



The Arthritis Trust of Canada Newsletter

Dedicated to Eradicating Rheumatoid Disease From the Earth

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Allergies/Addictions and the Arthritic

WARREN LEVIN, M.D. & ANTHONY DI FABIO

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Food allergies contribute to Rheumatoid Disease, and, if they do not mimic the symptoms of Rheumatoid Disease, they may also help to cause the symptoms.

Food allergies are often classified in alternative medicine under the heading of Clinical Ecology, where the environmental causes of allergic symptoms are unraveled.

Certain allergy symptoms have sources that are well known, and easily found, such as those causing "hay fever" which springs from pollen or ragweed, pigweed, grass pollen, tree pollen and so on. This is an "external" allergy, as opposed to an "internal" allergy that springs from reactions to substances inside the body. External allergies do not usually cause symptoms of Rheumatoid Arthritis, but they can aggravate the condition.

External allergies can be discovered by the detective work of mixing together suspected allergens — pollen grains, house dust, protein particles, et. al. — and after preparing the solution properly, inserting the extract just beneath the skin, where the size and severity of welts determines whether or not an individual is allergic to a particular protein.

Other external allergen sources can be almost anything: gases, fluids, various proteins. Strictly speaking, these are not allergies, but chemical sensitivities. Some people develop an "allergy" to something as common as the cooking gas from the cook stove, and they cannot live near or by such sources without being sick.

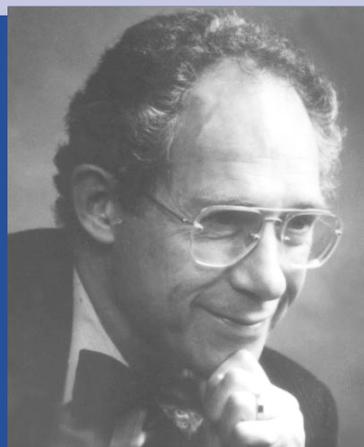
People range from very, very sensitive to not sensitive at all, in a gradient scale. People vary considerably as to what they are allergic to.

The interesting — and distressing — part about allergies is that foods which were perfectly safe for much of our lives suddenly become intolerable — for no obvious reasons.

Early on in the medical history of treating allergies, professional allergists had great success in testing for and finding common allergens, such as from the pollens of various plants. However, when similar tests were developed for foods, or the increasing number of environmental chemicals, there was, at best, inconsistent results. Even today people will falsely take the skin-

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Physician Profile



Warren Levin, M.D.

Warren M. Levin, MD, has been a family physician since 1959, and has specialized in nutritional, preventive and orthomolecular medicine since 1974. He has been certified by four separate Medical Specialty Boards: Family Practice, Chelation Therapy, Environmental Medicine, and Bariatric Medicine (weight control), and he has been a member of the American Medical Association for forty years.

Other Professional Affiliations

Fellow - American College of Nutrition; Fellow - American Academy of Family Practice; Fellow - American Academy of Environmental Medicine Board of Governors; International College of Applied Nutrition Honorary Fellow; International Academy of Preventive Medicine; Vice President and Board of Trustees American Society of Bariatric Physicians; Executive Medical Board, Medical Association for Research and Treatment of Arthritis; Treasurer and Board of Directors ACAM (American College for Advancement in Medicine); American Board of Chelation Therapy; February 1997 - Member: Board of the Vitamin C Foundation; February 1997 - Chairman: Medical Advisory Board of SURVIVE UNTIL A CURE (SUAC) [a 501 (c)3 non-profit corporation]; Listed in the 1997-1998 First Edition of *Marquis Who'sWho in Medicine and Healthcare*TM; March 1995 -

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Prevention Is Better Than Cure

Prevention is Better Than Cure

The Sad Story of Arthritis and Osteoporosis

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

Cracoe House Cottage, Cracoe Near Skipton

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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.

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

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Physician Profile *(continued from page 1)*

Awarded the Distinguished Pioneer in Alternative Medicine Award by FAIM (The Foundation for the Advancement of Innovative Medicine).

EDUCATION AND PRACTICE:

1950 — Bachelor of Arts Degree, Central High School of Philadelphia, PA, Gratz College for Hebrew Education (no degree)

1952 — Bachelor of Science, Ursinus College, Collegeville, PA

1956 — Doctor of Medicine, Jefferson Medical College of Philadelphia, PA

1956 - 1957 — Internship: US Naval Hospital, Newport, RI

1957 — Photofluorographic Interpretation Course, National Naval Medical Center, Bethesda, MD

1957 - 1959 — Base Radiologist, United States Marine Corps, Camp Lejeune, NC

1959 - 1974 — Private Family Practice, Staten Island, NY

1969 - 1974 — Secondary Office Bay Ridge, Brooklyn, NY

1974 - 1979 — Private Practice: Nutritional, Preventive and Orthomolecular Medicine

1979 - 1980 — Medical Director: World Health Medical Group, World Trade Center, New York, NY

1981 - 1994 — World Health Medical Group, New York, NY

1994 - Present — Physicians for Complementary Medicine, New York, NY

SPECIALTY BOARD CERTIFICATIONS:

1973 - American Board of Family Physicians; Recertified: 1983, 1987, and 1994

1973 - American Board of Bariatric Medicine

1980 - American Board of Chelation Therapy Recertified: 1983 and 1985

1994 - American Board of Environmental Medicine

AFFILIATIONS:

1959-1974 St. Vincent's Medical Center of Richmond, Staten Island, NY; Assistant Attending in Pediatrics

1959-1974 Doctor's Hospital of Staten Island; Attending Staff, Family Practice

1959-1974 Staten Island Hospital; Courtesy Staff

1959 to closing Sunnyside Hospital, Staten Island, NY;

American Medical Symposia - Advisory Board; Renaissance Revitalization Center - Advisory Board

LICENSES:

New York; Connecticut; Nevada; California; Pennsylvania

patch test which has shown itself to be negative, as proof that they are not allergic to the food the patch was supposed to test against. Food patch tests are extremely unreliable when making the determination for a food allergic reaction.

Since Theron Randolph, M.D. and four others organized the Society for Clinical Ecology in 1965 there has been a quiet revolution on how we view and test for food and other chemical sensitivities. By 1980 this society attracted 250 members. Dr. Randolph inherited some of his knowledge, and a great deal was his own major contribution to modern medicine.

There are claims, of course, that solving the food allergy problem will also solve the Rheumatoid Arthritis — or other Rheumatoid Disease — problem. Some of these claims may be correct, and some may be, and most likely are, based on a mixture of three problems: Candidiasis, food allergies, and Rheumatoid Disease. More than likely, as we've suggested in other articles, Rheumatoid Disease and Candidiasis go hand in hand, and then an increasing number of food allergies begin to also take over our health condition.

According to Paul Reilly, N.D. of Tacoma, WA, "Diet affects bowel flora and Gastro-Intestinal tract permeability. Both of these factors can, in turn, affect the amount of endotoxins (bacterial toxins released from dying bacteria) absorbed. In addition to their . . . role in stimulating B cell mitogenesis, endotoxins are potent activators of the alternate complement pathway, which promotes inflammatory processes. The Kupfer cells of the liver are integral in elimination of circulating immune complexes as well as antigens absorbed intact from the gut. If the liver is not functioning optimally, due to endotoxin damage, these undegraded antigens may be released into the systemic circulation where they can activate further complement release and inflammation!"

Allergy reactions also contribute to free-radical pathology, and that extra burden on the body can contribute to arthritic symptoms as well. After all, free-radical pathology, and subsequent damage, is what arthritis is all about. Cleaning up or preventing the development of extra free-radicals, even temporarily, should give some relief, as seems to happen when using EDTA Chelation Therapy, DMSO Intravenous Therapy, or other similar means.

A most important publication to read and understand if you

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Food allergies contribute to Rheumatoid Disease, and, if they do not mimic the symptoms of Rheumatoid Disease, they may also help to cause the symptoms.

by Perry A. Chapdelaine, Sr.

(As told by Gus J. Prosch, Jr., M.D.)

Health, like the "skeleton" song, where the foot bone is connected to the ankle-bone, and the ankle-bone is connected to the thigh-bone, and so on, is interconnected. Obesity, is often a health problem and can contribute to every other kind of problem.

I want all of my friends to know about a newly developed product, a non-prescription, herbal combination capable of: (1) helping you to shed unwanted pounds without greatly altering your lifestyle or eating habits, and (2) providing you with noticeable energy increase, enabling you to be more vigorous while achieving your weight loss goals.

One of our referral physicians, and a close friend, Gus J. Prosch, Jr., M.D., has specialized in weight problems. He's brought to my attention this new product, which several of my daughters have tried and lo! it does as he says!!

Gus Prosch says that there are two kinds of fat: brown fat and white fat. Babies are born with mainly brown fat. Bears hibernate and create heat with brown fat. Most folks, as they grow older lose most of their brown fat which contains the mitochondria, the little power unit that it is necessary to turn on to be able to burn up white fat. White fat is simply a storage of energy without ability to burn itself up.

Lacking sufficient brown fat, many people do not have the ability to burn up the white fat, and so, no matter how they eat — or starve — they stay overweight.

This problem is seriously aggravated by the kinds of fats that hucksters have sold us on eating, such as the bad guys: margarine, hydrogenated fats and oils, sugars, and so on. *The Rheumatoid Disease Foundation* has an article on this titled *Essential Fatty Acids are Essential* for ten tax-deductible dollars. (If you can't afford the ten, let me know and I'll get you one anyway. This is essential knowledge for arthritics!).

The new product is not a drug but rather a dietary supplement, nor does one get hooked on it, as happens with some medicines!

If you are pregnant, have high blood pressure or diabetes, however, you shouldn't take the herbs except under medical supervision.

This product is not more than 6 years old, and while several are selling the product, you can receive information from Miracle Specialties, 759 Valley St., Birmingham, AL 35226. The Rheumatoid Disease Foundation does not benefit from sales, but you might benefit from the product.

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



*Your membership fee helps us to help others,
and entitles you to our newsletter!*

suspect that you're a candidate for multiple allergens from foods and other sources is *An Alternative Approach to Allergies*, by Theron Randolph, M.D. and Ralph Moss, Ph.D.²

Allergies, surprisingly enough, are also addictions, or at least there is sufficient commonality between the phenomena of food and some other allergies and addictions so as to suspect an actual biological link. Warren Levin, M.D. has contributed the following:

Allergy/Addiction to Foods and Chemicals by Warren Levin, M.D.³

A *new concept* to the medical profession, but one of great importance to the healing arts, is food allergy/addiction. You will notice that I do not speak of allergy or addiction nor of allergy and addiction, but rather of a single entity — allergy/addiction. These two different aspects are as inseparable as heads and tails on a coin. Depending on which aspect is facing you, one or the other side may be more obvious but the obverse is always there.

Most of us are acquainted with the obvious food allergy reaction. The patient who breaks out from strawberries or swells up from shellfish or who gets asthma from peanuts is well known and recognized by the doctor or layman. However this type of acute reaction represents a very small percentage of all food allergy/addiction reactions.

The acute reaction occurs from exposure to a food which is not eaten regularly. The reaction may affect one or several organs systems, but tends to affect the same systems in a particular patient with each repeated exposure. In other words, any organ in the body is capable of responding as the shock organ. If the nose reacts you get hayfever. If the lungs react, asthma. If the skin is the shock organ you get eczema or hives. If the intestinal tract is the responding organ you get diarrhea or constipation or nausea and vomiting or gas or a combination.

Allergy Causes Mental Symptoms

One of the most important shock organs that can respond to the allergic insult is the brain. The brain can show localized areas of allergic reaction similar to hives on the skin. Since the changes in the circulation, the localized swelling, the increased pressure of this allergic reaction are all taking place in the unyielding confines of the skull, the symptoms and signs of brain allergy can be severe or mild and manifest themselves as any physical complaint. The most common ones are headaches, fatigue, uncontrollable sleepiness at inappropriate times, inability to concentrate, memory lapse, incoordination, actual hallucination, changes in perception from any of the five senses — taste, smell, touch, sight and hearing. There can even be loss of consciousness and convulsions. The most important thing to understand about cerebral allergic symptoms (and I should say that cerebral refers to the most complicated portion of the human brain) is that these allergic symptoms can frequently mimic exactly the symptoms that have classically been attributed to nervous breakdown, neurosis or psychosis. In other words the diagnosis that it's all in your mind may really mean that it's all in your brain and caused by an allergic

reaction in the brain.

The most obvious example of a food addict is the alcoholic. Suppose we look at the history of an alcoholic from the point of view of allergy/addiction. The first drink is almost always the social phenomenon. The drug affect of alcohol is experienced as pleasant and unwinding, the relaxation effect. This may be repeated socially at irregular intervals for years, without any addiction developing.

It is important to remember that any food can be addicting. The best foods — wheat germ, liver, yeast, meat, fish, fruit, vegetables — are capable of inducing allergy/addiction just as well as the junk foods and alcohol.

Then perhaps after a tough day at the office the businessman may try a martini before supper to obtain the same relaxation (still from the drug affect of alcohol.) When this becomes a habit the stage is set for addiction. Food addiction develops slowly from frequent repeated exposures to a potentially addicting substance.

It is at this point that the addiction phenomenon becomes manifest by its major clinical sign—the withdrawal phenomenon. If you are addicted to something you feel better

when you take it and after a period of being without it you begin to feel worse. Depending on the severity of the addiction it may be very mild and difficult to recognize, and express itself just as craving for the substance to which you're addicted. Some people just *know* that they are going to feel better if they have a cup of coffee, and other people just know they can't get started unless they have their drink of orange juice, and other people don't even recognize it — they just think that it's perfectly logical to have bread with every meal and they don't consider a meal complete without a piece of bread. What they don't realize is that the craving is to satisfy an addiction.

Withdrawal Symptoms Lead to Addiction

So let's look at our alcoholic again. He's been taking a martini now regularly when he comes home from work to unwind, and very subtly and gradually he becomes addicted. Every day by supper time his addiction is beginning to have its affect, and he relieves it by taking his customary drink. However when addiction becomes progressive the length of time that the offending substance relieves symptoms becomes less and less, and soon our harried businessman notices that somewhere around three-thirty or four o'clock he is really beginning to feel frazzled. However if he keeps a little bottle in the drawer and takes a nip about three or three-thirty he can avoid that down feeling and of course it's an

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easy thing to do and that's only two drinks a day, and another alcoholic is on the way.

The addiction increases, the withdrawal period becomes sooner and now we find that in order for him to function well he's got to have a drink when he goes out with the boys at lunchtime. If he is intelligent he may skip the mid-afternoon nip from the drawer because he does not need that anymore but if he is a slave to habit he will continue to have that drink as well as the one before supper.

It's important to notice at this time that the patient is functioning better *with* the alcohol than he does without it, even though alcohol is a total depressant to the nervous system, interferes with reflex time and in general produces less efficient functioning. In the person with an alcohol problem the non-alcoholic state is no longer normal. It is a state of withdrawal from an addicting substance and the depression and malfunction that accompanies withdrawal is worse than the state in which the stimulation of the addicting substance is in effect.

Eventually, we get to the point where the patient is drinking every hour or two during the day to avoid the withdrawal syndrome, and he is functioning much below par but he does function as long as he continues to take his alcohol. However, now we see where the patient when he goes to bed at night, is going to go through an eight hour period and when he wakes up in the morning he's going to be in severe withdrawal. This of course is the classical evidence of addiction to alcohol — the patient who wakes up in the morning hung-over, nervous, irritable, and all he has to do is take a tiny sip of his favorite alcohol and he relieves withdrawal symptoms temporarily.

It is obvious to most people except the alcoholic that the best course of action is to go "cold turkey," to suffer through the withdrawal syndrome, to detoxify and then to avoid the offending addicting allergic substance so that optimum body function can be obtained.

In general we know that this detoxification or desensitization or cold turkey phenomenon takes about five days for food substances. What has been further recognized is that once a patient has gone through this cold turkey phenomenon and eliminated the allergic addicting substance completely, his body then no longer craves it and actually at that point becomes acutely reactive in an allergic way to the next exposure. This is extremely important in the diagnosis of food allergy/addiction.

It is important to remember that any food can be addicting. The best foods — wheat germ, liver, yeast, meat, fish, fruit, vegetables — are capable of inducing allergy/addiction just as well as the junk foods and alcohol. However it seems the more quickly a given food is absorbed from the intestinal tract, the more likely it is to produce the allergy/addiction response.

Fastest Absorbed Foods Are Most Addictive

Next in line to alcohol for speedy absorption from the intestinal tract are the refined carbohydrates like white sugar, white flour, corn syrup. In nature's foods the absorption of carbohydrates is slowed down by the presence of indigestible

fiber, protein and oil. The refining process eliminates these factors which retard absorption and the result is increased incidence of allergy/addiction. The combination of these refined foods with alcohol is disastrous to the susceptible patient.

Following the refined carbohydrates in speed of absorption are the natural carbohydrates, fruits, starchy vegetables and cereals, then the proteins—meat, fish, poultry and eggs and finally the slowest of all — fats and oils. It is for this reason that many severely food sensitive patients are able to tolerate foods that are fried in oils Chinese style using the classical Chinese wok technique.

For anyone with multiple food allergies this method of food preparation is highly recommended.

The problem of identifying food allergy/addiction then becomes primarily dependent upon the recognition of the possibility. It's the old story in medicine — if a doctor doesn't think of the diagnosis during his contemplation of the patient he will never make a diagnosis. Once the possibility has been considered however, demonstration or confirmation of the correct diagnosis and treatment is straightforward. For in this case the diagnostic procedure is therapeutic — that is, eliminating the offending substance from the diet will both demonstrate the allergy and relieve the patient. Many patients are skeptical even when they feel better after having eliminated their offending substances. For the skeptics confirmation is again an easy and straightforward procedure — one just says, OK, try that food all by itself and see what happens. Despite the fact that this procedure sounds so easy it is only easy in those situations in which the patient is allergic to one or a very few substances.

Unfortunately, many patients have multiple allergies of varying degrees to many if not most of the foods that they eat. In such a situation eliminating a single food may not produce the relief that is sought and the withdrawal symptoms are merely super-imposed on the general depression and low functioning level, so that the patient feels worse and does not get relief at the end of the five day elimination.

Fasting Unmasks Allergies

It is in recognition of this particularly complex problem that the technique of total fasting has been developed as a diagnostic and therapeutic technique by the pioneers in clinical ecology. It is interesting to note that after many years of divergent pathways to health a number of different disciplines are finding that they have much in common. The religious ascetic frequently fasted to cleanse his body of impurity while he meditated, and noted that he was healthier in mind and body when he was through. The nutritionally oriented "health nuts" and some of the old time doctors and naturopathic physicians have advocated fasting as therapeutic and detoxifying. Although the techniques of the various fasts have been different, the general concept is the same when viewed from the allergy/addiction point of view. By eliminating all the offending allergic substances the body does begin to function at a more optimum level.

Needless to say, before starting on this procedure one should

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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 20 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 osteo arthritis 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.

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Who Is Looking After Our Children?

Who Is Looking After Our Children?

(A Guide for parents to protect their children from toxic substances)

by Harold Buttram, M.D. and Richard Piccola
Paperback 169 pages; \$18 donation to this foundation

There is at present an ominous trend of deteriorating health among American children. Allergic disorders such as asthma are rapidly increasing both in frequency and severity.

Common respiratory and ear infections are increasing on a scale unknown in earlier generations, as indicated by the large numbers of children requiring frequent or prolonged use of antibiotics. Perhaps most ominous of all for our society is the rapid increase of conditions such as autism,³ the attention deficit hyperactive disorder (ADHD),⁴ of learning disabilities among children, and of violence among juveniles.⁵

It is true that the present breakdown of the family institution is playing a major role, but there is another underlying cause of which few seem to be aware, and that is the flood of potentially toxic, brain-damaging chemicals in air, food and water in today's environment. Much credit is due to the prestigious National Research Council, the official scientific advisory body to the federal government, for sponsoring a series of books dealing with this subject.^{6,8} About 70,000 chemicals are now used in commerce, of which several hundred are known to be neurotoxic. However, except for pharmaceuticals, less than 10% have been tested for neurotoxicity, and among these only a handful have been tested thoroughly.⁹ Children have been estimated to be up to 10 times more vulnerable to toxic chemicals than adults.¹⁰ One of the earliest signs of chemical toxicity may be that of behavioral disorders.¹¹ The story of Jekyll and Hyde by Robert Louis Stevenson may have been prophetic of our modern times, foretelling potentially adverse effects of chemicals on the human personality.

Given these facts, one of the greatest needs of our times is for simple and understandable guidelines for parents to protect their children from toxic substances. I believe that the book, *Who Is*

Looking After Our Children?, provides this guidance.

Written primarily for parents and families, the message is concise, direct, and comprehensive. It covers major sources of potentially toxic chemicals along with, in the opinion of many, areas of overuse of medications in the medical field. Many years of experience had convinced the authors that parents commonly are not aware of the dangers of toxic substances to their children, and even when they are aware, they do not know how to avoid them.

Subjects reviewed in the book include preconception care, nutrition, chemical food additives, volatile organic compounds, toxic metals, fluoridation, overuse of antibiotics, childhood immunization programs, prenatal influences (the effects of the thoughts and feelings of the mother on the baby-to-be), and others. The book is written primarily from the standpoint of the children, since they cannot speak for themselves.

References:

1. Weltzman, M. et al, Recent trends in the prevalence and severity of asthma, *JAMA*, 1992; 2681 (19): 2673-2677.
2. Hunt, L.W. et al, Accuracy of the death certificate in a population-based study of asthmatic patients, *JAMA*, 1993; 269(15): 1947-1952.
3. In a presentation by Sudhir Gupta, M.D., Ph.D., Professor of Medicine at the University of California at Irvine, given at Autism Research Institute seminar in Chicago, June 15-16, 1966, Dr. Gupta cited the current estimate of autism in the USA as 400,000 children. This is in contrast to an incidence of 1 or 2 children in 10,000 births in earlier times.
4. Wolraich, M.L., et al, Stimulant medication use by primary care physicians in the treatment of attention deficit hyperactivity disorder, *Pediatrics*, 1990; 86:95-101
5. Youthful rage on the rise, (violent crime by children up 228% over 5 years in Bucks County), by Michael Y. York, *The Intelligencer*, (newspaper), Doylestown, Pennsylvania, July 1, 1996.
6. *Pesticides in the Diets of Infants and Children*, sponsored by the National Research Council, National Academy Press, Washington, DC, 1993.
7. *Multiple Chemical Sensitivities*, the National Research Council, National Academy Press, Washington, DC, 1989.
8. *Environmental Neurotoxicology*, National Research Council, National Academy Press, Washington, DC, 1992.
9. *Ibid*, Page 2.
10. *Pesticides in Diets of Infants and Children*, Op. Cit., (see reference 6), Page 3.
11. *Neurotoxicity, Identifying and Controlling Poisons of the Nervous System*, GPO Stock # 052-003-01184-1, Superintendent of Documents, Government Printing Office, Washington, DC, 20402-9325, Page 44.

have the check-up and approval of his or her physician to make sure that the rare contraindications to fasting such as adrenal cortical insufficiency or Addison's disease and other debilitating illnesses are not present.

OK, so you're checked out and ready to start the fast, just what does it mean to go on a total fast. Well it means exactly that, you are not going to eat anything, you are not going to put anything into your mouth except pure water, distilled water from glass bottles. The only thing that you drink is pure water without any mineral content — no tea or coffee made from pure water — there will be no smoking either, smoking is one of the commonest food allergy/addictions — and that basically constitutes the fasting procedure.

The total period of fasting should be not less than 4-1/2 days. Some people continue to fast longer if they are tolerating it well and feel that they have not completely eliminated their toxic load. [It may take 5 days to clean all foods from the intestinal tract: Ed.] In general one should go into a fast expecting to feel worse before feeling better. The healthier the patient the less withdrawal reaction will be noticed. The more allergies and the more unhealthy the patient, the more severe would we expect the reaction to be. Usually if the patient's problem is primarily food allergy, the patient is feeling much better by the afternoon of the fifth day.

At this point we start refeeding the patient with the idea of avoiding a demonstration of an allergic reaction or the development of an addiction. That means the following rules are to be followed:

1.) Initially after the fast eat only one pure food at each feeding.

2.) The first few foods eaten should be foods that are not suspected of allergy or addicting potential to the patient. That means in general foods that are not in the usual daily routine diet. In some cases one must resort to exotic foods such as venison, bear or buffalo meat, kohlrabi, endive and rutabaga as vegetables. Goat's milk products are frequently acceptable. Remember that this is only in the initial phase of eating after the fast and eventually ordinary foods should be utilized for all but the worst cases.

3.) If possible the first time a food is eaten after the fast it should be a fresh organic food known to be free of pesticides, preservatives or any processing. It is amazing how many people think that they are allergic to apples only to find that it is the chemical spray at fault. Or an allergy to oranges turns out to be due to the artificial color and not orange itself. If there is no reaction to the organic product, the next exposure could be from the ordinary

source of supply whether fresh, frozen or canned. I must add to keep my conscience clear as a nutritionist, that from my point of view everything we eat should be fresh and free of processing except as processed in our own kitchen.

4.) Everything that is taken by mouth must be cleared of suspicion by individual tests. That means the first time you drink the tap water it must be all by itself. It is amazing how many patients are sensitive to the chlorine and fluorine and other pollutants in our water supply. It also means that every vitamin, mineral or food supplement as well as any medication must be independently judged by taking it and it alone and observing the effects. One of the biggest problems in the so-called neurotic

patient is allergy/addiction to tranquilizers. In some cases to the medication itself, in other cases fillers in the capsule and frequently to the artificial coloring. However, you must beware of discontinuing any medication for the fast without your physician's knowledge even though any prescription can be a factor just as any food or food supplement can. Ideally nothing should be taken during the fast except distilled water.

5.) Keep a diary with two columns. In column A keep an accurate exact record of everything you eat and the time that it is eaten. In column B keep a record of how you feel. Any change for the better or worse should be recorded with the time of the occurrence. In addition keep a record of your pulse rate for one minute period before you eat each feeding and every ten to fifteen minutes for an hour after each feeding. A change up or down of 12 or more beats a minute is suggestive of food allergy.

6.) Continue eating single foods at each feeding until you have found a number of foods that do not produce reaction. After a few days of unusual foods start testing the most likely foods, the ones you eat regularly. Remember not to test complex foods like bread. This would be getting wheat, yeast, egg, shortening all at once. Test each ingredient separately. Foods for testing can be raw or cooked without any condiments or seasonings except for sea salt which may be used. Boiling, steaming, broiling and baking are the preferred cooking methods using the same water as for the fast.

Preservatives

One of the major problems that has beset mankind from its earliest efforts at civilization has been that of spoilage of food. Over the century the various tribes and races developed their own techniques for preventing food from going bad. Salting of meat, drying of grains, smoking of various foods, pickling in various ways and preserving in specially controlled temperatures and light

(continued on page 8)

From the original purpose of preventing spoilage we now have emerged into a cutthroat chemical competition to make the most brilliant colors, the most powerful tastes, the most artificial consistencies by modifying or in some cases imitating foods with chemical conglomerations.

are all included in some of the ingenious ways early man took care of this problem. However modern technology has come into the picture and with the ability to synthesize chemicals of great complexity, and in many cases to design a chemical to perform a certain function, food technology has become a billion dollar business and a very competitive one. From the original purpose of preventing spoilage we now have emerged into a cutthroat chemical competition to make the most brilliant colors, the most powerful tastes, the most artificial consistencies by modifying or in some cases imitating foods with chemical conglomerations.

The average child today eats a fresh strawberry and says "Oh, it doesn't have any taste," because he is so used to the intense artificial strawberry taste that he gets in anything he associates with strawberries; and the color of real strawberry is very pale in comparison with the garish pink of strawberry ice cream which is such a load of chemicals that I think it is a travesty to refer to it as ice cream. We are making people in this way get further and further away from natural food and dependent more and more on artificial colors, flavoring and the large numbers of preservatives. The important thing to realize is that all of these chemicals are frequent producers of allergic reaction and many people with long standing histories of erratic behavior, nervous breakdowns, hyper-active children are merely showing the results of the chemical sensitivity of the brain. It is certainly true that people can become allergic to the purest of foods from the harvest of nature. However, when people have these sensitivities they are much easier to handle when one is merely trying to avoid a food than when one has to consider the chemical problem as well.

— End of Dr. Levin's Contribution —



The Nambudripad Allergy Elimination Technique (NAET)

Discovered by Devi S. Nambudripad, D.C., L.Ac., R.N., Ph.D., the Nambudripad Allergy Elimination Technique (NAET) is the simplest and most direct means for eliminating every kind of allergy and chemical sensitivity.

The body can develop an allergy to absolutely anything, and, according to its discoverer, Dr. Nambudripad, and practitioner Eleanor W. Chin, D.C., allergies underlay every kind of sickness. Allergies affect the nervous system and are usually developed in association with physical, nutritional and chemical, emotional, and energy abnormalities. Deficiencies or overburdens of all, or any combination of these four experiences, can train the nervous system to respond to the allergen as though the allergen were a danger, hence producing an allergic reaction.

Kinesthiology, the "science of movement," or muscle resistance, tests body muscles and their responses to determine nerve/muscle weaknesses which occur when under the influence of an allergen. By use of kinesthiology, developed by George Goodheart, D.C., the NAET practitioner learns from the patient which substances trigger off an allergic reaction. Holding the offending substance in one hand closes up flow of energy the blockage of which can be addressed through the meridians, 12 primary energy channels first discovered by the Chinese thousands of years ago.

The NAET practitioner very rapidly opens up the blocked energy channels, after which the patient must stay away from the

allergen for time periods that may vary from 3 to 30 or more hours during which period the body's nervous system becomes deconditioned from automatically responding to the allergen as though a danger is present.

Unlike other methods for determining allergies, NAET discovers many more, and faster, and that they will include many foods, vitamins and minerals, essential fatty acids, hand creams, metals, house dust, pollens — even one's spouse can unconsciously pose a threat to the conditioned nervous structure. All of these are swiftly identified and eliminated.

The chief aim of NAET is rebalancing energy flow which, through repeated visits, is accomplished when no further allergens are found.

As there are two kinds of allergies, one that will strike shortly after eating the substance, and a second that strikes two to three days later, many physicians recommend a blood test from a laboratory, such as Immuno Laboratories, Inc., 1620 West Oakland Park Blvd., Fort Lauderdale, FL 33311 (800) 231-0107. The log suggested by Warren Levin, M.D. is necessary for untangling which is which, as an allergy symptom that kicks in 2 to 3 days later is hard to spot without the log. Also see our book, *Dr. Braly's Food Allergy & Nutrition Revolution*.

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Efrain Olszewer, M.D.

Sao Paulo, Brazil

Efrain Olszewer, M.D., clinical director of Centro de Medicina Preventiva (CMP) is one of our finest physician advisors.

We're proud to present Dr. Olszewer's biography and philosophy of medicine.

I was born in 1954 in Israel, left the country and lived in Bolivia between 1957-1979, where I finished my medical school. I lived in the United States from 1979-1980, and then went on to Brazil, where I'm developing my present medical activities.

My medical training included: Internal Medicine, Cardiology, and Geriatrics. In 1983 I was introduced to chelation therapy in the United States. I traveled the U.S. and visited and studied chelation therapy with Dr. Robert Atkins and Dr. Harold Markus both of New York as they were recommended by the American Association of Medical Preventics (AAMPS), now titled as the American College for the Advancement of Medicine (ACAM).

In 1983 my associates and I introduced in Brazil the ideas of chelation therapy and orthomolecular medicine, this last named by Linus Pauling, Ph.D. for using the "right" (ortho) molecule when supplying nutritional supplements for disease conditions. At first we had problems fighting against the established order of medicine, although we had a neutral period from 1987 through 1990. But, in the last 5 years after creating AMBO -- Brazilian Medical Society for Oxidology -- where I was the first president and founder, and am now Honorary President and scientific director of their Journal, we at last gained credibility with the orthodox medical society. Today AMBO has more than 1,500 M.D. degreed members and we publish the *Journal of Oxidology* with six issues each year, 5000 copies each printing.

We organize symposiums, congresses, lectures, about 20 to 25 yearly throughout the country in order to increase our physicians' knowledge. In Brazil, today, we're quite sure that orthomolecular and oxidology (hydrogen peroxide, ozone, DMSO, photophoresis, etc.) medicine together with EDTA chelation therapy have their rightful place in national science.

At the beginning we used EDTA chelation therapy only for patients with cardiovascular diseases, including patients with heavy metal intoxication, and also for other degenerative diseases. We published our results in 1988, including 2,870 patients in different chronic pathologies, obtaining important improvements in most of them. [EDTA chelation therapy is an amino acid that when used intravenously helps to reverse plugging up of arteries. See our publication list for an article on this important therapy. Ed.]

Between 1986-88 we were asked by then president of AAMPS, Ross Gordon, M.D., to study the optimum doses of EDTA in peripheral vascular diseases in order to prepare the protocol for the FDA studies that began at Walter Reed Army Hospital. We found that practically all patients benefited with 10 cc or 1.5 grams of EDTA, about half as much as traditionally recommended.

In 1990 the *Journal of the National Medical Association*

published the first double blind study using EDTA chelation therapy in peripheral vascular diseases, demonstrating its efficacy against a placebo.

In the meantime we introduced the use of DMSO (dimethylsulfoxide) in rheumatoid diseases and published a couple of studies that showed improved quality of life and biomechanical activity in patients with rheumatic diseases, and decreasing their need for drugs. We found that the requisite doses of DMSO varies from 5-8 cc in osteoarthritis, 10-15-20 cc in other rheumatoid diseases.

We increase our results by including procaine by intra-articular injections in joints with mild to moderate arthrosis, and in order to control the pain we use enzymeaccupressure in joints.

Prolotherapy -- also called proliferative, sclero, or reconstructive therapy -- was also introduced into our clinic in order to get equilibrium in joints with osteoarthritis; we use colchicine in backbone diseases. [Dr. Faber's book, *Pain, Pain Go Away* describes this treatment, and is available from this foundation. Ed.]

Lately we've begun measuring biological aging in order to improve chronological aging by a computerized system developed by us, and we're expanding the idea across the Brazil.

In 1985 I published my first book, the title originally in Portuguese, as *Basic Principles on Chelation Therapy*. I later published *Antibiotics Dictionary*, *Superhealth*, *Aging Ageless*, *Aging With Health*, *Bypassing Bypass*, *The Dangerous Free Radical*, *Free Radicals in Medicine* (First and Second Edition), *Concepts in Orthomolecular Medicine* (with various collaborators), *Rheumatic Diseases*, *How to Beat Coronary Diseases*, *How to Beat Senile Dementia*, and *Manual of Orthomolecular Medicine*.

I am basically an orthodox physician as are all others in Brazil who use in their practice concepts of orthomolecular and oxidology medicine. However, in November 1995, for the first time in the history of medicine, a conventional medical society -- Brazilian Society of Internal Medicine -- created a chapter of Oxidology and Orthomolecular Medicine, and I am proud to be the founder and first president.

A year ago we organized a post-graduate medical course on free radicals and orthomolecular medicine lasting two years and sponsored by the University of Riberao Preto (UNAERP), Sao Paulo, Brazil, with 80 enrolled medical doctors.

Everyday we are exposed to new concepts increasing our knowledge and showing that we do not have limits to grow, and I feel that our speed of gaining knowledge will strongly increase in the next ten years at least, and we should be prepared to absorb this information to be stronger daily.



Efrain Olszewer, M.D.

Jonathan V. Wright was born 7 February 1945, received his A.B. degree at Harvard University 1965, and his M.D. degree at the University of Michigan 1969. Internship-Residency in Family Practice Group Health Hospital, Seattle 1969-71; Staff Physician, Group Health Hospital and Clinics, 1971-73, Family Practice at Tahoma Clinic, Kent Washington, 1973-to the present.

Dr. Wright's clinical emphasis is on preventative medicine, nutritional biochemistry, and allergy. He is a member of the Board of Directors of Bastyr College of Naturopathic Medicine, Seattle, WA 1981-to present; member, Board of Governors, National Health Federation, and with Alan Gaby, M.D. has researched and developed photocopies of 22,000+ medical journal articles accumulated and reviewed in over 12,000 hours of library research since 1969. The articles include both basic and clinical research related to prevention and treatment of disease with diet and nutrients. Major journals (*Journal of American Medical Association*, *Lancet*, *New England Journal of Medicine*, etc.) have been completely reviewed back to 1920. More than 300 others have been reviewed from 1965 to the present.

Also with Alan Gaby, M.D., teaches a three day intensive seminar for physicians titled "Clinical Applications of Nutritional Biochemistry". They have presented this seminar in San Francisco, 1983, 1985 Los Angeles, 1985, Orlando, 1986, New York (Rhinebeck) 1987, 1988, New York City, 1984, Chicago, 1986, San Jose, 1986, Santa Monica 1991. Jonathan Wright, M.D. is Associate Editor of the *International Clinical Nutrition Reviews* and also on the editorial board of the *Journal of Nutritional Medicine* (U.K.)

He was the author of the monthly case-study column in *Prevention Magazine* titled "Prevention Clinics" 1976-1985 where 106 case studies with documentation were presented.

Wright authored the *Book of Nutritional Therapy*, 1979, and *Guide to Healing with Nutrition*, 1984, both published by Rodale Press. He's an intermittent monthly columnist for *Health Freedom News* and a monthly columnist for *Let's Live Magazine*.

His professional memberships include Association of American Physicians and Surgeons, American Academy of Environmental Medicine, British Society for Nutritional Medicine, Academy Orthomolecular Medicine, American Academy for Advancement in Medicine, American Holistic Medical Association, International Society for Trace Element Research in Humans, American Society for Parenteral and Enteral Nutrition.

Dr. Jonathan Wright has long been a respected member of The Rheumatoid Disease Foundation's referral program.

Located in Kent, Washington, he will help folks, using the following recommended treatment modalities, according to their needs: Candidiasis, Chelation Therapy, Food Allergies and other Allergies, Herbal Treatments, Hormonal Replacement Therapy, Hydrogen Peroxide (Intravenous) Therapy, Helmut Christ's Psoriasis Treatment, using fumaric acid ester, and the prescription medicines in our recommended Rheumatoid Disease Treatment, and also proper nutritional guidance.



Professional publications include the following:

Comparative Absorption of Zinc Picolinate, Zinc Citrate, and Zinc Gluconate in Humans, *Agents Actions* 1987; 21(1/2):194 - 199).

Effect of Garlic Oil on Platelet Aggregation, Serum Lipids, and Blood Pressure in Humans, *J Ortho Med* 1987; 2(1):15.

Testing for Vitamin K; An Osteoporosis "Risk Factor", *Int Clin Nutr Rev* 1989; 9(1): 14.

Butyrate Testing and Colon Cancer, *Int Clin Nutr Rev* 1989; 9(2):676

Defects in Sulfur Metabolism: I. Apparent Sulfite Oxidase Deficiency, *Int Clin Nutr Rev* 1989; 9(3):118.

Defects in Sulfur Metabolism: II. Apparent Failure of Sulfate Conjugation, *Int Clin Nutr Rev* 1989; 9(4):182

Vitamin B₁₂: Powerful Protection Against Asthma, *Int Clin Nutr Rev* 1989; 9(4):185.

Comparative Studies of "Ester-C" vs L-Ascorbic Acid, *Int Clin Nutr Rev* 1990; 10(1):267.

Nutrients and Osteoporosis, *J Nut Med* 1990; 1(1):63

Physiologic and "Supraphysiologic" Suppression Allergy by Dehydroepiandrosterone (DHEA) *Int Clin Rev.* 1990;10(3):392

Improvement of Vision in Macular Degeneration Associated with Intravenous Zinc and Selenium Therapy: Two Cases. *J Nut Med* 1990; 1:133.

The Glucose-Insulin Tolerance Test: Its Relevance to "Essential Hypertension and HDL/LDL Cholesterol Abnormalities. *Int Clin Nutr Rev.* 1990;10(3):381

The Neutrophilic Hypersegmentation Index: An inexpensive Underutilized Test of Folate Nutrition. *Int Clin Nutr Rev* 1990; 10(4):435.

Treatment of childhood asthma with Parenteral Vitamin B₁₂ Gastric Re-acidification, and Attention to Food Allergy, Magnesium, and Pyridoxine: Three Case Reports with Background and Integrated Hypothesis. *J Nut Med* 1990; 1:277.

Red Cell Stearic/Oleic Acid Ratio: A marker for Malignancy. *Int Clin Nutr Rev* 1991; 11(1):35

Nutritional Regulation of Blood Glucose. *Journal of Advancement in Medicine* 1991; 4(1):57.

Aerobic Flora in 642 Consecutive Stool Specimens. *J Nut Med* 1991; 2:35.

HOW TO RECEIVE OUR . . .

PHYSICIAN & SCIENTIST ADVISORY LIST

Send a legal size, self-addressed, stamped envelope to The Arthritis Trust of Canada (ATC), 300 March Road, Fourth Floor, Kanata Ontario K2K 2E2 and ask for our latest Physician and Scientist Advisory list.

When requesting our Physician and Scientist Referral Listing, while it is not necessary to donate \$2, a donation of that size, or greater, would help us defray the cost of this service.

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 market, 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 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.

Newham's booklet can be ordered through this foundation for \$10 donation. Please wait six weeks for your order.)



Bequests

Plan Us Into Your Future

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

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

A general guideline for making such a provision is this: "I give, devise, and bequeath to *The Arthritis Trust of America/The Rheumatoid Disease Foundation* the sum of \$ ----" (or describe the real or personal property).

All contributions to *The Arthritis Trust of America/The Rheumatoid Disease Foundation* are tax-deductible to the full extent allowed by law.

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

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