patients. Dr. Blount had nearly every leading citizen of his home town in attendance to vouch for his character and honesty.

Incidentally, the use of vaginal clotrimazole tablets, as described by Dr. Hockett, could not work for several reasons: (1) There is a substance in each tablet which delays digestion, and so the tablet would never be properly digested nor metabolized; (2) There's insufficient clotrimazole in each vaginal tablet, and so the number of tablets required to get the proper dosage would be prohibitively large.

Please also note that Hockett's protocol described above was the same as that stumbled upon by Dr. Blount. [See "Rheumatoid Arthritis: Two Case Histories," http://www.arthritistrust.org].

This protocol was quickly abandoned after a committee of physicians studied the problems involved, and the proper protocol is now presented in our many book publications as well as in "The Roger Wyburn-Mason, M.D., Ph.D., "Treatment for Rheumatoid Disease," http://www.arthritistrust.org."

Australian teenager, Jenny Crommelin, deaf and in a wheelchair, is the proof that rheumatoid arthritis can be cured by following the methods of English Doctor Roger Wyburn-Mason.

For the first time in 16 years, Jenny, 19, is pain-free.

Terry Crommelin, her father, says, "I am 100 percent sure that Dr. Wyburn-Mason's treatment cured her."

"We took her to doctors who prescribed various medicines and painkillers . . . nothing worked."

"In 1976 we went to England and took her to see Wyburn-Mason."

"He cured her."

"Dr. Wyburn-Mason immediately cut out the pain killing drugs Jenny had been on, and she hasn't been on them since."

"Nothing can be done to mend her damaged joints and deformity, but she has been pain-free for six or seven years."

Mr. Crommelin said he can't understand why rheumatologists ignore Dr. Wyburn-Mason's methods. It must be remembered that the cure, if not successful, would only cost about $100 for tablets which, it has been proved, have no side effects."

From Truth newspaper, August 11, 1982, Perth, Australia

Terry Crommelin was one of this foundation's founders and a board member. After watching his beloved daughter suffer "incurably" from age 3 to 19, and then seeing the miraculous halt in the disease and pain, he needed no further studies to be convinced.

As a Perth, Australia, businessman he carried our message many places, including New Zealand where, in 1978, he tried unsuccessfully to get on the Telethon programme which raised $3,000,000 for the Arthritis Foundation -- aimed, I'm sure, at "finding the cure."

I have written to you before and sent you a number of things, but something has happened to me in the last six months that I just have to tell you about. Last fall a homeopathic naturopath, Alvin Aichele of Ripin, Wisconsin, gave me a book entitled, Eat Right for Your Type, by Dr. Peter J. D'Adamo, currently in print and selling a lot of copies.

The author says there is a different ideal diet for each of the four blood types and if a person stays on the diet for his blood type he will lose weight if overweight and in addition that he found in his practice that all sorts of diseases simply go away. He says that lectins from various food are treated as toxins by the different blood types and that this is different from blood type to blood type.

Since I've wanted to lose weight for years and been totally unable to restrain my appetite (I was a binge eater in the evening), I went on his program. Since I am an "O", I went on his type "O" diet. While type "A" should basically become vegetarians, with grudging amounts of chicken and fish allowed, type "O" needs red meat. Type "A"'s store meat as fat, type "O"'s burn meat as fuel. For "O"'s, beef and beef liver are highly recommended. Thus the type "O" diet isn't even particularly burdensome. Grains, with the exception of occasional rice and millet are out (if you want to lose weight, avoid even the OK grains on his diet. I tried the diet eating Ezekiel bread and didn't lose a pound), along with all dairy products except butter, which is OK.

Only type "B" tolerate dairy products well. White potatoes are out, but not missed, as sweet potatoes are excellent and squash is OK for "O"'s. Most legume beans are out. The majority of fish are OK or excellent, while only a few types of fish, such as catfish and pickled herring, are out for type "O", and beer and wine are OK! This is a diet!

Anyway, I went on his program and lost 30 pounds over a period of two months, without starving, being hungry, or suffering. Also the cravings to binge eat have subsided. The weight just came off at the rate of 2 or 3 pounds a week, going from around 210 to the low 180's, where the weight loss simply stopped. I also, as he advised, began exercising. I try to walk 5 miles 5 days a week. But the weight loss is not particularly related to the exercise, as healthy and great as it may be.

On one day I walked my five miles, simply ate a few handfuls of popcorn, and gained 3 pounds overnight. On another day I did everything right, including the five mile walk, went out for a fish fry and gorged up on potatoes, and gained 6 pounds overnight. In both cases the added weight came off again in the same few days back on the program.

In my opinion, if a person is going to cheat on the avoid foods, he should confine his cheating to one day a week, and follow the program religiously the other six days. I expect a little cheating every day would negate the weight loss. Anyway, I'm simply delighted and the weight is staying off. I feel that I have complete control over my weight for the first time ever.

I also gave a copy of the type "B" food lists to one of my employees, who gave it to his father, a type "B". He went on the diet around Christmas time and lost 20 pounds in a little over a month.

I have talked to three type "AB" men. Butter is out for "AB". To my surprise, none of them liked or ate much butter. They said they ate their bread dry. As a type "O" who loves butter, I find that very surprising.

Dr. D'Adamo claims very good results treating arthritis and other immune disorders with his approach and I highly recommend his book. Anyway, it has been a Godsend for me. Anyway.

F.G.
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Eat Right for Your Type by Peter J. D’Adamo and Catherine Whitney is still somewhat controversial, some physicians swear by it’s recommendations, and others poo-poo it. It’s authors say that, “your blood type is the key that unlocks the mysteries of disease, longevity, fitness, and emotional strength. It determines your susceptibility to illness, the foods you should eat, and ways to avoid the most troubling health problems. This book provides a simple life plan that anyone can follow and suggests the easiest ways to determine your blood.”

One thing for sure, it won’t hurt anyone to try it. “Truth” is what works for you!

You can purchase the book online or at most book stores for $14.76 and used for about $9.05.

You do not list a single physician, rheumatologist or other doctor in Iowa. Yet Iowa had the only other active group in support of Dr. Tom McPherson Brown, probably one of the most prominent rheumatoid arthritis rheumatologist in the world. The first group was in Mississippi.

Secondly, I reviewed all of the works that you refer your mailing list [physician list] to and I do not find any reference to the antibiotic treatment of rheumatoid arthritis. I’ve had it since the 1960’s, officially diagnosed by blood tests in 1972, suffered terrible damage to my feet and some to my wrists. In 1981 I first heard of and met Dr. Thomas McPherson Brown. In a matter of 3 years he brought my active rheumatoid arthritis to a halt. I still have my ankles, knees, hips, wrists and am still able to use my hands.

P.M.

Congratulations! You’ve discovered a truth, that rheumatoid arthritis is curable.

As a graduate of an Iowa high school and college, and former instructor at one of its leading colleges, I truly regret the lack of referral physicians in Iowa. Please know, however, that we don’t solicit physicians. They come to us. As patient search for complementary/alternative treatments has changed from about 30% in 1982 to about 60% now, fewer physicians have sought us out, as they apparently no longer seem to require our alliance as their partial security blanket. However, in the future, we probably will begin a physician sign-up program, which, hopefully, will include Iowa physicians.

Regarding Thomas McPherson Brown, M.D. methods: (1) Our website has links to two of Brown’s supporters’ websites, “Road Back Foundation,” and “Thomas McPherson Brown, M.D.” (2) We often feature one of Dr. Brown’s long-time biological scientists, Harold W. Clark, Ph.D. Dr. Clark is also one of our advisors. We run his articles in our newsletter and/or submit them to Townsend Letter for Doctors & Patients, where they are printed. There are several of our referral physicians who use Brown’s methods, one being Joseph Mercola, M.D., whose website link is http://www.mercola.com. We highly recommend his free weekly newsletter from that site. (3) We are not so much interested in “selling” a particular treatment as we are in patients achieving wellness, by whatever means. Many of our physicians feel that they can help their patients do so without resorting to either the Wyburn-Mason or Brown methods. What counts is wellness, not whose treatment is “correct.”

Regarding rheumatologists: It is an extremely rare rheumatologist who will step out of his/her present failed box of treatment tools. They’d be welcome, too, if they showed an interest in alternative approaches and if they got folks well!

Some time ago you reported on development of a polymer replacement for joint cartilage. Where can I get it? What else is new?

I am looking for current info on natural and synthetic cartilage replacement for the shoulder joint. Your on-line article is several years old.

A.K.

Obviously one of the biggest breakthroughs in arthritis treatment will be whatever method safely and efficiently restores full utilization of joints, especially knee and hip joints. We’ll discuss at a later date why it is that cartilage wears out after years of wear. Your main concern is easing the pain on the joint, and using that joint, I know. I have the same concern. Here are purported “solutions” as I know them to date:

NUTRITION: Imbibe more glucosamine sulfate and chondroitin sulfate, including S-Adenosyl-Methionine (SAM-e), and methylsulfonylmethane (MSM). Various double-blind studies have shown favorable results from one or more of these substances, but not everyone benefits. They may be somewhat over-rated, especially when applied to older folks, whose metabolisms tend toward the darkside.

EXO-SKELETON: Many joints are clamping around using metal and tie-downs surrounding their knee joint which, according to purpose and theory, places the body weight on this external skeleton rather than on the joint and bones. Of course this is a solution for achieving some mobility if it works. I have one constructed for my right knee that cost $1,100 (paid by Medicare of course) made from titanium and other exotic space-age materials. After several months of use I asked the orthopaedic surgeon why I still had joint pain whether or not I used it. He became a little angry, waved his hands, and said, “Well, some folks think it helps!”

I quit using it, and the joint pain disappeared, especially after trying another alternative -- shoe inserts.

SHOE INSERTS: Someone who specializes in designing shoe inserts can take the load off of particular points on the joint, where bone rubs on bone, creating pain. This is true especially if the whole cartilage is not gone, and if there is some cartilage remaining between the bones of the joint. I’ve found this solution an excellent temporary expedient so far. There is a much better solution, namely sclerotherapy or proliferative therapy (prolotherapy) or reconstructive therapy, as some call it.

PROLIFERATIVE THERAPY: One reason that your joint cartilage has worn unevenly is because certain tendons or ligaments in your body have become stretched or torn at their base, thus causing more weight on certain points of the joint than others. This reasoning applies to all joints, and its primary causes are: sports or work injuries, accidents, metabolic imbalances including nutritional, aging (lack of proper growth hormones, et al.)

As there are only about 600 well-trained prolo therapists in the U.S., this approach is not always easily available, and it can take a number of visits before your body lightens up the effect of the joints and ligaments, the number of visits and rate of recovery depending primarily upon your personal metabolism.

Polymer Cartilage Replacement: In 1988 we reported on experimental work using an organic polymer which was injected into the site of the knee cartilage and apparently acted as a reasonable substitute for the missing cartilage. Since that time there’s been a huge amount of activity using not just the polymer alone, but in connection with a ceramic cartilage, or other clever means of forming a matrix to help oneself grow new cartilage. Early studies made it sound very simple, yet 5 years later development continues in an ever-increasing number of places. Whether or not a percentage of people are allergic to the polymer, and how long the polymer replacement lasts has yet to be definitively determined.

Organic polymers are hydrogel biomaterials for articular and knee cartilage replacement that seem quite promising. It is biocompatible with body tissue because of its attraction to water, its strength can be adjusted as needed, and it is compliant like normal body tissue.

Rather than inserting the polymer directly into the joint, some types of polymers are used as a scaffolding in the laboratory, growing the person’s own cartilage in that scaffolding before inserting the cartilage back in the joint.

Cloned Cartilage: Cloned cartilage seems to work wonderfully well, but has several serious drawbacks, namely the length of time a person must stay off of their job, giving time for the newly created cartilage to take hold and grow, and serious rehabilitation and surgery. On the way, this is also known as “autologous chondrocyte implantation.”

Intra-articular Injections of Human Growth Hormones: Frankly, without actually trying it, this approach seems to rise, like yeast-filled bread dough, above all others.

Alan R. Dunn, M.D. of Florida, has worked for four years developing a method of injecting human growth hormone (hgh) directly into the joint, and has stimulated the growth of new cartilage in a normal manner. Percentage of success on 200 patients is as follows:

- ankles 95%
- knees 70%
- hips 50%
- elbows 95%
- shoulders 50%
- thumbs 75%

I’m willing to hazard a guess that this treatment, together with prolo therapy described above, would have even more profound success ratios.

Prolozone Therapy™

Frank Shallenberger, M.D. recently held a seminar (In Los Angeles, CA, 2004) wherein, together with “trigger points” (somewhat like intra-neural injections described above) and traditional prolo therapy (sclerotherapy), he described a unique method of stimulating growth of joint cartilage, using injection of ozone into the joint capsule, soft tissues, ligaments and tendons (plus additional supportive elements). He reports an 85% chance for a chronic pain sufferer to become completely pain free. . . .

I have literally had patients arriving at the clinic with crutches who, after 2-3 months of therapy have climbed mountains. Almost every patient will see a significant degree of success. . . . Tapparent regeneration of articular cartilage and joint stability is clearly one of the more remarkable uses of ozone therapy.

Knee Replacement

Of course, you can always have your knee joint replaced with implants -- plastic and steel! According to an article in the February 2004 AARP Bulletin, based on a new study our government has
now determined that "damaged knees with man-
made implants are both safe and effective therapies
that ease pain and improve mobility for 90 percent
of those who have the surgery."

Let's see. Each year about 300,000 Americans
get pushed into the direction of this costly, painful
surgery from which it takes many weeks to recover.
Only about 1% or about 3,000 of those who've
undergone this torture have replacement joints that
fail, according to a panel of experts at the National
Institutes of Health.

The article does not say what has happened to
the remaining 99% or 27,000.

Neither does the panel explain how often the
joints must be replaced from further wear and tear,
or how normal activities must be curtailed once
natural joint tissue is replaced by foreign mechanical
gadgets.

Obviously -- at least to me it is obvious
- if there are no other alternatives, then have
the knee replacement -- but first be very sure that all
alternatives have been explored. Don't let a surgeon or
hospital talk you into this drastic approach just
so they can earn more money, or because they simply
don't know better.

Look! Just go to your computer's general
search engine and put in these words: "cartilage",
"polymer", "clone", or "Alan Dunn."

You'll learn far more about this exciting new
field than I can describe here!

One of Robert Rowan's newsletters had an ar-
ticle on prolo therapy and adding Human Growth
Hormone to the solution.

We had a busy day today. Started slower this
season but now we are on our way. [One doctor] and
his partner from Santa Barbara are coming over in
January [2004] to see what I'm doing.

I've heard from two patients from Alaska, one
came down who had full blown Rheumatoid Arthritis
whom I treated last year with [Roger Wyburn-Mason's]
protocol, modified, and who now has no symptoms
and is pretty happy.

Dr. Curt Maxwell, PO Box 1075, Winterhaven,
CA 92283; [practices in Los Algodones, Mexico, across
border from Yuma, AZ].

A number of doctors who practice prolo therapy
(as described above) have added human growth
growth (hgh) to their articular injections to good
effect.

The Robert Jay Rowen, M.D. article in Second
Opinion, [Vol. XIII, No. 1, January 2003, Suite
100, 7100 Peachtree-Dunwoody Road, Atlanta, GA
30349] says: "With regard to the knee, I recommended
something relatively new. Use aware of the ability of
growth hormone to stimulate cartilage cells. And I was
aware that many of my prolotherapy colleagues used
injections of the prol solution directly into joints
with excellent results in degenerative situations and
injuries. I decided to add the approach in her, as I have done in similar cases (thanks) to tech-
niques passed to me by Dr. Frank Shallenberger of
Carson City, [NV]. I added just four units of human
growth hormone (HGH) to two cc's of prolo solution
and administered it directly into the joint. She became
90 percent pain free for several weeks. Only after
some grueling exercise up and down her stairs did the
improvement wane to 50 percent, at which time she
came in for a tune up.

"Since the advanced degenerated joint has lost
most of its cartilage, the ideal way to help the patient
would be to regrow cartilage in the joint. While I have
no proof at the moment this has happened, all patients
treated thus far are very happy with the clinical results.
In my opinion, anything that might help stave off a
joint replacement is definitely worth a good try."

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 provides 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 full extent allowed by law.

While easy to write, best that you work this provision out with your attorney or CPA and again, many thanks!

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possibility checked out. For a list of physicians in your area who can help you with allergy screening, contact the American Academy of Environmental Medicine (http://www.aarem.com). There are various ways to determine specific food allergens, but skin testing is not usually an accurate tool in this case.

The alternative treatment so effective it's
becoming mainstream

Once you've determined whether or not allergies or sensitivities play a role in your arthritis, you can move on to other natural therapies, starting
with glucosamine. By now, even mainstream medical
researchers have heard of glucosamine. Research shows
that it works by helping to stimulate the growth of new
joint cartilage. This is probably why there's usually a
three to four week delay after starting treatment for
pain relief to begin. I recommend 500 milligrams of
glucosamine sulfate three times a day.

There have been some warnings in mainstream
medical publications that glucosamine might affect blood sugar control. If you have significant osteoarthritis and don't have diabetes, this theoretical possibility shouldn't be a problem. If you do have diabetes, checking your blood sugar will tell you whether the glucosamine has enough of an effect to warrant not taking it. In most cases, the improvement you'll likely feel will far outweigh the possibility of any slight effect on blood sugar.

Glucosamine is often combined with chondroitin
in natural arthritis formulas. But there's enough
certainty about chondroitin and risk of prostate
cancer for me to advise all men to avoid chondroitin at
this time. Besides, I've observed that glucosamine
usually works just as well by itself. So just use "plain"
glucosamine until this question is settled for good.

Complete arthritis relief in
less than one month

The next natural osteoarthritis remedy on the
list is niacinamide. Even many natural medicine
doctors have forgotten, or never learned, just how
useful niacinamide (not niacin) can be for controlling
the pain and swelling of osteoarthritis.

In 1949, William Kauffman, M.D., Ph.D.,

published his exceptionally careful and comprehensive
research about niacinamide and osteoarthritis
entitled The Common Form of Joint Dysfunction: Its Incidence and Treatment. Unfortunately, Dr. Kaufman's research came out around the same
time that patented cortisone formulas were being heavily
promoted, so niacinamide treatment was hardly
noticed. But even though it never made much of a stir,
niacinamide treatment works very well. I recommend
using 1,000 milligrams of niacinamide three times a day
(it doesn't work as well if you only take it once
or twice daily). You'll probably start feeling results
in three to four weeks. Many osteoarthritis sufferers
achieve complete relief of pain and swelling as long as
they continue on with niacinamide.

Niacinamide doesn't appear to re-grow cartilage,
so it's best to use glucosamine along with it. If you have diabetes and are concerned about glucosamine's effects on blood sugar, niacinamide is a good companion for it. Niacinamide also has
many benefits for blood sugar problems, and using it
with glucosamine is even more likely to relieve your
osteoarthritis symptoms.

And a caution: on rare occasion, people who take
this amount of niacinamide get low-grade nausea,
quickness, and sometimes vomiting. Although this
only happens in less than 1 percent of people who
take niacinamide, if you experience any of these
problems, stop taking it immediately. The nausea
should go away promptly, but check with your doctor
before you consider niacinamide use.

Two more great remedies to try
Since glucosamine is on the well-known end of the arthritis-relief spectrum, the final two items on the osteoarthritis-fighting list usually slip
below the radar of most physicians. But boron and
S-adenosylmethionine (SAMe) can both be quite
effective.

Epidemiologic evidence shows a greater
incidence of arthritis in areas of the world low
in boron. A small amount of research shows that boron
can relieve many symptoms of osteoarthritis. Since
boron is quite inexpensive, is safe in small doses,
and is useful in treating osteoporosis and preventing
cancer in addition to osteoarthritis, it certainly can't
hurt to take 3 milligrams twice daily.

SAMe is quite effective for some cases of
osteoarthritis but not so helpful for others. While it's
not a surefire cure, it's quite safe and worth trying if
the diet changes and supplements noted above aren't
helpful. The only drawback is that it's a bit pricey
compared with many other supplements. If you decide
to give it a try, take 400 milligrams once or twice daily.

The first line of relief for rheumatoid arthritis

Now let's move on to rheumatoid arthritis (RA). As I mentioned earlier, some of the following
recommendations are the same as those for
osteoarthritis, but there are a couple of distinct
differences. First, attention to diet is very important
to rheumatoid arthritis control -- even more so than
in cases of osteoarthritis. I've observed improvement
in every case of rheumatoid arthritis with elimination
and desensitization of food allergy, and not just
eparation of nightshade vegetables. Milk and dairy
are almost always major allergens in people with
this form of arthritis and have even been the subject
of mainstream medical research into RA (which
showed that eliminating milk and dairy worked to
alleviate symptoms). But even though dairy is

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usually a primary culprit, there are always multiple allergens aggravating rheumatoid arthritis. Find and work with a doctor skilled and knowledgeable in food allergy as well as nutritional medicine; a good place to start is with a member of the American Academy of Environmental Medicine (AAEM) (http://www.aaem.com).

But while food allergy elimination and desensitization improve rheumatoid arthritis, sometimes dramatically and always noticeably, it doesn't cure the problem.

A common culprit contributes to rheumatoid arthritis
Over the years, multiple studies have reported a high incidence of stomach malfunction (specifically, low levels of hydrochloric acid and pepsin) in individuals with rheumatoid arthritis. These reports also revealed that just replacing the “missing” hydrochloric acid and pepsin without making any other changes can significantly improve many cases of rheumatoid arthritis.

So with this in mind, I always ask individuals suffering from rheumatoid arthritis to have a gastric analysis done. (It’s important to use the proper procedure in doing the test. Unfortunately, there isn’t enough space here to thoroughly explain it; but for more information, see my book Why Stomach Acid is Good for You.) In the majority of instances, the test discloses low stomach function (low acid).

If this is the case for you, consider supplementing with either betaine hydrochloride-pepsin or glutamic-acid hydrochloride-pepsin before meals.

I usually recommend starting out by taking one capsule (5 to 7 to 1/2, or 10 grains). After two or three days, if there are no problems, use two capsules in the early part of the meal; then, several days later, increase the amount to three capsules. The dose is gradually increased in this step-like fashion until it equals 40 to 70 grains per meal.

You’ll probably need to work with a doctor on this aspect of rheumatoid arthritis, too. On rare occasion treatment with hydrochloric acid can be dangerous, so it should only be used when testing indicates a need. Though problems occur rarely, they can be bad ones.

Hydrochloric acid should never be used at the same time as aspirin, Butazolidin, Indocin, Motrin, or any other anti-inflammatory medication. These medications themselves can cause stomach bleeding and ulcers, so using hydrochloric acid with them increases the risk.

Fish oil and its cousins -- an arthritis relieving family reunion
Fish oil: Here it is again, and it’s even more important in rheumatoid arthritis than osteoarthritis. Many research studies have shown that the anti-inflammatory omega-3 fatty acids contained in fish oil significantly reduce the inflammation and pain of rheumatoid arthritis. Generally, I recommend taking 1 teaspoonful of cod liver oil with 400 IU of vitamin E (as mixed tocopherols) twice daily.

Plain fish oil, such as cod liver oil, on its own is often very helpful, but some individuals have found that particular fish oil "fractions" such as DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid) can be even more helpful. If you want to try these, I still recommend backing them up with that "plain" fish oil; for example, take 2,000-3,000 milligrams of DHA (DHA capsules always contain EPA as well) along with 1 tablespoonful of cod liver oil and 400 IU of vitamin E each day.

Another closely related option is docosatetraenoic acid (ETA). ETA was originally derived from mussels and is a close relative of DHA and EPA. It’s an anti-inflammatory fatty acid and has been very well studied worldwide. You might have heard it referred to by the brand names Lyprinol and Lyprinex. Some rheumatoid arthritis sufferers reported finding that 50 milligrams of ETA three times daily noticeably lessens their inflammation. ETA can be a bit hard to find; try your local natural food store first, and if you can’t find it there, you can get it online or through the Tahoma Clinic Dispensary (http://www.tahoma-clinic.com). (Although I am affiliated with the Clinic Dispensary, I am not associated with the manufacturers of ETA.)

The final five ingredients in the rheumatoid arthritis-relief recipe
Rounding out the list of natural rheumatoid arthritis relievers are the following:

Ginger. You can use this tasty spice in your cooking and take it as a supplement as well. If you have rheumatoid arthritis, use as much ginger in your cooking as you can and also take 1,000 milligrams of ginger three times daily. Unless you’re allergic to it, there’s no downside to ginger, and it’s usually a significant help.

Zinc and copper. These minerals are helpful individually for rheumatoid arthritis, but since prolonged use of one can lead to insufficiency or deficiency in the other, it’s best to use them together (although not necessarily in the same instant). Take 30 milligrams of zinc (from picolinate or citrate) two to three times daily and 2 milligrams of copper (from sebacate) two or three times daily. (Take the three doses a day if your arthritis is more severe.)

Selenium. Garlic and onions are the only common foods high in selenium, so if you’re not allergic to them, include plenty in your diet – along with the ginger. And I also recommend supplementing the onions and garlic with 200-500 micrograms of selenium daily. But don’t overdo it; it is possible to overdose at quantities of 1,500 to 2,000 micrograms daily.

Nicotinamide. Although it’s not a primary treatment for rheumatoid arthritis as it is for osteoarthritis, nicotinamide can be particularly useful for "anklylosed" joints—meaning ones that have been partially or completely stiffened and immobilized by rheumatoid arthritis. After several months of regular nicotinamide use, most cases of ankylosed joints gradually regain mobility. I’ve seen a few ankylosed joints become more mobile again after a year or more of continuous nicotinamide treatment, and many more regain at least partial mobility.

Natural arthritis relief: No news can still be good news
Regardless of which type of arthritis you’re battling, you don’t have to wait around for the next patent medicine news flash to find relief. All of the items discussed in the preceding pages work safely and naturally to relieve arthritis pain. I’ve been recommending them for years and have witnessed far more successes than anything the patented formulas have achieved!

Add some Oil to those Rusty Joints
I’m sure you’ve noticed that fish oil is one of my favorite recommendations. There’s good reason. Omega-3 fatty acids may have replaced tincture of balsam as America’s No. 1 dietary deficiency/insufficiency. And fish oil is the best source for your body to get the omega-3s it needs.

Make sure the brand you use is “certified heavy metal free,” but away from that, fish oil—always taken with vitamin E—has practically no hazards. That inauspicious "cod liver oil burp" can almost always be eliminated by "burying" the oil in the middle of a meal, by blending the oil with rice, almonds, or soy milk, and a banana, or by taking it with a “high-lipase” digestive enzyme.

For osteoarthritis, take 1 teaspoonful of cod liver oil (with 400 IU vitamin E) once daily—twice daily if you have a particularly bad case. You can take it right along with glucoseamine and niacinamide, as they all work in different ways for different aspects of the problem.

The warning’s not on the back of your Advil bottle
If you have arthritis and have taken aspirin, Motrin, Advil, or another non-steroidal anti-inflammatory medication (NSAID) for several months or more to relieve your pain, you probably need supplemental copper.

Before they can become effective and offer any sort of pain relief, NSAIDs must first form a "complex" with molecules of copper already present in your body. So it’s important to replace the copper that’s literally been "used up" by these medications.

But, as you’ve read above, it’s also important to balance supplemental copper with zinc. You should consider having your levels of each tested to determine what balance of zinc and copper is right for you. The February 10, 2003 edition of Health eTips (subject line: "Your pipes can’t help you after all") gave some good tips on testing and finding a general copper/zinc balance. To read it (or to sign up to receive this free eletter service), visit the Nutrition & Healing website at www.nutrihealthletters.com.

And, of course, before you begin taking any new supplement, it’s always best to discuss your plans with a physician skilled and knowledgeable in nutritional medicine.