



The Arthritis Fund Newsletter

5106 Old Harding Road, Franklin, TN 37064

Dedicated to Eradicating Rheumatoid Disease From the Earth

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Prevention is Better Than Cure

The Sad Story of Arthritis and Osteoporosis

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It has been said that if we grow old enough then we will all get arthritis. Old enough is generally in the fifties or sixties, but some survive to the eighties or nineties without any arthritis. In recent years, especially in some countries there are growing numbers of young children who develop juvenile arthritis or Still's disease; and some of these are even too young to walk. Just recently a case was brought to my attention of a young girl aged 9 months, but she was crying much and was evidently in pain, then it was noticed that some of her joints were swollen and red. This was juvenile arthritis and we were able to cure her in 2 weeks using mineral nutrients. The orthodox method would have been to give her pain killing drugs, in fact these are used for all arthritis. *(continued on page 3)*

Editorial



By the time you read this newsletter, Christmas is over and possibly you've already broken your 1994 New Year's resolutions.

All of us welcome the spirit of Christmas representing good will toward all fellow earth beings! We cannot but improve our attitude and outlook toward living and the solutions of life's problems when so many wish us well, sharing also their good fortunes with

us, at least during the holiday season.

The New Year, introduced by festivities and with great joy -- and sometimes a little foolishness -- sees us all a little older, a little closer to the solution of that big, exciting mystery at life's end. On the way to the final mystery, some of us find the New Year in great health and high spirits, while others, our neighbors and friends and our loved ones, find themselves with lessened capacity to function possibly accompanied with

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Osteoarthritis: Treatment of Choice

by Anthony di Fabio

The Arthritis Fund was established primarily to advise on treatments for, and to solve the problem of crippling, Rheumatoid Arthritis and related diseases. Shortly after its founding in 1982, the spectre of other forms of arthritis loomed daily. There are many kinds of arthritis. The most common are three: Osteoarthritis, Rheumatoid Arthritis and Gouty Arthritis. The causation of those that may mimic any of these, or combinations of these, may also derive from allergies, effects of pollutants, chemical imbalances, Candidiasis and other micro-organisms, mercury and other metal toxicities, physical sports accidents and so on.

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

An estimated forty million people have Osteoarthritis, six million have Rheumatoid Arthritis and about one million Americans have Gouty Arthritis.

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

It has been stated by some practicing physicians that at least 50% of us will have Osteoarthritis (Osteo) if we live long enough, and therefore Osteoarthritis is often -- probably wrongly -- said to be a "degenerative" or "aging" disease.

While Dr. Paul Pybus' (deceased) intraneural injections were originally the treatment of choice in the Foundation's protocol for the relief of pain of Rheumatoid Disease and Osteoarthritis, they do not always halt the pain permanently for a variety of reasons, among which is the fact that basic causes of the nerve lesions may not yet be solved. Another basic cause is unrelated to nerve ganglia lesions, as will be explained.

Two of our referral physicians, Harold C. Walmer, D.O. (Elizabethtown, PA) and W.W. Mittlestadt, M.D., D.O. (Ft. Lauderdale, FL), both now deceased, brought to our attention another source

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Medical College of Virginia Study at Virginia Commonwealth University

Simultaneously with the Bowman Gray School of Medicine Clotrimazole Double-Blind Trials, using Clotrimazole on arthritics, researchers at The Medical College of Virginia conducted laboratory studies to determine the effects of Clotrimazole on the immunological system.

These studies appear to support clinical observations of The Arthritis Fund referral physicians who used any of the 5-nitroimidazoles (including Clotrimazole) on Rheumatoid Arthritis victims.

Summary of \$135,387 Study

- In vitro studies showed that Clotrimazole suppressed IL-2 and IL-3 production by CD4 (T-helper

lymphocytes and generation of cytolytic T--lymphocytes (CTL), but not IL-1 production by macrophages.

- There was no evidence of increased CD8 (T-suppressor) lymphocyte activity due to Clotrimazole.

- Clotrimazole had no effect on IL-4 (produced by one subset of T-lymphocytes and acts as a B-lymphocyte growth factor). Clotrimazole may selectively affect some T-cell subsets and not others.

- At 1 micromolar concentration Clotrimazole inhibits superoxide anion by 20 to 30 percent (similar to allopurinol inhibition).

- Copper ion may have an effect on Clotrimazole activity in vivo

and requires study.

- In vivo studies, using rat adjuvant arthritis models, were done testing the effects of Clotrimazole in suppressing inflammation from arthritis.

In the first protocol rats were treated with Freund's complete adjuvant in one foot-pad. At the same time different groups of rats were given daily doses of Clotrimazole (three dosage levels) and Indomethacin (one dosage level for positive control). All doses of both drugs were effective in suppressing inflammatory, arthritic changes when measured on the eighteenth day. In the second protocol, the same drugs were given from day 18

through day 29 for an established disease model. One group was given no drugs at all. Both Clotrimazole and Indomethacin were effective when measured on day 30, although Indomethacin was more "potent" at the dosage level used (3 mg per kg) than Clotrimazole at the doses used (10, 33 and 100 mg per kg).

- The next step would be to determine whether Clotrimazole's main activity is due to immunosuppression (inhibition of CD4 and CTL cells) or antiinflammatory (inhibition of superoxide anion production), or both.

It would be very nice to learn the exact mechanism of Clotrimazole activity on Rheumatoid Disease. Unfortunately, this Foundation does not have the funds to determine the immunosuppression activity of Clotrimazole at this time.

Editorial

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moodiness, depression or decreased opportunities to effect their surroundings.

I know! I'm one of your friends who has long been active in every form of living and who, at 68 years of age must find satisfactory activities often of lessened capacity.

Oh, I still dance three or four nights a week with all the young ladies 35 to 50 years of age, taking great pride in my ability to wear them out at jitterbugging (now called "Bop" or "East Coast Swing" or "West Coast Swing" by the youngsters); and I still fly an airplane when I can afford to rent one; and I still write, though not as long or with such vinegar, but its obvious that living has slowed me down.

I may to travel to Russia during the summer of 1994. My expenses are supposed to be paid. Can I tolerate their food? The frugal living con-

ditions? The discomforts of what I presume will be their most uncomfortable travel arrangements? Can I convince anyone, without knowledge of Russian, that we have a solution to many problems of arthritides?

All questions that I would never have thought to ask myself ten years ago, before I suffered from so-called incurable, crippling Rheumatoid Arthritis. Though cured now for ten years, age has nonetheless taken its toll, as it also has done for each of you, my dear friends and patrons of this foundation.

Not all is gloom, however, for along with my job as Executive Director is the great joy in knowing that I have been able to take advantage of the tremendous knowledge garnered by our fine referral physicians, and through them and their knowledge, I've been able to sustain a quality of life that most certainly would have been denied me had I succumbed to the traditional treatments for Rheumatoid Arthritis.

I am so very happy for people like Jack M. Blount, M.D. and Professor Roger

Wyburn-Mason, M.D. and the hundreds of other good physicians who've willingly shared their experiences with me! This foundation, you know, honors both of these men in its official name, *The Roger Wyburn-Mason and Jack M. Blount Foundation for the Eradication of Rheumatoid Disease*.

Along the way I have met many physicians of like good will: Dr. Paul Pybus, Dr. Gus Prosch, Jr., M.D., Hector Solorazano del Rio, M.D., Ph.D., D.Sc., Raul Vergini, M.D., Robert Bingham, M.D. Alfred S. Massam, M.D., William Mauer, D.O., James Carlson, D.O., Alan Gaby, M.D., Warren M. Levin, M.D., John M. Baron, D.O., Rex Newnham, Ph.D., D.O., N.D., Charles H. Farr, M.D., Ph.D., Jonathan Wright, M.D., Johnathan Collin, M.D., Roy Kupsinel, M.D. and on -- too many to name here, but see all of those listed in our physician referral sheet.

This year, 1994, is a year for a continuous Christmas spirit. You can help your neighbor and friend, or even yourself, if necessary. What better gift can be given to another, than that of

improved quality of life!

While we claim to know more about curing or improving many forms of arthritis than established medicine, we don't claim to know everything. There is much that must be learned, and much that must be shared.

You and I can share our knowledge with others, and we can continue to seek funding not just so we can communicate better but also so that we can fund further research, establishing the truth for everyone.

This year, 1994, let's proclaim as the year of continuous giving!

This year, let's share our knowledge with those who need to know how to get well; and let's continue responding to The Rheumatoid Disease Foundation (AKA The Arthritis Fund) fund drives, as many have done so magnificently in the past.

Christmas joy and New Year's resolutions all year?

What better show of love than the gift of the knowledge of health and subsequent happiness?

Prevention is Better *continued from page 1*

In America there are Poison Control Centres where every case of poisoning is reported, and it is seen that analgesics or pain killing drugs are responsible for many deaths each year. The latest figures show that these have died from taking analgesics in recent years: 22 in 1983, 52 in 1984, 87 in 1985, 82 in 1986, 93 in 1987, 118 in 1988, 126 in 1989 a total of 580 in 8 years and the numbers seem to be increasing as time goes on. There is not much hope for arthritics here.

The latest of these analgesics are called NSAIDS or Non-Specific Anti-Inflammatory Drugs [also Non-steroidal Anti-Inflammatory Drugs] but they will induce stomach bleeding and ulcers. The Food and Drug Administration admits that these drugs cause 200,000 cases of gastric bleeding each year and many of these have to be hospitalized. Probably 2,000 of these die each year and these drugs are mainly used for rheumatoid arthritis. We badly need some good preventive for this disease.

All our chronic diseases seem to be increasing and this is a bad effect of modern medical methods. Acute diseases can generally be relieved, or at least the severe symptoms are covered up, but there is evidence that sometimes when the cause is not corrected the trouble goes deeper only to be manifested later in some other chronic disease. This is well seen when people have a number of dental fillings, but then the metals in their mouth set up an electrical discharge and the people complain of allergies, pains that are difficult to diagnose, digestive problems, multiple sclerosis, myalgic encephalitis, even heart problems have all improved when these toxic metals were properly removed from teeth. Yet most people accept these fillings as normal.

There is osteoporosis which is another bone disease in which

calcium is constantly lost, it attacks women after menopause and men after age 70. One can see old men and women who are hunch backed and stooping for very age. This is due to collapse of vertebrae. It is generally associated with much pain and inability to do necessary tasks. The bones are weaker and will break more easily, especially at the places where there is more tension, such as the hips and the wrist. This means that there are many old ladies filling hospital beds for 3 or 4 months at a time while their hips heal and they are taught to walk again.

Thirty years ago it was discovered that arthritis was associated with a dietary deficiency of the mineral boron. This mineral is present in all good soils, in fact plants will not grow without it. Some parts of the world have more boron than others and less arthritis too. The land of Israel has more boron than is usual in the waters of the Jordan river and the underground water, which is used for irrigation, has 0.2 parts per million boron. Israeli people have about 10 mg a day of boron in their diet in that whole land, according to professor Bentwich of the Kaplan Hospital and Hebrew University, who did a survey that showed there was only 0.35% of the people with rheumatoid arthritis; and he estimated that a similar number had osteoarthritis a total of 0.7%

In Britain, U.S.A., Australia, New Zealand and South Africa people have from 1 to 2 mg boron a day in their diet on the average, yet there is 20% of the population with arthritis. There are isolated areas in some of these countries where there is more than average boron in soil or water, such as at Camarvon in Western Australia where only 1% of the people have arthritis, and Ngawah in New Zealand where nobody has arthritis but people go there to enjoy the spas that are rich in boron.

In the last 15 years something over 500,000 people have used a boron food supplement tablet so as to get rid of their arthritis. They take 3 tablets a day while they have arthritis and in about 1 to 3 months they can get rid of all the pain, swelling and stiffness. Those who have rheumatoid arthritis generally experience an early aggravation when there is more pain. This is called an Herxheimer reaction and is a good thing as it shows the remedy is working, but they must persevere and in another 2 or 3 weeks all the pain and swelling and stiffness has gone. Then they revert to one tablet a day for a maintenance dose so that they can avoid any more arthritis.

The American Human Nutrition Research Center has shown that a similar boron supplement will reduce the daily loss of calcium by nearly 50% and this would mean that victims of osteoporosis would live longer and be free of pain and discomfort. This is partly brought about by raising the levels of sex hormones present in the blood. Some of the women in the American trial were using HRT or Hormone Replacement therapy, and the blood levels of these hormones was the same as that of those who were using the boron supplement. HRT has the disadvantage that there can be a higher risk of breast or endometrial cancer. The boron treatment has no such risk as the hormones are made by the body and there is no synthetic material introduced to the body.

In the mid 1980s a double blind hospital trial was conducted in Melbourne that showed these boron tablets were very efficacious and quite safe. The authorities were looking for ways to stop the use of a boron supplement and did many pathological tests which all proved the complete safety of this supplement. Since then there have been many other boron tablets on the mar-

ket, and some use different compounds of boron which have never been proven, so it is best to use those brands that have been proven in such a way.

The reason for the lack of boron in some soils is largely that they have had too much soluble fertilizer applied in recent years, and this in turn inhibits the uptake of the trace minerals such as boron. Farmers have to use methods that will ensure a quick return so they use these fertilizers, but the real quality of the produce suffers. The country where this is seen at its worst is Jamaica, where sugar has been grown for 200 years and the growers started using soluble chemical fertilizer in 1872. The soils are quite worn out and so are the people; 70% of them have arthritis and even the dogs in Kingston are limping. Most British and American soils have three times as much available boron in the soil as is found in Jamaica.

Fruits and vegetables are the common foods which are rich in boron; honey is also a good source. But these foods should be organically grown. A good apple can have 20 mg boron, but an ordinary apple grown with fertilizer can have as little as 1 mg boron, or maybe less. The same applies to certain other fruits.

So it seems that the taking of boron should be the first thing to do to prevent or cure this disease.

[Osteo-Trace has two main suppliers in the USA: Dr. Don Brenn, 1535 N. Limestone St., Springfield, OH 45503; Lawrence Mumme, 1321 Meridian Avenue, S. Pasadena, CA 91030. Other physicians and supplement suppliers also handle this product. Dr. Newnham's booklet can be ordered through this foundation for \$10 donation. Please wait six weeks for your order.)



Rex E. Newnham, Ph.D., D.O., N.D.

Born 1920 and educated in New Zealand and Australia. Student of chemistry at night school before the World War II in 1940, he enlisted in the Australian army during the battle of Britain. He served for 6 years in the Middle East, Australia and New Guinea most of the time as a specialist in ammunition, explosives and bomb disposal. He rose to rank of Captain and commanded the First Australian Mobile Ammunition Repair Shop which was kept busy with preparing ammunition for air dropping in New Guinea and then when it had been dropped it had to be armed again to make it effective.

After World War II Dr. Newnham started to study medicine at Melbourne University, but got married and had a son and found it difficult to survive on 11 pounds every 2 weeks, so he stopped that study and worked with relatives as a home builder and carpenter, doing the company accounts at night. After three years of this he stopped and started teacher training in Melbourne. After one year he was teaching and then he completed a science degree so at various times he was teaching chemistry, soil science, agricultural botany, biology and geology.

While teaching in Perth, Australia, Dr. Newnham developed arthritis in the legs and feet. The medication given him did not help and so he started to look for the cause. To him it was obvious that the food he was eating was mineral deficient. "We were growing most of our own fruit and vegetables on deep sands. The deficiencies were calcium, magnesium, potassium, zinc, boron, manganese, molybdenum, copper and iron. I looked in the literature and could not find any reference to arthritis being a mineral deficient disease, but of those

minerals one was written off as not necessary for man or animal. This was boron and I knew that boron had something to do with calcium metabolism in plants. The main point about boron in the literature was its toxicity, namely 40-60 grams was a dangerous dose. So I took 30 mg of borax twice daily and in 3 weeks all pain, swelling and stiffness had gone.

"My son was studying medicine at this time and I told the university authorities and the public health people but no one was interested. Then I told a few others who had arthritis and they were thrilled as they were getting better. After 12 years people persuaded me to develop a tablet which was easier to take than to take 30 mg of borax each time.

"All my life I had been brought up to go to various churches, often the most convenient one. Then in 1961 I came in contact with the *Plain Truth* magazine and this led me to realize that we must do all that our Great Creator God taught us in the Bible and this meant certain changes to one's life style. Being only human I did not handle this very well, especially in the early days, and my wife left me. I stayed single then for 20 years when I eventually married a truly Christian woman in England.

"In the mid-seventies I started to study alternative medicine because orthodox medicine would not admit me to any course as I was over 30 years of age. This was fortuitous as alternative studies included nutrition."

Dr. Newnham quit teaching after rising to headmaster. He graduated in Naturopathy and Osteopathy at the Southern School of Natural Therapies in Melbourne, and started a clinic with others. His studies included homeopathy and nutrition. Mean-

while the boron tablets were going well and people were getting better.

Dr. Newnham says, "Then I did a foolish thing and went to a drug company for help in marketing my boron tablets. Sales had gone from nothing to 10,000 bottles a month in 5 years, even though the first 1000 bottles took 2 years to sell. I told the drug company people how good the tablets were and they were not concerned for those afflicted with arthritis, but were concerned about a loss in their profits due to less use of analgesics [non-steroidal anti-inflammatories], so they had their two men on government committees change the law so that boron became poison and I was fined \$1,000 for selling a poison. This really put me out of business in Australia but it got me going in other countries."

During the 1980s Dr. Newnham made nine journeys around the world investigating boron and arthritis. This meant going to the far north west of Australia, South Africa, Mauritius, USA, Jamaica, Philippines, Fiji, England, France, Israel, India, Japan, Bangladesh checking on boron levels in food and soil, and also checking on arthritis in those countries. Most of the less developed of these countries, Dr. Newnham discovered, had no statistics about soil or disease and he had to ask local doctors or university people for details.

In 1987 Dr. Newnham left New Zealand for England where he thought to marry and retire. He did marry, but did not retire. He qualified for a Ph.D. in nutrition with the International Academy of Natural Health Sciences



Dr. Rex E. Newnham

in London.

People worldwide seek his help for their arthritis and many other health problems and he feels that so long as his health is good, he cannot easily say no to them. He still attends some international conferences to speak about boron or arthritis. He has written a booklet, *Away With Arthritis*, and there is a second book, *Here's Health*, soon to be published by Vantage Press. "Others," he says, "sell the boron tablets but I still do the necessary writing to help them."

"This all seems long," Dr. Newnham says, "but it is difficult to fit the highlights of 72 years into just a paragraph or two."

Dr. Newnham's demographic work on boron is well known to many physicians engaged in alternative/complementary/holistic practices. His booklet, *Away With Arthritis*, can be requested from this foundation for a donation of \$10.00 which does not include cost of shipping and packaging and shipping, for which add \$2.00.

For a summary of Dr. Newnham's brilliant demographic research on boron, order it from us in "Boron & Arthritis," *The Art of Getting Well*, for \$10 or more donation.



Osteoarthritis Treatment

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of pain and structural problems not often recognized -- and a possible solution for them which they called "Sclerotherapy."

Later another referral physician, William J. Faber, D.O. mailed to the Foundation interesting literature related to a book, *Pain, Pain Go Away*, that he and Morton Walker, D.P.M. wrote on the subject.

The subject of *Pain, Pain Go Away*¹ is the damage and pain caused by stretched, torn or otherwise disturbed tendons and ligaments. The treatment to restore proper functioning of these disturbed tendons and ligaments is called "Sclerotherapy" by Osteopaths, "Proliferative Therapy" by Medical Doctors and "Reconstructive Therapy" by Faber and Walker, and some other physicians.

During the course of bodily disease, aging, sports accidents, or even chemical imbalances, there is often much damage to ligaments, tendons, muscles, joints and joint cartilage. This is also true during episodes of Rheumatoid Disease and also throughout Osteoarthritis. Much of this hidden damage has hitherto been unresolvable.

It is possible, but not probable, that an arthritic will also suffer from Gout or what is often known as "Gouty Arthritis." Short of the traditional treatments, which use several medicines and diet (restriction of purine containing foods) to control the disease, there are few alternative medical answers. I challenged the reader of *The Art of Getting Well* to send me any alternatives they might know, and so Roydon Brown of the C.C. Pollen Co., Phoenix, AZ sent a substance, High Desert[®] Bee-JT Right Powder, containing a broad mixture of ingredients which he says will solve the gout problem. This is under personal trial at the moment.

Those who have gouty arthritis have an inability to excrete as much uric acid crystals as they should through their urine. These undissolvable crystals precipitate out in joints, and create extreme pain each time one moves, like sharp, small needles lodged therein. Allopurinol is traditionally used to prevent the formation of these crystals. ColBENEMID[®], containing a mixture of Probenecid and Colchicine, helps the body to eliminate the crystals. A combination of the two will halt the precipitation of the uric acid crystals, and also help to rid the body of the painful crystals.

As an incidental, one of the drugs in ColBENEMID, colchicine, was serendipitously discovered to help the liver to heal.

One type of joint pain that disturbs some of us greatly cannot be attributed any longer to active Rheumatoid Disease or Gout. Often this kind of pain is the result of having had Rheumatoid Disease or is medically identified as Osteoarthritis, and stems from the absence of cartilage, the friction of bone (clicking joints as we move them), or weakened tendons, ligatures and muscles where they should attach to bone surfaces through tearing, stretching or physical damage.

Dr. Faber explains: "X-rays cannot show anything but bones, and do not show torn ligaments which stabilize joints by holding bones in place. When ligaments are torn they are unable to effectively function to hold bones in place which causes friction as bone rubs against one. [The body's structure and form is held together by the ligaments and tendons, not the muscles, which simply provide power across the equivalent of pulleys and levers in the body.]

"The body attempts to correct this problem caused by the

torn ligaments by creating "arthritis". In this instance "arthritis" [including calcium spurs which create pain] is the body's attempt to compensate for the torn ligament's inability to hold the bones in place.

"This," says Faber, "explains why anti-inflammatory drugs and cortisone are often not effective. Excess friction, not inflammation, is the cause of the joint pain. Reducing inflammation will not eliminate the problem nor provide long-term relief. Only strengthening the ligaments will correct the problem."

Since ligaments contain no muscle fibers, exercise also will not correct the problem or provide long-term relief.

When should "proliferative" therapy be considered?

According to Faber, under the following conditions.

1. *When ligaments are either lax or torn, then the ligaments can be strengthened.*

2. *When any joint has pain lasting longer than six weeks. A healthy body should be able to heal torn or lax ligaments within six weeks. If joint pain persists beyond six weeks, it is an indication that the body has not been able to handle it on its own and that the joint is unstable from lax or torn ligaments.*

3. *Any joint that is helped by a support or brace. A brace or support functions as ligaments do. That is, they function to stabilize the joint. If a support brace helps, proliferative therapy is indicated as it strengthens the ligaments, enabling the necessary support.*

4. *Any joint that fails to respond to manipulation or adjustments. Many joint problems can be resolved with manipulations/adjustments and often manipulation/adjustment is the treatment of choice. Manipulation is highly effective when bones are out of alignment as a result of bad posture or injury. When manipulation or adjustment doesn't provide lasting relief it is because*

the ligaments are lax or torn and can't hold the joint in place.

5. *Any joint that is worse after surgery. When injured joint spacers are removed in surgery (discs, cartilage) this causes the ligaments to become lax. This laxity causes the joint to become unstable and eventually form arthritis.*

6. *Any joint that is better with rest and worse with exercise. Rest allows the body to heal itself and also reduces friction which is caused by a torn or lax ligament in a weakened joint. Exercise of an unstable joint makes it hurt more as it creates increased friction. Because of the decreased blood supply in ligaments, rest alone is often not sufficient for the body to heal itself. And, because ligaments and tendons do not contain muscle fiber, exercise will not heal an injured ligament or tendon.*

7. *Any popping, snapping or clicking joint. A joint that is unstable snaps, clicks or pops. Proliferative therapy causes strengthening of the ligaments and thus stabilizes the joint thus eliminating the popping, snapping and/or clicking.*

8. *Any torn tendon or tendonitis that does not resolve after six weeks. Tendons are like ligaments in that they are fibrous tissue and they attach to the bone. They also have a lack of blood supply like ligaments, and therefore have a poor healing ability. Proliferative therapy causes a permanent strengthening of torn or lax tendons just as it does for torn or lax ligaments.*

In this form of treatment, medical specialists (M.D. or D.O.) often utilize x-ray, photographs and thermography (infrared mapping of body inflammation through heat sources). Such practitioners become very skilled at locating hot spots (inflammation and pain) by sense of touch, to confirm results of other tests,

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Osteoarthritis Treatment

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such as stress analysis, that are correlated.

After locating all the body points that require this form of treatment, a fine needle that does not convey a great deal of pain is used to insert close to the bursar sacs (at the joints at the junction of bones and ligament) a combination mixture of procaine and sodium morrhuate, or similar substances.

The procaine acts as an immediate pain desensitizer (as it also does in intra-neural therapy) and the body eventually converts it to a Vitamin B which is then easily utilized to good purpose. The sodium morrhuate is a natural body substance which the body uses to promote the growth of fibroblasts and collagen tissue, both necessary to reattach and/or strengthen tendons and ligaments to the bone. Fibroblasts are cells or tissues from which connective tissue is grown. Collagen is a fibrous insoluble protein found in connective tissue, including skin, bone, ligaments and cartilage, and represents about 30% of the total body protein.

Whether or not these substances do as described is no longer under scientific question, as at the University of Iowa, and at other locations, more than 30 years ago, tests were performed

on animals presumably not subject to human placebo effects. The treatment worked on them, promoting the growth of fibroblasts and collagen tissue at the sites of injection, tightening up tendons and ligaments.

The treatment is taught only in a post-doctoral course, however, and it is unlikely that the average family physician, or even that the average osteopath, would know its benefits, or how to perform the tasks.

With some patients there have been remarkable improvements after a single treatment, unless the individual does not have good healing abilities (poor metabolism) in which case many of the Foundation's foregoing treatments (and perhaps others) should be considered such as metabolism, proper nutrition and other good health habits.

It usually takes 6 to 30 sessions to fully strengthen a small joint in most cases. While relief may come early, correction comes only after the joint is fully strengthened. Large joints such as the hip or back usually require 12 to 30 sessions for correction. The elbow and wrist about 12 to 24 sessions as these are high stress areas. Treatment times vary and may take longer if the patient previously received cortisone or in case of severe injury or re-

injury. Each session increases strength.

The therapy is safe, natural and effective in experienced hands. Lessening of pain should result as well as strengthening of joints.

The treatment should be considered as an adjunct to other treatments for Osteoarthritis, compression fractures, rotator cuff tears, unstable knees, backs, neck, shoulders, hips, wrists and elbows that have been operated on unsuccessfully, and certainly if possible, to do this treatment before operations are even considered.

The ravages of Rheumatoid Disease left me with a great deal of joint damage and so through Dr. Pybus' intraneural injections, usually administered over a two year period by Gus J. Prosch, Jr., M.D. of Alabama, much pain disappeared. There developed, however, considerable pain in shoulders and spine that could not be relieved by the intraneural injections and so naturally I was interested in Faber's, Mittlestadt's and Walmer's recommendations that I attend a man skilled in Sclerotherapy. (Incidentally, intraneural injections and Sclerotherapy cannot be used simultaneously, as they act oppositely in the body.)

I was referred to J.A. Carlson, D.O., of Knoxville, TN, who specializes in non-surgical orthopedics using the above de-

scribed therapy and other related treatments for the practice of musculo-skeletal and athletic medicine.

The neck and shoulder pain were solved after 12 treatments taken once a month. As I had to drive three hours to and three hours back from Dr. Carlson for treatment, I could only take the treatment once a month. An optimum treatment regimen would have been three treatments per week, which should then have taken me no longer than four weeks. Since my metabolism was poor, my regrowth qualities were also poor. The twelve treatments in a person with a healthy metabolism would have reduced to but six altogether, which could have been taken in two weeks.

It's quite clear, after several years, that Carlson's treatment was totally effective, also keeping me from experiencing a costly and probably ineffective (or more damaging) spinal operation.

Reconstructive Therapy, or Proliferative therapy, or Sclerotherapy, as has been stated, stimulates the body to repair itself.

What more can be asked?

1. If you have further interest in the Faber and Walker book, send us a donation of \$18 or more (includes shipping and handling) with a request for *Pain, Pain Go Away*. (Please wait six weeks for your order.)



Dr. Rex E. Newnham

Richard A. Kunin, M.D.

Dr. Kunin is a physician, psychiatrist and pioneer in the field of nutri-molecular medicine, an approach to health by means of laboratory measurement of vitamins, minerals, amino acids and other substances that are essential for life and for health. A founder and past-president of the Orthomolecular Medical Soci-

ety, he is author of the best-selling book, *MegaNutrition*. (McGraw Hill) Dr. Kunin lives and works in San Francisco, CA. He is president of the newly founded International Association of Ortho-molecular Physicians.

Educated at the University of Minnesota, he received his B.S. in 1953 and his M.D. degree

in 1955. He interned at Kings County Hospital, Brooklyn, NY in 1955-1956 and following psychiatric residency training at the New York Hospital, Payne Whitney Clinic in 1956-1959, he served for two years as a Captain in the United States Army Medical Corps. He was psychiatrist for the 7th Division at the DMZ

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as well as on staff at the 121 Evac Hospital in ASCOM city, Korea and also served at Valley Forge Army Hospital in Pennsylvania. A post-doctoral fellowship in neurophysiology at Stanford University Medical Center in 1962-1963 brought him to San Francisco, California, where he has lived since 1962. His research on hippocampal theta rhythm changes in animal hypnosis remains a classic. Application of this research to human hypnosis and psychotherapy led to national recognition in *Time* magazine in 1964.

In the past 25 years Dr. Kunin has been a pioneer in the fields of orthomolecular psychiatry and nutrition-oriented medicine. He was the first clinician to combine computer analysis of diet with laboratory diagnosis of nutrient levels in body tissues, including hair analysis, and was recognized as a national leader by *Prevention Magazine* in 1972. Before the word 'holistic' was invented, he integrated hypnosis, behavior therapy, character analysis, semantics, orthomolecular psychiatry and nutrition medicine in healing.

His interest in mineral metabolism led to the important discovery that manganese treatment is often successful in otherwise permanent cases of drug-induced tardive dyskinesia. He also was first to demonstrate that pre-treatment with aspirin blocks the niacin flush, and was first to suggest that the antischizophrenic action of niacin was related to prostaglandin metabolism. Dr. Kunin's most practical contribution will probably be recognized as the LISTEN TO YOUR BODY DIET™, a method of optimizing personal nutrition by systematic adjustments of carbohydrate, fat and protein and taught by means of a unique food diagram.

The application of ad-

vanced knowledge and technology that integrates nutrition and medicine is the focus of Dr. Kunin's career now. The availability of panel testing of vitamins, minerals, amino acids and fatty acids, as well as toxic factors and immune response markers provides the tools to identify health risks and early disease, before the damage is done.

Dr. Kunin's present positions and appointments include: Private practice of orthomolecular-preventive medicine and psychiatry; Clinical Professor of Psychiatry, College of Osteopathic Medicine of the Pacific; Editorial board, *Journal of Orthomolecular Medicine*; Columnist 'Putting Nutrition First,' *The New Fillmore*; President, International Association of Orthomolecular Physicians.

He is a member of: American Medical Association; California Medical Association; San Francisco Medical Society; American Psychiatric Association; Northern California Psychiatric Society; San Francisco Academy of Hypnosis; American Association for the Advancement of Science; American Association for Orthomolecular Medicine; American Running and Fitness Association; American College for Advancement in Medicine.

His previous appointments and experiences include: Valedictorian, North High School, Minneapolis, MN, 1949; instructor in psychiatry, Cornell University School of Medicine, 1959; Captain, U.S. Army Medical Corps, 121st Evacuation Hospital (Korea) and Valley Forge Army Hospital (Pennsylvania), 1959-1961; Diplomate (psychiatry), American Board of Psychiatry and Neurology, 1962; Consultant, Stanford University Department of Psychology, graduate

practicum in behavior therapy, 1963-1964; Consultant, Marin Public Schools behavior therapy camp for children with learning disabilities, 1967; Lecturer in hypnosis, University of California Medical School, Langley Porter Neuropsychiatric Institute, 1968-1971; President, San Francisco Women's Rehabilitation Foundation (alcoholism), 1969; Vice-President, Plays for Living (mental health), San Francisco, 1969; President, San Francisco Academy of Hypnosis, annual course in hypnosis for health professionals, 1965-1974; Founding Vice-president, Orthomolecular Medical Society, 1975-1979; President, Orthomolecular Medical Society, 1979-1982; Partner, Good for You Health Products Co., 1987 --.

Dr. Kunin's Research, Presentations and Publications include: EEG Studies in Animal Hypnosis. *Am J Clin Hyp*, April 1964; An Operational Approach to Hypnosis in Psychotherapy. Presented at American Society of Clinical Hypnosis, 1966; The Mental Tune-up in Operational Hypnotherapy. Presented at American Society of Clinical Hypnosis, 1969; Hypnosis and Operational Psychotherapy. Presented at Napa State Hospital symposium, 1970; Do You Really Believe that Stuff! Presented at Academy of Orthomolecular Psychiatry (SF), 1973; Action of Aspirin in Preventing the Niacin Flush. Presented at Academy of Orthomolecular Psychiatry (Las Vegas), 1974; Manganese and Niacin in Treatment of Tardive Dyskinesia. *Ibid*; The Optimal Carbohydrate Diet. Presented at Academy of Orthomolecular Psychiatry (Miami) 1975; Food as Psychotherapy. Presented at Academy of Orthomolecular Psychiatry (Denver) 1976; Biological Parameters in Mentally Ill patients. *Ibid*; Orthomolecular Psychiatry.

Presented at staff meeting, Napa State Hospital, 1976; A Cardiovascular Response in Schizophrenia. Presented at Academy of Orthomolecular Psychiatry (Toronto) 1977; The Use of Data Forms in Orthomolecular Practice. *Ibid*; Comparison of Orthomolecular and Other Therapies by Patient Follow-up Questionnaire. Presented at Academy of Orthomolecular Psychiatry (Phoenix) 1977 and the VI World Congress of Psychiatry (Honolulu) 1977; Manganese and Niacin in the Treatment of the Drug-induced Dyskinesias. *J. Orthomolecular Psych*, 5,1: 4-27. 1976; The Action of Aspirin in Preventing the Niacin Flush and its Relevance to the Antischizophrenic Action of Megadose Niacin. *J. Orthomolecular Psych*, 5,2: 89-100. 1976; Ketosis and the Optimal Carbohydrate Diet: A Basic Factor in Orthomolecular Psychiatry. *J. Orthomolecular Psych.*, 5,3: 203-211. 1976; Sex Differences in Patient Self-evaluation -- One Year Post-Treatment. Presented (L. Bingham, M.A.) Western Psychological Association Seattle), 1977; Manganese Treatment of Drug-induced Dyskinesias. Presented at II World Congress of Biological Psychiatry (Barcelona) 1978; Lead Toxicity -- an Orthomolecular Challenge. Presented at Orthomolecular Medical Society (San Diego) 1978; Orthomolecular Psychiatry. Presented at University of California Medical School course in Pathophysiology of Disease, 1979; Lead Toxicity and Depression. Presented at scientific meeting Academy of Orthomolecular Psychiatry, 1979; Orthomolecular Psychiatry: The Return of the Medical Model. Presented at Orthomolecular Medical Society (SF) 1980; Orthomolecular Therapy vs Behavior Therapy: A case study. *Ibid*; The Orthocarbohydrate Diet in Treatment of
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The Arthritis Fund may have your answer for arthritis relief!

If you're filled with pain day and night, and want relief -- if you're a person who views the future as a cripple with constantly decreasing abilities and want to stop the crippling -- if you're a man or woman or child who lives pain-free for but minutes -- and then only at the will of a drug, a doctor, a drug store -- and also by courtesy of a fat pocketbook -- but especially if you're a person who wants relief from this centuries-long scourge -- you'll want to know about The Arthritis Fund.

Thirteen million Americans suffer from so-called incurable Rheumatoid Diseases. Three million are restricted in their daily activities. Seven hundred thousand cannot do useful work, keep house, attend school or enjoy recreational activities. One out of three of us either have a form of the disease or will display some symptoms -- if we live long enough!

Tens of millions of Americans suffer from Osteoarthritis and Gouty Arthritis. Some predict that almost everyone will develop some form of Arthritis if one lives long enough.

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

The Arthritis Fund has supported research and has developed treatment methods (discussed in the book *Rheumatoid Diseases Cured at Last*) which have produced remarkable healing results for arthritic patients.

If you would like to learn more about The Arthritis Fund (TAF) or support our work, please complete and detach the Reply Memo below.

To: Perry A. Chapdelaine, Sr.
The Arthritis Fund
5106 Old Harding Road • Franklin, TN 37064

Dear Perry:

YES, I'd like to support the Arthritis Fund (TAF) with a tax-deductible gift of: (check one)

\$10 \$15 \$25 \$50 \$_____ Other

NO, I'm sorry I can't make even a small gift but I would appreciate it if you could send some information on TAF's physician recommended treatments for arthritis.

See TAF Facts.

Donations to TAF are tax deductible to the full extent allowed by law.

The Arthritis Fund is a project of The Roger Wyburn-Mason and Jack M. Blount Foundation for Eradication of Rheumatoid Disease

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