A Magic Bullet At Last?
by Anthony di Fabio


Vitamin C is a magic bullet against scurvy!

Indeed, most of the vitamins are magic bullets against specific "lack-of" diseases. They are also magic bullets against many other potential health problems. For example, Vitamin A when taken by the pregnant mother can help prevent Spina Bifida in the newly born. Vitamin C, when taken in sufficient quantity, can strengthen the immune system so that many microorganism-based diseases are defeated.

Properly grown, stored and prepared foods are also magic bullets for a wide variety of ailments, especially when enzymes, vitamins and minerals are present and absorbed by the patient.

Specific antibiotics, such as penicillin, can be a magic bullet against bacteria that have not yet learned to adapt to its deadly influence.

A wonderful, woefully underused magic bullet is injectable dilute hydrochloric acid. It will stimulate macrophages and leucocytes to defeat virtually any bacterial infection, whether they have adapted to antibiotics or not. (See Three Years HCI Therapy, http://www.arthritistrust.org, "Books" tab.)

Antigen specific colostomy is a fabulous magic bullet when properly used and administered. Complement prepared in the body's own tissues is protected from outside interference. The immune system is allowed to react against the inflammation, with the result that the disease is cured for the first time in history.

Heparin is used externally and internally on recent burns, even severe ones, result in less pain, faster healing, and zero scar tissue. (See "A Burning Issue," Townsend Letter for Doctors & Patients, November 2005, p. 52, also at http://www.arthritistrust.org, "Articles" tab.)

So, the answer is, YES! Magic Bullet's do exist!!

But they are seldom Type I's and never, never Type II's.

The Acidic/Alkalinity State

Let's consider "diet control along with determination of needed vitamins and minerals and proper nutrition (orthomolecular medicine)," to illustrate the problems faced by the practitioner and the patient.

Basic to everything is the physician's goal of having the patient achieve an alkaline systemic state.

The problem of patient system acidity is a worse one for any doctor.

Other than required stomach acid, system acidity promotes ill-health and prevents cellular repair.

Alkalinity promotes good health and assists cellular repair.

Littmus is a paper which has been impregnated with a chemical which changes color as the acidity, or hydrogen ion concentration of the fluid being tested increases or decreases. Using this test paper a blue of 7.5 to 7.0 test indicates a mild alkaline to neutral normal test. A green 6.5 to yellow 4.5 test indicates increasing acidic and abnormal tests.

Take a small piece of litmus paper and place some saliva on it at a time

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when the saliva is not dominated by either drink or food.

Match the resulting color against the colors shown on the litmus paper spool.

A dark purple color means one of sufficient acidity.

The color closer to the end, yellow, however, the more acidity one has.

After you've tested yourself you probably won't be very surprised or excited. However, here's another simple test you can try:

Test the clear saliva of a baby, then a 2 or 3 year old, a 6 year old, a 12 year old, 20 year old and so on, up to your age. Unless the testee is unwell, generally you'll find that your litmus paper begins as dark purple and by a continuous spectrum grades itself thru green and yellow as you pass from the baby to you. Contrary to your first possible surmise, other than dark purple is not really healthy.9

Most alternative/complementary health professionals know the importance of changing from an acidic to an alkaline condition. Regardless of what specialties the health professional prefers, the major method used to achieve the alkaline condition is through allergy-free, good diet and necessary enzymes, vitamins, minerals and essential fatty acids.

There certainly is no reason or valid argument to change this approach, but it does have stress full pitfalls.

1. The patient cannot stay on the diet.
2. Tension, worry and emotional upset, physical injury or over-stressed muscle, fascia, tendon or other tissues such as internal organs can switch the patient from alkaline to acid rapidly.
3. The length of time for reversal from acid to alkaline works against the willpower of the patient to comply.

Considering all of the above factors, this magic bullet usually works at a pace that could never be fired from a gun!

Can Alkaline Change be Faster, Safer and Effective?

William H. Philpott, M.D. believes that during his forty years of medical practice and many years of experimentation with static magnets, he's isolated the rules for more rapidly and safely bringing about an alkaline condition. Many of his conclusions are surprising, but all are easily testable.

Let's look at his conclusions:

1. During sleep our bodies are supposed to return to an alkaline condition; during waking hours we build up an acid condition. A healthy body should balance the two conditions.
2. Sleep is our primary healing period.
3. Magnets have two poles, called South (S) and North (N) poles. To avoid confusion, Dr. Philpott sometimes calls the magnetic compass South pole the "South-seeking pole," and the magnetic compass North pole the "north-seeking pole." More accurately, he says, "A metermagnet is used to identify positive (+) and negative (-) magnetic poles. A magnetometer is a scientific instrument, which identifies magnetic polarity in terms of electromagnetic polarity, which is positive (+) and negative (-) rather than the geographic compass needle direction of north and south."

Dr. Philpott explains, "There is a need to understand the navigational error in identifying the magnetic poles as well as the parallel identification in identifying DC electrical current poles and DC static field permanent magnet poles made from the DC current. To those who have examined for and identified the distinctly opposite biological responses to opposite magnetic fields, the separate identification of the magnetic poles is an important must. To those not experienced in the knowledge of separate biological responses to opposite magnetic poles, the magnetic poles and the gus levels needed for these responses is what is making biophysics become a predictable science parallel to the predictable industrial application of magnetism."

4. Other than those studying atomic forces, students are not taught the biological difference or any other difference between the effects of one pole or another; and, indeed, there appears to be no difference when a piece of iron is exposed to either pole. Both attract the iron.
5. However, there is a very important difference of these two poles on cellular biology as well as direction of rotation of electrons and ions. The South-seeking pole sets up conditions to alkalize the body, whereas the North-seeking pole sets up conditions to acidify the body. Alkalization leads to healing of many illnesses, while acidification leads to setting the stage, the terrain, for establishment of many illnesses.

He says, "This is paralleled and demonstrated to be true in an electrolysis unit. The positive electric pole is surrounded by a positive magnetic field. The pH of the fluid at that area becomes a pH of 2 which is markedly acidic and the pH around the negative electrode with its negative magnetic field surrounding it becomes a pH of 8. Therefore, we do have evidence that this is correct. That the negative electromagnetic pole, with its negative magnetic field or negative ions is alkalizing and that a positive electromagnetic field with its positive magnetic field and positive ions is acidifying. . . . It was of interest that the doctor of whom I treated his heart and resolved the atteromasic plaques in his arteries had a blood pH of 8. A blood pH of 7.5 is the usual, normal pH. It doesn't hurt if the pH is up to 8."

6. Grave errors are made by those who sell or use magnets when they
   (a) mix positive and negative static magnets, or
   (b) use the positive pole on their bodies.

7. The positive magnetic field rotates ions clockwise, a dextrorotatory motion. The negative magnetic field rotates ions counter-clockwise, a levorotatory motion. Human cells and their physiology much prefer levorotatory chemicals. In fact, in most instances, the human body will reject the dextrorotary chemicals. (Consider vitamins and supplements labeled as "d-" or "l-" and the damaging consequences of using the d-form as opposed to the l-form. For human use, amino acids and fats are required to be the levorotary forms.

8. Except for a very short period of time, and for only specialized purposes -- to stimulate neuronal and cutaneous functions -- the positive magnetic pole should never, ever be used on cellular biology.

9. Both the positive pole and the negative pole seem to eliminate pain, but they do so in two fundamentally different biological ways.
   a. Pain is reduced or eliminated by the positive pole by increasing endorphins, the body's natural pain opiate. Even wise medical doctors have been found hooked on their own endorphins (addicted) when relying daily on the positive magnetic pole for pain relief.
   b. The negative pole reduces or eliminates pain by changing systemic acidification to that of an alkaline state.

10. Both the positive and negative magnetic fields are "dose dependent," that is, the stronger the magnetic field, the faster their action -- positive to destroy, negative to heal.

11. The biological response to a positive magnetic field is acid-hypoxia -- acidification + reduction in oxygen availability.

12. The biological response to a negative magnetic field is alkaline-hypoxia -- alkalization + increase in oxygen availability.

13. Acid-hypoxia leads to many forms of degenerative disease. Thus, the almost superhuman effort of alternative/complementary health professionals to flip their patient's acid-hypoxia to alkaline-hypoxia.

14. The human body does not need a frequency, polarity, wave form, et. al. from a Rife-type source, as the human brain establishes its own frequency from static magnetic sources -- it's own fields and the Earth's magnetic field. About 30% of human energy derives from the Earth's magnetic field; for sharks, it's about 90%.

15. Continuous (or long-time) exposure to negative polarity of reasonably high strength produces long-time alkalinity-hypoxia, which has been shown to cure cancer and many other degenerative diseases.

16. Continuous (or long-time) exposure to negative polarity of reasonably high strength has been shown to kill every form of invasive microorganism (except the "good-guys" in the intestinal tract), whether or not embedded in the nerve structure, and to do so safely, without damaging Herxheimer effect.

17. A positive magnetic field is a signal of injury sent to the brain. But no healing-repair can occur due to the positive magnetic projection of acid-hypoxia when a positive polarity is permanently used. When the brain receives the positive polarity signal it returns a signal of negative polarity, which is required for healing to begin, as it imposes an alkaline-hypoxia for oxidative phosphorylation production of ATP (adenosine triphosphate).

Dr. Philpott's conclusions are consistent with and confirm the work of physicist Albert Roy Davis and medical doctor Robert O. Becker.

Extracts from Case Histories

Melanoma (Cancer of Skin): From "Magnetics and Melanoma: Katherine's Frightening Dilemma"

Dr. Philpott's wife, Katherine, developed a rapidly growing melanoma on the forehead which gave every evidence of being malignant.

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Lessons learned: 'Treated only at night, first used neodymium disc negative magnetic pole was understrength and too small an area. Apparently killed the melanoma where it covered but not at edges which were uncovered, and which continued to expand,'

Using a 1-1/2" negative magnetic pole across the whole melanoma and 3/8" thick of 3.950 gauss, she was treated 24 hours daily, requiring one month. Ten weeks after daily treatment, the tumor had dried up and skin had grown under the tumor.

Candidiasis: Patient's stool sample contained multiple injurious disease-producing microorganisms including the fungus Candida albicans. Patient slept on 70 bed magnets for three months and then took another stool sample. Gastrointestinal symptoms had faded and her culture contained no injurious microorganisms but did contain the "good-guys" microflora.

Heart Attack: Doctor had heart attack and bypass surgery. One artery not bypassed was 50% closed. He wore continuously day and night a 4" X 6" X 1/2" negative magnetic pole. Nine months later artery left 50% closed was now 100% open.

Dr. Philpott's experimental work, including both rotation diets and magnets, has covered many aspects of healing, including, but not limited to, addiction, Alzheimer's, allergies, cancer, detoxification, diabetes, emotional disorders, fibromyalgia, gastrointestinal problems, inflammation, liver disorders, major mental disorders, multiple sclerosis, osteoporosis, pelvic disorders, sleep, stress, universal sensitivity reactions, and viral encephalitis.

How can one treatment be so fundamental?

An acidic-hypoxia state deposits amyloid tissue in the brain, plaques in the arteries, deposits in joints, gall bladder, kidneys and so forth.

An alkaline-hypoxia state dissolves all of the above deposits!!!

Investigate New Drug Program

The story of Dr. Philpott's conversion from a strait-laced drug-oriented psychiatrist to one who actually solves problems via rotation diets and magnets is extremely fascinating and reflects the inherent self-honesty of a physician who is most interested in patient wellness. This story can be found at http://www.arthritistrust.org, "Research" tab, William H. Philpott, M.D.

But how did this doctor achieve such a broad range of research subjects?

Prior to approving a new treatment for a patient the FDA requires (1) assurance of safety and (2) review and acceptance by an institutional review board. Upon receiving these two factors, the FDA assigns an IND number to the patient test.

Once the MRI (Magnetic Resonance Imaging) was approved by the FDA as being essentially pronounced safe for human use, then Dr. Philpott knew that his magnets program would also fall within the same approved category. He asked the FDA for an IND for use of magnets on human problems. The FDA told him that he could proceed without an IND and that the FDA had classified the application of magnets to humans as harmless, calling it "not essentially harmful." Since he was dealing with a non-injurious, non-prescription item, he did not need to report to them until sufficient data was successfully published in peer review literature. Then he could provide the FDA with reports and they would act on them to make a statement which would also satisfy insurance companies regarding safety and effectiveness.

Dr. Philpott did establish an Institutional Review Board consisting of experts who would be familiar with magnets and medicine.

Dr. Philpott also disagrees with the FDA that open use of magnets is essentially harmless, as he's satisfied himself that the positive polarity can be quite damaging when applied in strength for lengthy periods. The positive polarity can be both addictive as well as acidifying, thus leading to the broad spectrum of health problems related to acidification.

Apparently the FDA has itself in a catch 22 on this one. Until a peer-reviewed medical magazine publishes Dr. Philpott's data, they will not be able to advise or protect folks from magnetic polarity misuse. They obviously consider positive polarity applications on human biology as "essentially safe," even though Dr. Philpott's data demonstrates that it is not safe.

Although retired from practice, any health professional who wishes it has been able to write to Dr. Philpott for a recommended protocol for a specific health problem. On receiving Dr. Philpott's recommendation the health professional is then free to apply the magnetic protocol to the patient, reporting back to Dr. Philpott at periodical intervals.

Also there appears to be no hindrance against individuals obtaining a protocol from Dr. Philpott independent of health professionals.

By this means Dr. Philpott has been able to cover a very wide range of health problems, and has learned a great deal about the need for a negative magnetic field by the human body. His motto is quite interesting:

"I do not claim that magnets cured you; you claim that magnets cured you.

Polar Powered Magnets Catalog

Although it's possible to purchase magnets of the right size and gauge strength from numerous industrial magnet suppliers, Dr. Philpott, through his son-in-law, has over time conveniently worked out different magnetic flux delivery methods, magnet sizes and strengths for many different health protocols. The catalog, together with many articles and protocols can all be found at our website, http://www.arthritistrust.org, "Research" tab, William H. Philpott, M.D.

So — Can Acid to Alkaline Change be Faster, Safer and Effective?

Apparently the answer is "yes!" acidic to alkaline systemic changes are a genuine Type 1 Magic Bullet and can be faster, safer and effective when assisting the patient to change from an acid-hypoxia to an alkaline-hypoxia systemic state!

Apparently the only defect in this particular Magic Bullet Type I is that it doesn't require billions of dollars for research, nor a huge bureaucratic, intertwined medical establishment!

Dr. Philpott's following table Comparison Between Sustained Biologic Applications of the Positive Pole and Negative Pole, clearly summarizes most of his major discoveries.

1. Micro Essential Labs, 4224 Ave. H, Brooklyn, NY 11210, (718) 338-3618; Fax: (718) 682-4491. Specify paper pH 4.5 to 7.5.
2. See Carl J. Reich, M.D. articles at http://www.arthritistrust.org, "Research".
3. Levorotary: turning toward the left or counterclockwise; especially: rotating the plane of polarization of light to the left — Dextrorotatory: turning clockwise or toward the right; especially: rotating the plane of polarization of light toward the right.

Proteins consist of long chains of amino acid units with particular sequences and three-dimensional shapes. Most naturally-occurring proteins have a shape referred to as "L-" or "levorotatory," meaning "left rotational," whereas synthetic forms of proteins typically are "D-" or "dextrorotatory," meaning "right rotational." Some of the amino acids found in plants also are D- rather than L- in structure. These are mirror images of each other, just as are gloves made for the left and right hands. With special exceptions, the L- forms of amino acids are the human body's much-preferred forms.

Confusion lies with the prior compass definition that the South-seeking pole (+) must be a North and the North-seeking pole (-) must be a South.

See Philpott's "The Definition of Magnetic Polarity as Used in Human Physiology."

In 1600 William Gilbert (DE MAGNETE) was the first to point out that the compass needle pointed toward north, which he called north, when in fact the compass needle pointed north is a south magnetic field. (http://www.arthritistrust.org, "Research" tab, William H. Philpott, M.D.)

Philpott says, "Several scientists throughout the years have identified this error in naming the magnetic poles. This error in identifying poles still persists as tradition."

"The physicist, B. Gelaneay (New Encyclopedia Britannica 1986, Vol. VIII, pages 274-275) again identified this geographic error in identifying magnetic poles and termed it 'semantic confusion.' To avoid this semantic confusion, he recommended using the electrical polarity definition of positive (+) and negative (-) as applicable to magnetic poles in which a positive electric pole (+) is also a positive magnetic pole (+eM) and a negative electric pole (-) is also a negative magnetic pole (-eM). 'M' stands for magnetism."

5. See http://www.arthritistrust.org, "Research" tab, William H. Philpott, M.D.

6. IND means "Investigate New Drug" even though the method proposed may not involve drugs.

Comparison Between Sustained Biological Applications of the Positive Pole and Negative Pole

**Negative Magnetic Fields**
- Attracts ferro-magnetic materials
- Dose dependent; stronger gauss field produces stronger action
- Brain’s response is decreasing pulse frequency
  - A pulsing of:
    - 12 cycles/second or less results in negative magnetic field
    - 6-12 cycles/second results in relaxation
    - 4 cycles/second results in disassociation
    - 3 cycles/second results in lapse states
    - 2 cycles/second results in sleep
- Brain’s pulsing frequency decreases as Gauss strength increases
- Rotates ions and electrons counter-clockwise
- Decreases pain by creating alkalinity (alkaline/hyperoxia)
- Is non-addicting with frequent use
- No free radicals generated because of counter-clockwise spin
- No inflammation or stress because there are no free-radicals
- Anti-stressful
- Governs cellular normalization and healing
- Governs sleep by evoking melatonin in pineal gland
- Strengthens thymus gland defenses
- Increases human growth hormone
- Non-compatible with cancer
- Non-compatible with invasive microorganisms
- Helps heal edematous and bleeding areas from acute injuries

  When worn continuously will heal local tissue and will not harm the tissue

  When worn continuously for a week or two will heal local tissue, and will not harm the tissue, and will kill microorganisms

Activates alkaline-dependent oxidoreductase enzyme catalysis of oxidation-reduction production of ATP (adenosine triphosphate) necessary for human cell metabolism

Detoxifies biological inflammatory free radicals (peroxides acids, alcohols and aldehydes) to non-inflammatory water and molecular oxygen

Destroys invasive microorganisms except “good-guys” microflora

Normal human cells have a negative charge, consistent with negative polarity magnetization

Reverses neuropathy, toxic neuritis, diabetic neuropathy, etc.

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**Positive Magnetic Fields**
- Attracts ferro-magnetic materials
- Dose dependent; stronger gauss field produces stronger action
- Brain’s response is increasing pulse frequency
  - A pulsing of:
    - More than 12 cycles/second results in positive magnetic field

Brain’s pulsing frequency increases as Gauss strength increases

Rotates ions and electrons clockwise

Decreases pain by increasing brain opiates (endorphins) (acid/hyperoxia)

Is addicting with frequent use

Free radicals generated because of clockwise spin

Inflammation or stress because of free-radicals

Stressful

Governs cellular break-down and is destructive

Inhibits sleep by blocking melatonin in pineal gland

Weakens thymus gland defenses

Decrease human growth hormone

Compatible with cancer

Compatible with invasive microorganisms

Creates vasodilatation and unsuit for edematous bleeding areas from acute injuries

When worn continuously will produce an inflammatory red, raised, edematous area due to the acid-evoked vasodilatation inflammatory reaction

When worn continuously for a week or two will create an acid evoked inflammatory vasculitics (acid-burn), which is red, raised, edematous and itching with bacterial growth pustules

Activates acid-dependent transferase enzyme catalysis of fermentation production of ATP (adenosine triphosphate) necessary for microorganisms (viruses, bacteria, fungi, parasites) and cancer cell metabolism which also replaces the alkaline-hyperoxia necessary for oxidation-reduction enzyme catalysis production of ATP (adenosine triphosphate)

Creates free radicals and inflammation

Provides excellent environment for invasive microorganisms, except for “good-guys” microflora

Abnormal cells such as cancer and invasive microorganisms, have a positive charge, consistent with positive polarity magnetization

Produces peripheral neuritis of tingling, numbness, pain, loss of sense of pressure, etc.

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Brains can also be driven by external pulsing field: using sight, sound, tactile, or brain stem using upper back of neck and low occipital
BORON IN MEDICINE — UPDATE

Rex E. Newnham, Ph.D., D.O., N.D.
Cracoe House Cottage
Cracoe, Skipton BD23 6LB
North Yorkshire, England
(Formerly published in The Journal of the Rheumatoid Disease Foundation, Part 3 of 3 Parts)

History. Boron as the sodium salt has been used by man for over 2500 years as a flux for welding gold and as an embalming agent by the Egyptians. As supplies became easier to get, namely from Italy, boric acid and borax became increasingly used as a mild antiseptic, especially for eyes and burns.

For the last 200 years, boric acid has often been used as a food preservative, but this use has been recently stopped because it tended to disguise food that was unfit for use as being in a reasonable condition for use. People must have ingested considerable quantities without any ill effect during this period. Much has been used as a simple home remedy for stings and burns, and as a powder to prevent rash.

Antipathogenic Action. Boric acid and borax in a 2-3% solution will prevent the growth of most bacteria and will kill many fungi. A 1.5% solution has some stimulating effect on phagocytosis in vitro, but at 2% this ceases.

biochemistry. Borates are active complexing agents for diol groups particularly in secorhodies, and in some of the B-vitamins and ascorbic acid and can inhibit certain enzyme reactions. They can reverse gel formation.

Pharmacology. These substances are readily absorbed by damaged skin and by mucous membranes. 50% of borate is eliminated via the kidneys in the first 12 hours, and 90% of the remainder is gone within a week, in all but extreme doses.

Borates are slightly astringent and will tend to allay the pain of burns and wounds. If the dry powder is introduced to the nose, it can bring on sneezing and lacrimation.

Toxicology. These substances are not dangerously toxic, but large doses can be dangerous. The LD50 for borax is 5.33 g/Kg for guinea pigs, and 2.3 g/Kg for Swiss mice. But for boric acid, it is greater than 4.1 g/Kg for mice.

Rats and dogs were fed a diet containing 52.5, 117, 350, 525, and 1750 ppm boron as borate and as boric acid for up to 38 weeks. In this period, reproductive studies were possible. Only the highest level was there any toxicity with congestion of the kidneys, liver, small gonads, thickened pancreas, and a swollen brain. Even at 525 ppm, there was no adverse effect. Rats ingesting 350 ppm boron for 2 years showed no histologic changes at necropsy.

Some workers have shown that 3 g boric acid or 5 g borax have no per day. No one is likely to take too much in their food even if they do use a supplement that has only a few mg per tablet. Greater absorption is likely to come from a mouthwash or if a borate is applied to damaged skin.

Extensive laboratory studies on both man and animal have not shown the exact role of boron in their metabolism. Patients have been given 10 g/day for extended periods and were still excreting boron after 7 weeks. The LD50 for the dog is 1 g/Kg and these dogs developed a violet red skin color with persistent vomiting, diarrhea, and meningismus. Acute intoxication can include hyperthermia, depression, and ataxia.

With daily doses of 100 mg/Kg, it takes 18 days for the dog to reach a plateau in boron excretion.

The literature from 1848 to 1948 contains data of 86 cases of borax-boric acid toxicity and 42 of these died. Some were given doses of over 100 g, yet many had no real confirmation of the cause of death. One 2 day old infant died and this was blamed on the mother who cleansed her nipples with a boric acid solution. A proper autopsy and analysis should have been used to prove the cause of death. Many of the deaths were due to absorption of borax/boric acid through damaged skin. Granulating skin will readily absorb these substances and so will mucous membranes.

The acute toxic dose for an adult is from 20 to 60 g in a single dose, but infants have died with 5 g, yet others lived after being given 9 g boric acid. There is a great individual variation with these substances. A 50% plasma — Ringer's solution IV is the best antidote and will increase the LD50 for mice by 250%.

The Position in Australia. In 1981 or soon after, the various states scheduled boron compounds in any concentration, and this is an extreme case of bureaucracy because an apple can contain over 10 mg of elemental boron. Many fruits and vegetables contain over 50 ppm boron and when these are grown on a really good soil, they will have up to 160 ppm boron. Should these foods be scheduled?

Yet at the same time, a mouthwash containing 68% borate was acceptable for OTC (Over The Counter) sales. A good mouthwash with this substance would put many mg of boron into the blood. To become dangerous, the solution would have to be held in the mouth for many hours. Strong solutions or the powder when introduced into other body cavities have proved fatal. That legislation was introduced because a product called Bor-ex containing 5% boron was having remarkable results with both rheumatoid and osteo arthritises. Without advertising, the sales of this product went from zero to 10,000 bottles a month in 5 years. No unwanted side-effects were noticed during these 5 years.

A properly organized trial of Bor-ex is being carried out in one of the country's bigger hospitals. This started 3 years ago, but very regrettably is still not completed.

Carnarvon has 0.2 ppm boron in the water supply and people do go there from 1000 miles away in the Southwest to enjoy the good climate and get relief from their arthritis. It is really the good water and not the good climate that helps them. Yet some people in Carnarvon never drink local water. A survey was conducted there in 1981 that brought these facts to light.

The Position in the Rest of the World. Western Germany stopped the use of boron compounds in medicine three years ago on the assumption that there were other drugs that would do everything that boron would do and that they would do it better.

In many other countries, a boron supplement is being used as a food supplement, and no claims are made, but satisfied users soon tell other people who need it. Over 250,000 people have used this supplement, and it corrects between 80 and 90% of all arthritises. No untoward side effects have been noted, but there are some useful side-effects, such as would be noticed if boron were the limiting factor in a person's well-being. Cardiopathies have been corrected, vision has been improved, psoriasis has been much improved, balance has been corrected. Arthritis in horses, cattle, dogs, deer, and goats have all been corrected.

Boron continued on 5
As we use more and more superphosphate on our food crops, the availability of soil boron is decreased. It is estimated that most people in western societies ingest about 2 mg boron daily. This is based on the analysis of school meals in the U.S.A., but analyses earlier in this century put the figure at 8 mg.

The prevalence of arthritis seems to follow inversely the availability of boron in the soil. Jamaica has the least boron and 70% with arthritis. Mauritius has virtually none, and arthritis. Northern Thailand is very short of boron and much arthritis, but figures are available. In Fiji, the Indians have much more arthritis than do the Fijians, and the reason is that Indians eat mostly rice while Fijians eat mostly starch root vegetables. Monocotyledons have a much less need for boron than do the dicotyledons.

The Theory Behind Boron Metabolism. Based on work done at Oxford in the Agriculture Faculty it is believed that at the cellular level mineral metabolism is similar with both plants and man. If this can be relied on, then boron is a membrane catalyst which allows various ions to pass through the cell membrane, particularly phosphates to support synthesis of ATP. This will give energy for efficient repair. It is obvious that in osteoarthritis the cartilage is worn out, if it is because it lacks the necessary energy for cell division. This explains the action of boron. Then in rheumatoid arthritis there is an autoimmune reaction for no known reason. It is suggested that the reason is that certain collagen fibers are overgrown and cannot repair themselves, due to lack of energy-rich compounds within the cells.

Other Boron Compounds. Boranes are hydrides of boron and are toxic. They are used as solid rocket fuels and can be used to prevent bacterial decontamination of diesel fuel.

Boron analogues of many of the amino acids have been made and tested in North Carolina. The original research was to find carcinostatic compounds of boron, but some of these are also anti-arthritis, anti-inflammatory, anti-tumor and anti-hyperlipidemic in their action on test animals. The amino carbonylboranes are relatively non-toxic, but the cyanoboranes are very toxic. More will be heard about these compounds.

Some of the analogues of amino-acids have an LD-50 of 1800 mg/Kg so they do not present any problems.

The Future of Boron. When the aforementioned trial is completed, it is likely that many people will require the boron supplement so as to relieve their arthritis and the health departments (Australians) over-reaction will have to be reversed. Farmers will also have to look more to quality instead of quantity, and will have to add trace elements to their soil so as to give good quality crops.

Letter from Dr. Newton (December 21, 2004):
I have just been reading the latest or summer issue of the newsletter and was very surprised when I read Dr. Thomas McPherson Brown’s article about the Treatment of Rheumatoid Disease. He talks a lot about the use of drugs such as clindamycin and others, and these all have their side effects and are toxic to some people. He is right about the infectious cause of rheumatoid arthritis, as there is much evidence that mycoplasma and other small organisms are present in rheumatoid tissue.

I have thoroughly investigated the cause and cure of all the arthritis diseases and it seems to be that the lack of the trace mineral boron will enable these diseases to proliferate. In the case of the rheumatoid diseases there is a small organism, often a mycoplasma present, but a small amount of boron in the blood stream will soon kill these, and then there is often the typical Herxheimer reaction when the patient feels worse. This is because the dead mycoplasmas are still circulating in the blood, but after about a week or ten days the body has been able to remove and destroy these dead organisms. When people eat food that contains adequate boron these organisms are attacked and never reach the stage when they can cause rheumatoid arthritis.

In the case of osteoarthritis there is no evidence of any other living organism being present in the tissues, but the boron reacts with the parathyroid gland to produce parathormone and this will help cartilage to grow properly and it also helps the bones to grow well. Fibromyalgia is really just a variation of rheumatoid arthritis and it can be corrected with boron.

More than one million people from all over the world have used the boron tablets that I have prepared and better than 98% have had much help and often a complete cure. There have been no side effects and elderly people are advised to continue with one or two a day so as to keep arthritis and osteoporosis away. The same tablets have helped animals to get rid of all arthritis, such as cattle, horses and dogs.

Dr. Forrest Nielsen of the Agriculture Research Service, Grand Forks Human Nutrition Research Center, Grand Forks, North Dakota has investigated the role of boron in body processes such as bone formation and structure. He has shown how boron will prevent and overcome osteoporosis in elderly women. He has shown that boron is essential for human health. He has written many papers about boron.

There has been a proper double blind clinical trial done at the Royal Melbourne Hospital that clearly showed how boron would help and correct osteoarthritis. These facts are all well shown in my latest book called Bating Arthritis and Beating Osteoporosis.

The drug companies do not want a cheap remedy that cannot be patented for such a disease as arthritis and they do oppose my efforts to have boron accepted as a cure for arthritis. They say that we should not say that any disease can be cured, so maybe I should say “corrected” or “overcome.” It is obvious that boron is effective because in places where there is very little soil boron there is much arthritis, up to 70% of the population in Jamaica and Mauritius these are arthritis. But in places where there is much soil boron, over 2 parts per million there is little or no arthritis, such as the far north west of Australia or the spa areas of New Zealand or in parts of Israel. People even go to the spas of New Zealand to bathe in the waters and after a few weeks they walk away and leave their crutches or wheel chairs behind.

I feel that you should publish the above, or you might prefer to have a longer article. Or you might make up an article from the book that I am sending to you. Osteo-Trace is the name of the product and there are 90 capsules in a bottle which sells for $24 posted to USA. The book costs $16 posted.

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6 The Arthritis Trust
So why is the biography of a wealthy former Iowa Congressman of interest to alternative medical practitioners? Because Berkley Bedell (together with Iowa's Senator Tom Harkin) is a founder of the National Institute of Health's Center for Alternative Medicine and also the founder of the National Alternative Medicine Foundation. The former, although successful in helping to 'widen Americans' view of our health system's rotten mess, is seemingly destined to be mired in big governmental boodle-wielding, while the latter is designed to perform the job for which the former was established.

More importantly, perhaps, is the fact that this man’s life when recited from beginning to now is a huge, golden, inspiration, studded with caring, honest, clever, bold, excellent work from youth upward.

Correctly labeled, Tackling Giants, tells of a young boy growing up in a small, rural Iowa town, Spirit Lake. Those of us in our eighties clearly remember elements of the Big American Depression, where pennies, nickels and dimes were more often seen than dollar bills.

“Berk” was a member of a close-knit family unit itself surrounded by trusting friends, the Spirit Lake city's small population as an extended family unit. One of those, Frank Marrettte, taught him to tie fishing flies. Although Berk traveled the usual boyhood route delivering newspapers, cleaning out attics and basements, mowing lawns, and so on, Berk’s passion for fishing led him to tie flies for fishing camps and retail stores. This venture, in turn, led to increasing financial successes until terminating with one of the largest fishing tackle industries in the world.

Born March 5, 1921, Berkley Bedell seemed to excel in nearly every aspect of living: academics, sports (baseball, football, tennis, basketball, boxing, hockey, hunting, fishing), and — well, almost — music. He studied mechanical engineering at Iowa State College (now Iowa State University), where he met his future life-long wife and partner, Elinor Healy.

When World War II started, Berk enlisted in the Army Air Corp. He became an instructor for them, and just missed flying bomber missions by termination of the war. During this period Elinor-now-Berkley learned the Army officer’s life of travel.

Although his fishing tackle business, Berkley and Company, had been interrupted for three years, on receiving his military discharge Berk again trolled for contacts and business.

One primary key to Berk's success lay with his inventiveness and espe-
New Orleans Katrina & Rita Survivors

Board Member Harold Hunter and wife, Jackie, lost most everything in the recent flooding of New Orleans. They left their home a day before the big blow and flood thinking they'd return home shortly, so they, like so many others, took nothing with them.

Jackie, who worked in Biology at Xavier University, was out of work, but has been called back.

Our Treasurer, Coach Hunter, was born April 30, 1926 in Kansas City, Kansas. He received his B.S. at North Carolina College (now North Carolina Central University), Durham, N.C. in 1950. His M.S. degree was received from Tennessee State University in 1957 where he also coached basketball for the next 11 years. Coach Hunter became the first African-American to sign a contract with the National Basketball Association. He won the national award for number one small college team in America in 1961. In 1968 the team he coached won the Olympic Medal in basketball, becoming the first African-American to have coached an Olympic Medal team. Coach Harold Hunter has always been interested in truth, honesty, justice, fairness, team spirit, and worthwhile philanthropic activities.

Fortunately they have temporary housing with a son in Gallatin, TN, not far from this office.

They’re smiling because they still have each other and their lives!

Remains of home of my son, Michael, his wife Leonora and 5-year-old daughter, Ruby Chapdelaine -- Empire, LA

Staying with us temporarily were Leonora and my granddaughter, Ruby. Their father and my son, Michael, drives a long-distance truck.

Their home in Empire, LA was just a few blocks from the tip of the finger that follows the Mississippi river into the Gulf of Mexico. They received 200 mph gusts with 28 foot high waves, the water coming from Mississippi river on one side and from Gulf of Mexico on the other. The post office, schools, and community centers were wiped out.

Note the white refrigerator lying on its side at the right. These folks, like Leonora’s nearby relatives, lost everything — house, furnishings and car.

Fortunately, like the Hunters, they still have each other and their lives!
Your publications often speak of “Intraneural Injections.” Can you tell us more about them.

M.M.

Yes I can and will, but not until we can devote more space to the subject.

The Arthritis Trust of America feels that this booklet, Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis & The Control of Pain in Arthritis of the Knee, is a must for all forms of arthritis and arthritis-like pain, and that the use of designated intraneural injections decreases the time to wellness, regardless of what other modalities are used on the patient.

Englishman Roger Wymburn-Mason, M.D., Ph.D., nurse specialist, was the first to describe the causation principle of joint damage from tender nerve locations, sometimes called “trigger points,” in arthritis and arthritis-like pain.

South African Dr. Paul K. Pybus, his former house physician, learned to implement in clinical practice Wymburn-Mason’s theories of intraneural injections, successfully using his discoveries for more than 20 years.

American Keith McElroy, M.D., independently discovered the same principles, and applied them to his patients. For many years, Dr. Paul K. Pybus and Gus J. Prosh, Jr., M.D. explored additional key “trigger points,” until it became clear to them that a virtual one-to-one correspondence existed between painful neuroma and acupuncture points -- but not always so.

Specialists in musculoskeletal pain have long used area-wide, i.e., non-specific “trigger points,” intraneural injections and intra-articular injections, as well as nerve blocks to relieve pain. In other words, although their medical territory was not really inclusive, they unwittingly discovered some of the same patient points for pain relief. We recommend the W.B. Saunders book, Atlas of Pain Management Injection Techniques by Steven D. Waldman, M.D., J.D. as an excellent supplementary book. (It is very convenient for doctors who are into reimbursement via insurance, as it gives the insurance code that is acceptable for each of the injections.) The artwork is excellent, and there can be no doubt as to how to inject in the various parts of the body. The text is quite appropriate, giving not only the how, but also contra-indications, et al.

Of most importance, however, for more than 50 years American Harry H. Philbert, M.D. independently developed the use of “Specific Injection Therapy,” covering many of the same aspects as the publications reported above. The Anatomy of Pain: Specific Injection Therapy, is a well-done report of Dr. Philbert’s research that can be obtained by writing or calling Harry H. Philbert, M.D., 213 Live Oak St., Metairie, LA 70008, telephone (504) 837-2727; Fax (504) 831-3380.

Dr. Philbert’s work will shock most medical practitioners, as he claims through his techniques alone to have improved the lot of many painful patients, and, in particular, has easily cured bronchial asthma, and other conditions, including heart problems.

I went on a severe fast and noticed that my Rheumatoid Arthritis was better. Will fasting help Rheumatoid Arthritis?

I.G.

Generally fasting is not a feasible approach for long-term benefit from inflammatory Rheumatoid Arthritis. It really depends on the actual cause of your arthritis. If it is being driven by food allergies, then relief from the foods that create the allergy may provide great relief. Or even if just a component of your arthritis stems from food allergies, you might very well see some relief.

Also, changing your diet could change your body's response to immune factors, thus changing your symptoms. According to Melissa Su, M.D. and Richard S. Panish, M.D. (“Antirheumatic Effects of Fasting,” J Rheumatol, Vol. 12, No. 2, Feb. 1991; p. 57), short term fasts created some immunological effects such as changing erythrocyte sedimentation rates, an increase in neutrophil and monocyte bactericidal activity and natural killer cell activity, a modest increase in lymphocyte blastogenesis, but no change in T- and B- lymphocyte counts, complement, immunoglobulin levels, or serum cortisol.

Joel Furman, M.D. (Townsend Letter for Doctors & Patients, “More Letters,” April 1996, p.) says, “Having fasted over a thousand patients with various diseases I can say without hesitation that fasting is very often the only avenue that a patient can use to establish a complete remission. This is especially true with autoimmune illnesses like Lupus where it is almost impossible to shut off the hyperactive immune system with nutritional modifications alone, without total fasting.

In the same issue, Jeffrey Bland, Ph.D., dean of nutrition, says, “Beyond the initial therapeutic phase of intervention, a diet needs to be implemented which may be restricted in calories, but rich in those nutrients that are necessary for support of gastrointestinal, hepatic detoxification and antioxidant functions.”

So -- the best advice -- as usual -- is find a doctor who understands these complex factors, and work with him/her.

I’ve seen numerous references to the damaging effects of mercury amalgams, the accumulation of heavy metals, and pesticides and herbicides in the body. But what about infected teeth and tonsils?

C.C.

George E. Meining, D.D.S., F.A.C.D., author of the definitive Root Canal Cover-up, said it best when he wrote to us in 1996, saying, “Even though infected teeth and tonsils are a frequent cause of arthritis tissue changes, the overzealous ordering of extractions was a leading factor in the cover-up of this important research.

“In spite of the fact of the many different causes of arthritis, too many doctors assumed oral infections were the only cause. Dr. Weston Price, the dental research director of this 25 year research program, never made such claims.

“Whether or not oral infections are the direct cause of arthritis and other disease entities, the compromising effect of their presence on patients’ immune system is so severe that satisfactory treatment proves difficult and often impossible unless all oral focus are eliminated.”

“This work is well documented in two textbook volumes of 1174 pages and 25 articles to be found in the medical and dental literature.”

We strongly recommend ordering Dr. Meining’s Root Canal Coverup, which can be obtained at the Price-Pottenger Nutrition Foundation, PO Box 2614, La Mesa, CA 91943-2614; (619) 462-7600. This non-profit foundation was partially named after Dr. Weston Price, mentioned above.

Thank you for the information that you have sent me. I have supported your program for many years with small donations. At that time, I didn’t think I’d be writing you for assistance. Now that my daughter is wheelchair bound, I need all the information that is available, therefore the order for books and pamphlets.

I know research is ongoing and if anything I write is of any value, please use it.

My daughter’s onset in her teens has progressed to tragic proportions. High school and college graduate, she had to use crutches while pursuing a career. As a result of this disease, she has undergone four hip replacements, two corneal transplants and three colon surgeries.

At the age of 48, she is a remarkable young lady, who feels she will walk again. My two other daughters and I give her our full support, but she feels the loss of her father, who passed away four years ago. Throughout his career he provided well for his family allowing various medical treatments, which continues today.
I believe no one understands the catastrophe this disease inflicts taking away all independence. Thank you for listening.

A.M.B.

I've filled out your order form the best I could, since we only handle a limited number of books now. I knew you were in a hurry to get something for your daughter, and so I've substituted our latest book, Arthritis by di Fabio and Prosch.

I've also included The Yeast Syndrome, and Dr. Braly's Food Allergy and Nutrition.

These books, plus the article on "Ankylosing Spondylitis" should be all your daughter needs to determine treatments that must be explored. We believe that she can get well again, but that she's going to have to stay away from traditional treatments that hide symptoms, but let the disease rage onward -- and she's going to have to begin investigating all the forms of causes described in the "Foreword" of the Arthritis book.

One other thing: all of our publications are free of charge on the internet at http://www.arthritistrust.org. Your daughter, or you, or friends, can help her get everything she needs to know about.

Let me know if I can help further.

Thank you for taking time to read my letter. For 16 years I have suffered with Inflammatory Bowel Disease (IBD), specifically ulcerative colitis. Ulcerative colitis is a chronic disease of ulceration and inflammation of the colon. Crohn's disease is also an Inflammatory Bowel Disease, but involving only the small intestine. The prescription drug I take, Sulfasalazine, is also used to treat Rheumatoid Arthritis. Recently I read that Crohn's disease could be the result of a bacterium called Mycobacterium paratuberculosis (MAP). This is the same bacterium responsible for Johne's disease, a chronic enteritis (another name for inflammation of the intestines) in cattle. I became aware that MAP bacterium can survive the pasteurization process currently used to sterilize milk and can cause disease in immunocompromised human beings. I was wondering if ATA has any information about this bacterium and a possible connection to human beings suffering with IBD.

Thank you again for taking time to read my letter. I appreciate ATA's effort to emphasize complementary, alternative and holistic treatments for rheumatoid diseases. I would also appreciate being sent any information you have on the true cause of arthritis and related diseases. I will look forward to hearing from you soon.

JAM

If you've read our newsletter very long you'll know that we feel any one of thousands of microorganisms can be the irritating substance that causes your immune system to balk. It all depends upon how sensitive your tissues are to the dead microorganisms or their toxic products.

We suspect that any one of the Rheumatoid Diseases, including Crohn's disease, can be caused by a multiplicity of microorganisms and/or factors. This doesn't mean, however, that our referral physicians do not know how to handle the problem, for most of them do.

We can't give you any specific medical advice. We're not licensed physicians. But we can suggest that you start reading the various treatments recommended by most of our physicians, starting with "Foreword to the Arthritis Book" article found in our articles section of http://www.arthritistrust.org.

As to the relationship of Mycobacterium paratuberculosis to yours and other similar disease symptoms, we don't know. It's often easier, faster, cheaper to try out broad-spectrum anti-microorganism drugs for a short time than it is to attempt to identify a specific organism. I'm sure someone, somewhere knows, but we don't.

Sorry.

I definitely recall that you published, I believe it was my chronic Fatigue syndrome article, and that you sent me the issue, which was a nice touch. I sent the journal to a young researcher in India who is exploring herbs to cure disease. Primarily it was because I hoped he would perform an experiment using potassium. I suspect his mentors shot down the concept because it has not happened yet.

I went to your site listing arthritis sites. There are sure many of them. I guess the less we know about a disease the more is written about it. I would be honored to be included. The site that counts is how to get enough potassium in food at: http://members.tripod.com/~charles_W/Arthritis9.html. If they get that one right, they will not have to know such esoteric things as the history of arthritis, the history of potassium use in arthritis, potassium physiology, regulation of electrolytes by steroids, evolutionary imperative of cortisol, or even the art of taking supplements, all things discussed in my other articles (there are links to all the others in each article). I will leave it to your discretion what to do. Anything goes with or without my name so far as I am concerned. I just want to get this miserable disease off the backs of my grandchildren, even though it may be ruinous for the two who are studying in Medical school (maybe they can practice in Uganda). But in any case, maybe you can at least list potassium in the section of your site that lists nutrients.

It is kind of discouraging that no one in medical research has performed an experiment using potassium in spite of over 40 years of trying on my part. So now we have is a handful of successful case histories on my part. But at least thanks to the kindness of Google over half a million people have viewed the article if you include a couple of mirror sites in Australia and I believe it is in England. Only a hundred million to go.

I guess you have heard of Dr. Poehlmann who has written a book that joins up with your plausible concept that arthritis is a bacterial infection. She suspects mycoplasma bacteria. If you have not heard of it, let me know and I will send more information.

I do not think that a potassium deficiency is the cause of arthritis. I am almost convinced, though, that it is at least its most important symptom. When children get a virulent strain of diarrhea, it is obvious that the cause of their death is an acute potassium deficiency because potassium prevents death. So my question is this -- what cause should be put on their death certificate, diarrhea, dehydration, secretion of eAMP poison, stupidity of their doctor, or potassium deficiency? So my other question is -- what should be put on the death certificate of an arthritic, RA, heart disease, boron deficiency, omega3 deficiency, mycoplasma infection, autoimmunity, junk food, or potassium deficiency?

I have realized that you do not believe that there is a sodium/potassium pump [for unificial tissue; see http://www.arthritistrust.org; "Correcting an Inaccurate Paradigm on Cellular Functions"]: It is not a dead fish yet though. The evidence for it is rather strong. Just cutting off some fibers does not by itself dispel it. The massive number of pumps capable of transmitting, in some cases millions of ions per second would hopelessly overwhelm diffusion at the ends even if the ends did not constrict. But in any case, it does not make any difference to a clinician whether the potassium is pumped in or goes in to satisfy some kind of glorified Donnan equilibrium. The only concern he should have is to correct the known low cell potassium during RA. That no experiment has been performed to date testing a nutrient known to be, not beyond a reasonable doubt, but beyond any doubt, to be essential, is atrocious. Every nutrient should have been tested long before this.

It pays enormously to know precisely what is happening or people will be duped into doing stupid things on occasion otherwise. Sure, a "holistic" approach will be enormously helpful. It is sure away better than the criminally incompetent junk food approach being almost universally applied now. But it will not help people suffering from hemochromatosis, for instance, to name only one of many. We would just have to kiss those people good by. A person emerging from a water-less desert who drinks a
gallon of water will die of hypoxemia in a country awash with sodium. There is no substitute for an experiment. The few single case histories I have performed are helpful, but only an experiment will convince the medical profession.

Sincerely, Charles Weber

You need to read Gilbert Ling’s book in detail. There’s a great deal more than “cutting off some fibers.”

You’re absolutely right about one thing, Charles! Someone needs to study all the nutrients. Too bad there’s not a patent on potassium. The study would have been completed long ago, although probably not very objectively.

I know that you’re not into Tinnitus but, since I’ve tried everywhere else, I can’t lose more with you. So what about it? How do I stop persistent Tinnitus?

P.J.

Sometimes it seems like we’re into everything about the human body, because everything is connected to everything else therein. Modern medicine analyzes and compartmentalizes the function and health or ill-health of organs and systems, so they seem not to have a relationship to one another — but they do. So treatment of a systemic condition like Rheumatoid Disease is definitely related to everything in the body.

By the way, after I had an ear drum reattached I also had persistent Tinnitus. I asked the ear surgeon exactly the same question: How do I stop this persistent Tinnitus?

He didn’t have a clue!

I stopped eventually, but I also don’t have a clue as to why it stopped.

I understand that many things can cause Tinnitus, but which applies to you is a big unknown.

However, Julian Whitaker, M.D., one of our referral physicians, in his Health & Healing newsletter (April 2005, Vol. 15, No. 4), reports on a gentlemen who observed that his persistent Tinnitus disappeared for a period of time whenever his electric razor was close to his ear while shaving. He took the bristles off of his Sonicare electric toothbrush, replacing it with a pencil-top eraser, the kind you place on your pencil after its eraser is worn. The vibrating eraser tip was run around the outside of his ear so that he could feel the vibration inside. Tinnitus has all but disappeared for four or five days at a stretch. When it comes back, he repeats the process.

Dr. Whitaker has successfully adopted this temporary fix for his patients.

You might also try Dillantin, a prescription medicine that is good for almost everything with virtually no side effects.

Enclosed is a check for twenty dollars for two copies of *Arthritis* by di Fabio and Prosch. Additionally, a check in the amount of fifty dollars — written to your foundation as a donation — is also enclosed in support of your continued research into the outcomes of the late Dr. Wyburn-Mason, and the practice of the late Dr. Robert Bingham.

In closing, I wish to thank Perry (Anthony di Fabio) for the wealth of information he has provided me so generously when speaking to him directly on the telephone. I thank God that such individuals, as Perry, and your organization The Arthritis Trust of America, continue to exist as it was the late Dr. Bingham who cured my mother of Rheumatoid Arthritis.

P.T.

It’s always great to hear success!

Have been intending (for ever so long!) to send $25 donation. Seems I was always running close financially (on limited budget).

Finally! Here it is.

Am so appreciative of what you do!

If it weren’t for you I’d still be going to rheumatologist sick! The book by Dr. Prosch & di Fabio zeroed me in. My PMR was caused by root canals.

By the way — a nephew, ER physician at Summit Hospital there in Nashville said about The Arthritis Trust: “Why, they’re not there to take advantage of people, but to help people!”

How about that?

Keep up the good work!

HHG

It’s still great to hear success!

I recently came across information on treating Rheumatoid Arthritis from your Tennessee address. I didn’t have much luck with your information. So I went on with my Rheumatoid Arthritis trying various things.

I had purchased a large bottle of liquid silver. It sat on a shelf for several months unused. So about three years ago I thought I would try liquid silver. So I swallowed three tablespoons of liquid silver and to my surprise within four hours I was totally free of Rheumatoid Disease. So now I am still totally free. I have used liquid silver twice since that was to hopefully have a positive affect on my cold. To my surprise all cold systems were gone in three hours. Yes I’ve had colds a few times, and each time the cold was gone in about three hours or sooner. So I’m satisfied with liquid silver.

H.N.

I’m genuinely happy that you’ve found something that works for you. I’ve been at my post with this foundation since 1982 and I’m usually not as surprised as the patient when she tells me of something else that has solved their problem.

We’re not against using silver. If you’ll go to our “Links” tab and punch in “Alternative Medicine Connections,” you’ll find a website called “Silver Lightning (Colloidal Silver).” I’m sure some of our other links also refer to its use.

What your treatment using silver demonstrates, in our opinion, is that there was a microorganism basis to your Rheumatoid Disease. We’re not surprised to find another substance that roots out such microorganisms.

I am studying the effects of a vitamin D deficiency and am working on a paper on same. I came across your page and the D and calcium page with insight by Reich. I thought you might find this link to the American Journal of Clinical Nutrition very interesting. Please make sure to read both papers (links). The editorial comment is particularly interesting. If you have a way to reach Reich he might also find these papers interesting. They clinically confirm his theories. In using these doses I have found the high dose A is not necessary and possibly harmful. Fish oil D alone or with a small amount of cod liver oil works fastest and best to correct D insufficiency. Blood levels can be tested and ideally range in the 100 nmol/L as in the paper. The short note in the paper reviews all D studies over many years and determines that the minimal necessary dose of D from all sources is 4,000 IU. Full sun in the lower latitudes gives about 10,000 IU daily. (http://www.ajcn.org/)

A separate study (not linked here) done in South Africa shows that locations below 30 degree latitude North or South have adequate sunlight all year. Locations above 30 degrees have insufficient sunlight six months of the year. All of the US except lower Texas, Bahia and Florida are above the 30. This is compounded by the use of sunscreens, avoidance of sunlight, swimming pools (chlorine washes off the oil that contains the UV D) and showering immediately after sun exposure. As the Veith paper suggests
we are facing a D deficiency worldwide in higher latitude countries which match the incidence of Syndrome X, arthritis, osteoporosis, heart disease and cancer.

K.S.

Very interesting! And for this discovery Canadian authorities took away Dr. Reich’s medical license during his last days, as he helped patients achieve wellness! Sounds just like the American FDA/Pharmaceutical mafia.

Those interested in Carl Reich, M.D. papers will find them on http://www.arthritistrust.org. Research tab. We have consistently displayed Charles Weber sites one way or another on our website at http://www.arthritistrust.org. Simply do a google search while on our site, and you’ll find a number of mentions of Charles Weber. His 40 year attempt to get folks to try his theories illustrate what’s wrong with American medicine: (1) NIH (Not invented here), and (2) TCBRSNTI (that can’t be right, so let’s not try it).

Re: Dr. Poehlmann: She’s a wonderful writer and synthesizer of complex concepts. I’ve talked to her via telephone and e-mail. As to the mycoplasma bacterial theory, those who tout it are right one time out of another ten million or so microorganisms to which an individual can develop a sensitivity resulting in rheumatoid disease. I wouldn’t bet my pocketbook on it being the last word!

I just wanted to send a thank you for the research and the work you have done so people like me, can live a normal life. When I was 26 years old I woke up one day with a sore arm, and within a week everything was sore and from there I deteriorated to a degree that I couldn’t open containers, could hardly dress myself, and was losing my job. My father, who is a physician in Scottsdale AZ, sent me to the best rheumatologist and they put me in splints and told me I was headed for a wheelchair, because my rheumatoid arthritis was so severe. Over the next six months I was in the care of seven different doctors and full of drugs. Thank goodness my father had the diligence to research and finally found me treated accordingly. Today I am 45 years old have three children and run 10 miles a week, and am still symptom free.

Thank you again,
S. R.

We greatly appreciate your feedback. If you’ll spread the word to others afflicted, we all gain. Ask your father if he’d like to join our physician list. He seems to be one of those open-minded physicians. Physician sign-up form found on our website at http://www.arthritistrust.org Physicians tab.

We were asked to place a book on our website. Here’s our answer.

Thanks for letting us look at Out of Joint by Mary Felstiner. We cannot place this book on our website, however. Our reasons are easy to understand but probably emotionally objectionable. I hope very much that you will pass this letter on to Mary Felstiner who has done an excellent job of writing and reflecting her many trials, but who has not had the foresight to look further into alternative/complementary medicine.

Normally I’d also congratulate the University of Nebraska Press for tackling this untoward subject; but, again, it’s editors undoubtedly have also bought into the false medical paradigm that “rheumatoid arthritis is incurable,” thereby not celebrating the public fact that tens of thousands have been and are being cured.

I and a number of our foundation’s founders are former rheumatoid arthritis. We found early on that it was safer to leave the present failed medical paradigm than to buy in on the pharmacologically induced falsehood that rheumatoid arthritis is incurable. Some of our physicians have helped tens of thousands, including myself, toward wellness.

Our website, with increasing his daily world-wide, is set out to encourage folks toward wellness. From our experience dealing with arthritis just like Madam Felstiner, we’ve learned that folks are primarily interested in how to get well, not in reading the painful misery of someone who has followed the present medical practices and has not gotten well. All arthritis know this -- that their present treatments are not working, and that they are in eternal misery!

We’ll be most happy to guide Madam Felstiner and her doctors (if they be sufficiently open-minded) toward her own wellness despite her long time turmoil. Indeed, our website is loaded with free books and articles on what she needs to explore to achieve her long-time goal of normality. Again thanks for the look!

In the Fall 2005 issue of this newsletter, in the article “Destruction of the Supplement Industry by Trans-National Drug Companies,” the beginning of the article should have been:

CODEX refers to the Codex Alimentarius Commission, a branch of the World Health Organisation which oversees A CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARLY USES. This committee meets annually. Hundreds of delegates attend ranging from representatives from 48 member countries to representatives of giant food, then continuing with and pharmaceutical corporations. Dr. Wong Peng, Director of The Humanitarian Project: Health For All in Malakula, was present at the 2003 Codex committee held in Bonn Germany. In a summary of that meeting Dr. Peng writes: “Driven by the interest of their multinational corporations, particularly from the pharmaceutical and food manufacturing industries, the EU [European Union] put forward suggestions that will eventually protect the interest of these industries.” This Codex committee purports to decide whether or not consumers in the world can have vitamins, minerals and other essential nutrients and how much they can have, and if so, who will provide them.

Please accept our apologies for a poorly edited issue!

Perry A. Chapdelaine, Sr., Editor