



# The Arthritis Trust of America Newsletter

*Dedicated to Eradicating Rheumatoid Disease From the Earth*

Published by The Arthritis Trust of America

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Spring 1998

## Editorial

by Perry A. Chapdelaine, Sr.  
Executive Director of The Arthritis Trust

Chiropractic practices are considered to be complementary/alternative therapies by allopathic physicians -- those practitioners who represent traditional medical procedures and who treat symptoms usually by drugs, surgery or radiation, rather than according to causes of the symptoms.



Perry Chapdelaine, Sr.  
Executive Director of  
The Arthritis Trust

I've learned over the years that there's probably as much variation in chiropractic practitioners as there is among either allopathic health care professionals or other complementary/alternative/holistic practitioners.

My trip to a local chiropractor usually results in a quick thrust to one or more of my spines out of alignment, temporary relief, and then resumption of pain after several hours, or sooner. Although my chiropractor may use an electric muscle stimulator, ultra-sonic, or other non-invasive devices, he's rather indifferent to the fact that tendons and ligaments that have not returned to normalcy within six weeks need a different

kind of treatment, called "sclerotherapy" by doctors of osteopathy, "prolo" or "proliferative therapy" by medical doctors, or, by some, "reconstructive therapy." (See our "Treatment of First Choice for Osteoarthritis and Other Arthritic-like Pain," and *Pain, Pain Go Away* by Morton Walker, D.P.M. and William J. Faber, D.O.)

I've met other chiropractors who sell vitamins and minerals, usually without any genuine knowledge of whether or not specific ingredients are required; and yet others may utilize computerized acupuncture/meridian measurements to determine not only the proper vitamins and minerals,

but also the suitable brands.

Regardless of how the chiropractor approaches his patient, most of them are sincere, honest practitioners who, like allopathic physicians, work well within the framework of their limited background and knowledge.

One who stands out from all those I've met, or read is Paul Goldberg, D.C., M.P.H.!

Perhaps the reason Paul is outstanding is because -- as reported in his article "Arthritis/Rheumatism: The Forgotten Patients, Part I," this issue -- he, himself, was a sufferer of arthritis, and was able to solve his serious problems.

I've noted over the years, as perhaps you have also, that whenever a person, be he practitioner or layman, has struggled to learn his own causes, and succeeded in achieving wellness, they are dedicated health professionals, always willing to give a hand.

Paul Goldberg's understanding of arthritis is absolutely outstanding, shadowing over not just his fellow chiropractors, but also over many allopathic and alternative/complementary/holistic physicians I've known.

Within the field of chiropractic practices, Dr. Goldberg might be considered a maverick, just as many of our alternative/complementary/

*(continued on page 5)*

## \$25,000 Library Grants Awarded

During 1998 selected Canadian public libraries will be offered a grant of one year subscriptions of any one or all of six alternative medicine periodical publications, plus a number of alternative medicine books, including Anthony di Fabio's and Paul Jaconello's book *Soft Tissue Arthritis* book to be published in Canada soon. *Soft Tissue Arthritis* includes Bursitis, Fibromyalgia, Fibrositis and Rheumatism.

Selected periodicals are *Health & Healing*, *Price-Pottenger Nutrition Foundation Health Journal*, *The American Journal to Natural Medicine*, *Townsend Letter for Doctors and Patients* and *Second Opinion*.

## Important Notice On Arthritis

The book depicted to the right is important! It can mean the difference between wellness and sickness, normality and pain, pleasant living and torment.

This book is a must for all arthritics. One of its authors, Gus J. Prosch, Jr., M.D. has consistently obtained an 80% cure rate from his arthritic patients since 1982.

And should you be fortunate enough to already have a copy, obtain more for friends and relatives who suffer from either osteoarthritis or rheumatoid arthritis. They'll thank you.

Contains 350 pages of specific treatments for arthritics. Here's what Genevieve Heller, D.C. has to say after receiving her book:

"Dear Perry:

"Please find enclosed my annual membership dues, \$25, and a check for 26 books, *Arthritis: Osteoarthritis and Rheumatoid Disease, Including Rheumatoid Arthritis*.

"I am still reading the book, but I can honestly say it could have been rightfully called the book of "Alternative Medicine," since it includes so many types of therapy and approaches. I have been aware of many of these over 30 years [of practice], but there were some that were new to me.

*(continued on page 5)*



### ARTHRITIS

by  
ANTHONY DI FABIO & GUS J. PROSCH, JR. M.D.  
about  
Osteoarthritis and Rheumatoid Disease,  
Including Rheumatoid Arthritis

THE EVER-POPULAR  
RHEUMATOID DISEASES CURED AT LAST  
DISTRIBUTED IN MORE THAN 1,500,000 COPIES

## Profile: Gus J. Prosch, Jr., M.D.

### Gus J. Prosch, Jr., M.D. CURRICULUM VITAE

Gus J. Prosch, Jr., M.D., one of the founders of The Arthritis Trust of America, has been a staunch and loyal supporter of this charity since 1982, and one of its most innovative and successful clinical practitioners, his patient cure rate having maintained a consistent 80% for so-called "incurable" rheumatoid disease, including rheumatoid arthritis, since 1982!

Dr. Prosch attended Howard College (Samford University) in Birmingham, Alabama where he received the Bachelor of Arts in 1951. He graduated from University of Alabama School of Medicine in Birmingham, Alabama as a Doctor of Medicine in 1955, thereafter serving an internship in the United States Navy, his residency at U.S. Navy Hospital Jacksonville, FLA as a rotating intern in 1956, and medical officer with the U.S. Armed Forces Examination Center, Nashville, Tennessee from 1956-1958.

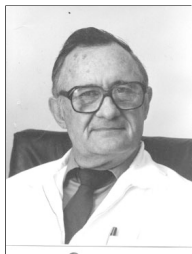
His general medical practice from 1963-1965 included Bridgeport, Alabama and Rainsville, Alabama, practicing in Birmingham, Alabama from 1965-Present.

Dr. Prosch is Board eligible for the American Board of Internal Medicine and is currently the C.E.O. of BioMed Associates where he is the medical director of the clinic and BioMed Clinical Research Center.

His clinical research from 1990 to present includes pharmaceutical substances: LY237216 versus Erythromycin Base in Streptococcal Pharyngitis/Tonsillitis, Acute Superimposed on Chronic Bronchitis, Lobar Pneumonia/ Bronchopneumonia, and Bacterial Skin/Skin Structure Infections [B9Z-MC-AQAB(e), LY237216]; from 1989-1991: Tramadol Hydrochloride: Safety and Efficacy Compared to Acetaminophen With Codeine Phosphate in Elderly Patients with Chronic Pain. McNeil Pharmaceutical; from 1989-1990: LY163892 vs. Augmentin in Bronchitis, Lilly Research Laboratories; from 1989-1990: LY163892 vs. Augmentin in Lobar Pneumonia and Bronchopneumonia, Lilly Research Laboratories; 1981-1984: Intraneural Injections - A Treatment For Arthritis; 1981-present: Medical and Nutritional Management Of the Obese Patient; 1984-present: Anti-Microorganism Treatment of the Rheumatoid Disease; 1985-present: Allergy and Sensitivity as a Relationship to Food and the Environment; 1981-present: Chronic Candidiasis Medical and Nutritional Management; 1985-present: Effects Of Stress and Strain on Ligament and Tendons - A Cause of Joint Instability; 1982-present: Anti-Microorganism Therapy--An Alternative Treatment for Rheumatoid Disease; 1985-present: The Use of EDTA (Chelation Therapy) Treatment and Prevention of Arteriosclerosis.

Dr. Prosch is a member of the American Society of Bariatric Physicians, American College of Advancement in Medicine, Occidental Institute of Chinese Studies, Academy of Rheumatoid Diseases (1988 -President) Founding Member, American Osteopathic Academy-Sclerotherapy, North American Academy of Musculoskeletal Medicine, American Academy of Environmental Medicine, American Academy of Orthopedic Medicine.

Dr. Prosch's publications include: "Anti-Amoebic Treatment For Rheumatoid Diseases," *Journal of Rheumatoid Disease Medical Association*, Vol. 1., No. 1, pg 12. 1986; "Arteriosclerosis." *Journal of Academy of Rheumatoid Diseases*, Vol. 1., No. 2, pg. 11, 1987;



Gus J. Prosch, Jr., M.D.

"Anti-Amoebic Treatment of Rheumatoid Diseases, *Journal of Academy of Rheumatoid Disease*, Vol. 1., No.2, Page 15, 1987; "Anti-Amoebic Treatment of the Rheumatoid Diseases," *Journal of Academy of Rheumatoid Disease*, Vol 1, No.3, pg 59, 1987; *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*, [Anthony di Fabio, M.A. & Gus J. Prosch, Jr., M.D.], The Arthritis Trust of America, 1997.

In addition to a daily televised health show, Dr. Prosch has delivered numerous Community Health Forums including: Lay-Public and Church on Hypertension., Diabetes, Recent Advances in Rheumatoid Disease, Cardiovascular Disease, Obesity, and Nutrition.

**Dr. Prosch describes his personal ministry: "My primary goal in life is to obey God and to magnify His name in the health field. I depend on the Holy Spirit to guide BioMed Associates and myself to overcome the principalities and powers that cause sickness and illness in all humanity. To do this, I've conducted a daily, 15 minute radio show for the past 4 years entitled "Better Health With Dr. Prosch". This show is dedicated to Christ Jesus and its purpose is to lead, direct and motivate all listeners to change their lifestyles, diet, and beliefs to promote better health. This program is very successful in helping humanity and all listening Christians to better health and God has tremendously blessed me and my Clinic through this broadcast."**

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J.D. Allen, Ex. Dir.; 21330 Parthenia St., Apt. 101  
Canoga Park CA 91304 • 818-701-0076

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**Editor-in-Chief: Perry A. Chapdelaine, Sr.**

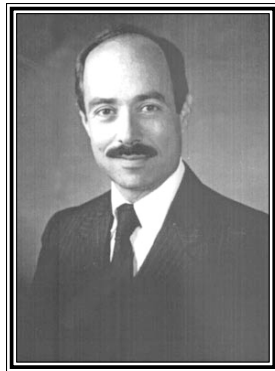
# Arthritis/Rheumatism: The Forgotten Patients

Insights on Understanding and Helping Patients with Rheumatic Diseases

By Paul A. Goldberg, M.P.H., D.C.

PART ONE (of 4 parts)

Over 50 million persons in the United States suffer from some form of arthritis, including men, women and children of all ages. The prevalence of Rheumatic Diseases in persons less than 45 years old has been reported at 15 per 1,000 overall, and 154 per thousand in individuals 45 to 64 years of age. Charles Christian, M.D., past president of the American Rheumatism Association comments: "Fifty million Americans suffer from some form of arthritis, nearly a quarter of the population. That would make it the most common disease we have."<sup>1</sup>



Paul A. Goldberg, M.P.H., D.C.

Women comprised two-thirds of the "arthritic" population in the National Health Examination Survey, and prevalence rates for women were higher than those for men at every age level. Higher prevalence rates were found for the rural as compared with the urban population, in persons with low compared with high incomes and in the North East as compared with other geographic sections of the country<sup>2</sup> The National Health Examination Survey (N.H.E.S.) found men and women equally affected by Osteoarthritis with a lower prevalence found among native Alaskan Eskimos.

Rheumatoid Arthritis was found by the N.H.E.S. in 3.2% of the U.S. population with a prevalence for women of 4.6% and for men of 1.7%. Racial differences were not significant<sup>3</sup>. Consistent geographical, climatic or cultural trends in the Rheumatic Diseases have not been clearly identified, but some studies have indicated certain patterns. The majority of studies thus far have been on peoples either in the Western Hemisphere or living in industrial societies. Further examination of non-Western, non-industrial societies might indicate differences.

Frequency figures given for Rheumatic Diseases are likely to be understated due to persons who do not (or cannot) see physicians for their disease. Representative of undiagnosed persons, is a study conducted by Andreir, Calin, and Fries of Stanford University School of Medicine regarding the genetic marker "W-27 which a majority of patients with Ankylosing Spondylitis and Reiters Syndrome exhibit. In examining randomly selected blood donors who appeared healthy, yet had the W-27 marker, the following was revealed: 1) Sixteen per cent had undiagnosed ankylosing spondylitis; 2) Twelve per cent had back pain and x-rays characteristic of ankylosing spondylitis.

On the basis of this study it was proposed that with ankylosing spondylitis alone there may be three million or more cases undiagnosed in the U.S.<sup>4</sup>

It seems unlikely that despite the large segment of the population already known to be affected by arthritic syndromes, that we fully comprehend the extent of the problem. Patients with rheumatic diseases suffer from daily pain that ranges from being uncomfortable to excruciating... discomfort that makes life a continual sea of agony. Most have tried numerous and varied types of health care professionals nostrums, and programs without experiencing anything more than very short term symptomatic relief. The unrelenting discomfort may drive a person into the deepest of despair without hope of ever being able to function normally and enjoy life again.

With the variety of metabolic forms of arthritis, the condition does not merely affect the joints and musculature, but the entire constitution, including the viscera. A common misunderstanding among the public is that the arthritides are merely uncomfortable; in fact, Rheumatic Diseases are systemic conditions that are often a tortuous hell bent road lead-

ing to death.

Commonly referred to as "rheumatic diseases," there is great confusion in defining the problem and in using the classifications commonly employed (e.g., the terms "arthritis" and "rheumatism").

**Arthritis** literally means "joint inflammation." This term is commonly used to include over one hundred classifications of rheumatic diseases that have symptoms of aching and pain in joints and connective tissues.

**Rheumatism** is a term derived from the Greek "rheuma" from "rhein," meaning flowing. The term is based on the supposition that accumulated matters flow about the system settling in organs and tissues where they cause discomfort. British physician Dr. Eric Wright says of the term: "The term (rheumatism) is applied to generalized muscular pain which may be provoked, by nerve irritation or come directly from the bones, joints, and ligaments. . . . Rheumatism is one of the blanket words which hopefully means something to the patient while concealing the doctor's almost complete ignorance of what the pain is due to."<sup>5</sup>

The term arthritis conjures up visions of an elderly person bent and crippled with gnarled, swollen joints, and that image does apply to many. There are also many millions of people in the United States and throughout the world, including children and young adults, who also suffer with arthritic symptoms, often as severely as seen in the elderly. It is nonetheless difficult for young, relatively healthy persons to recognize that these are not ailments of the elderly alone, until they themselves are afflicted.

There are in excess of 100 different classifications of rheumatic diseases. The value of the numerous classifications of R.D.'s has been questioned. Many researchers and practitioners argue that the classifications are artificial, do not represent true differences in the disease process, and thus lead to confusion among practitioner and patient.

The late Dr. Hans Selye commented: "Since the etiology [cause] of all these arthritides is not known, we wonder if it is really justified to stress so much the differences between them, which are often difficult to detect, rather than the similarities which are always obvious."<sup>6</sup>

Along with confusion of the process has gone neglect of those afflicted. Rheumatic Disease sufferers have been referred to as the "most neglected segment of the medical population."<sup>7</sup>

All health care professionals have paid far too little attention to those with rheumatic diseases. Medical Physicians generally prefer not to see these patients and often shuffle them off to specialists for potent and very dangerous symptom-suppressing drugs. Doctors of Chiropractic commonly advertise that they handle "arthritis," yet may panic when the patient with rheumatoid arthritis, systemic lupus, or ankylosing spondylitis enters the clinic. These patients end up receiving only palliative care (various forms of spinal adjustments/manipulation/physiotherapy) and/or are shuffled off to the medical practitioner for toxic drugs. Have young graduates been trained in efficient, thorough approaches to those with metabolic arthritis, and have they been exposed to sufficient patients with these problems so that they will feel comfortable and competent in working with them? The answer for the vast majority of Chiropractic, Osteopathic and Allopathic practitioners alike is a resounding *no*.

Comprising ten per cent of all doctor visits<sup>8</sup>, rheumatic disease patients find physicians who are poorly prepared by their schooling to offer more than very temporary, symptomatic relief of rheumatic symptoms while the underlying disease process continues unimpeded. Many doctors may empathize with Sir William Osler, who commented in his *Prin-*

(continued on page 5)

**Rheumatism** is a term derived from the Greek "rheuma" from "rhein," meaning flowing.

## Letters to the Editor

Dear Perry:

I'm also very happy to see the "Lymph Machine" [Light Beam Generator or Omega Ray] mentioned in your book. I have had many benefits with that machine -- not only for arthritis, but removing swelling from an arm or shoulder after my patient fell on a skating rink. It healed quickly and with very little pain. Another patient complained of pain in his testicle, and after one treatment the pain disappeared. When opening up the right groin lymph node, it also decreased the fluid in his right calf muscle -- and as you know, it helps around the joints very well, too.

Thanks for sending me the first newsletter issue on thyroid gland. . . . Keep that picture of yourself on your letters -- it exudes health, enthusiasm, and a picture of a man whose body has been good to him -- much younger physically!

God bless you!

Genevieve M. Heller, D.C.

*Thanks for additional confirmation Genevieve!*

*I must confess, however, that the photo is one taken ten years ago. I hadn't noticed I'd gotten older, and that the picture needed changed until a recent photo was made, and I was stunned. I'll have to update the photo. Does everyone get that old?*

Editor

Dear Sir:

Let me tell you about myself. I've had rheumatoid and osteoarthritis for 10 years. I've practically begged my doctor for help. All I get is prescriptions for more of that toxic stuff so I'll have to keep coming back for more prescriptions.

I read everything I can find about arthritis. I bought a book which said there was a cure for arthritis. I got so excited thinking I might have found help. It says there are clinics doing biological treatment and curing people and also getting them off of toxic (poison) prescription medicine.

I took this book to show my doctor. He kept it a couple of months supposedly to read it, and finally told me there's no such place. So actually it cost me so much for my minerals and vitamins and yes, those damned old poison prescriptions that are slowly killing me, that there's nothing left for donations. I wish I could help, but if you can help me then it would be possible maybe I could help you.

Are there any such places as a clinic that could cure arthritis? That's what I really want to know. I hope you care enough about people suffering from this terrible pain of arthritis to at least respond to this letter. I'm very serious about this. It seems that all doctors care about is fattening their bank account. I thought they were dedicated to helping people, but I've learned differently.

Please respond. I want answers, and I won't stop trying to find them.

ML

Dear ML:

*I feel like I'm answering the question: "Is there a Santa Claus?" And answering "Yes, Virginia, there is a Santa Claus!"*

*Of course you can get well from so-called "incurable" rheumatoid disease. The problems are these: You must learn more about its causes than the doctor you've been going to, and you must choose different treatments, not always available to you nearby. An additional problem is that health insurance, for the most part, never pays for anything that works, but only for traditional medical services, which, as you already know, does not work.*

*I, myself, once had rheumatoid arthritis, and haven't had it now for more than 15 years.*

*Yes, indeed, M.L., you can get well!*

*But you're going to have to take the bull by the tail, so to speak, and start learning and doing many things for yourself.*

*I'm enclosing our physician list (doctors who get folks well), our*

*publication list, and our new Arthritis book by Anthony di Fabio, and Dr. Prosch, which covers what you need to know so well.*

*Congratulations, M.L., for refusing to accept defeat by those already defeated!*

Editor

To Whom It May Concern:

I've been using the following home treatment for the past two years, and would like to share it with you. Take one (1) pound of raisins. Empty the box into a large jar and cover with gin. Cap the jar and let it set for two days. Take one tablespoon 2 to 3 times per day, as needed for pain.

Thank you for your kind attention, and I wish you much success with your research.

VJLF

Dear Sir:

Arthritis can definitely be cured by following Dr. Norman W. Walker's instructions in his book, *Raw Vegetable Juices*. I cured mine, and have never again had any more problems.

He says, "In the case of arthritis, at least one pint of formula number 22 (grapefruit); also one pint of No. 61 (carrot and spinach combined), also, at least one pint of number 6 (straight celery juice); and at least one pint of number 3 (carrot and celery combined). A total of 4 pints daily. It gives perceptible results within a reasonable time."

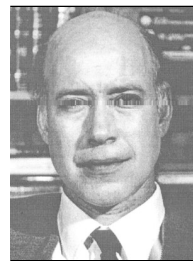
It took me a month and a half, but the vegetables should be organic for best results.

*I don't have the vaguest idea if these treatments work, and I'd be concerned about adding more sugar to those arthritics already suffering from Candidiasis. However enzymes -- lacking in canned and frozen foods -- derived from raw vegetables are often the key to wellness. I learned long ago that different folks respond to different strokes. If it works, it works! If it doesn't work, it doesn't work! That's the only true scientific criteria.*

Editor

## The Arthritis Trust of Canada Approved Projects for 1998

*Nutritional Supplement Research*



Norman Allan, D.C., Ph.D.

There have been lots of claims recently of beneficial results in Osteoarthritis with glucosamine and other supplements and we hope to be able to shed some light on these claims.

Dr. Norman Allan, D.C., Ph.D., Director of the Canadian Institute of Alternative Medicine, of Toronto, Canada, in cooperation with Dr. Howard Vernon, D.C., B.Sc., Director of Research at the prestigious Canadian Memorial Chiropractic College, during 1998 will conduct double-blind studies using glucosamine sulfate along with a mixture of ayurvedic herbs, and other nutrients. Thanks to the manufacturer, who will be named after completion of the study, both the experimental substance and the placebo will be furnished to The Arthritis Trust of Canada without charge.

## Editorial

(continued from page 1)

holistic practitioners are considered mavericks by allopathic physicians. After all, the money in chiropractic therapy is not in getting folks well, but in setting folks up for repeat visits. A year of thrust upon thrust of a wobbly spinal joint is just that much more money in the bank for the chiropractor; whereas, a serious evaluation of why arthritis has ensued in all or any of the joints just might create wellness, and decrease the bank account.

Of course the majority of chiropractors don't reason in that manner, but the effect is the same as if they did, just as allopathic physicians set their patients up for repeated return visits that continue to bankroll their business accounts because they tackle only their patient's symptoms, and not causes.

Their's a duplicity of vested interests, hidden or not, in any kind of health practice that treats just symptoms, except on the basis of an important expediency. Although allopathic physicians consider all chiropractors to be alternative practitioners, none who simply (and usually only) treat symptoms should be called alternative medical practitioners, whether they use "natural" products, or drugs, whether their prestige stems from a prestigious medical school or from a free clinic off the coast of Africa, or whether they have a D.C., N.D., M.D., L.Ac., O.M.D, or D.O.

Getting well means addressing causes, and it means only that!

## Arthritis

(continued from page 1)

"I have sent the book to D.C.s, and M.D's and some friends interested in holistic healing, and I would heartily recommend it to anyone interested in healing.

"Thanks again to all of you who are constantly working towards eradicating pain and sickness from this planet.

"God bless you! Genevieve M. Heller, D.C."

Jack M. Blount, M.D. says: "A complete and wonderful updating of Anthony di Fabio's *Rheumatoid Diseases Cured at Last* with osteoarthritis added. This book will set the standard for treatment of more than 80 forms of arthritis for years to come."

What an opportunity for simply one ten dollar tax-exempt donation!

Order from The Arthritis Trust of America, 5106 Old Harding Road, Franklin, TN 37064. Quantity discounts honored.

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



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

## The Forgotten Patients

(continued from page 3)

*principles and Practice of Medicine* that; "when an arthritis patient walked in the front door, I wanted to walk out the back one."<sup>9</sup>

The average Allopathic, Chiropractic or Osteopathic student is in their early twenties. The Rheumatic Diseases present to them a very non-glamorous group of patients who are unlikely to get well based on what they have been taught. In the Chiropractic College where I have been a professor for eighteen years the most popular area of focus for our students is Sports Chiropractic where the patient base is young, exciting, glamorous, fun to work with, and gets well almost no matter what you do, including if you do nothing! Just the opposite of the typical patient stricken and suffering with chronic rheumatic disease. Legions of young graduates seek out a practice in sports related injuries. Speciality diplomate and graduate programs are offered in working with athletes, and the pages of chiropractic journals are covered with pictures of the latest athlete and his Chiropractor (or Medical Physician as the case may be). What, however is at stake? The tennis player who might not be as proficient in his tennis game . . . the football player who has to be sidelined due to a bad knee... the golfer whose game score is impaired...? How do these compare to the Rheumatic Disease Patients (tens of millions) in agony 24 hours a day, in chronic pain in every nook and cranny of their bodies, suffering body wide desperate illness!?

Certainly the Rheumatic Disease patient is more difficult. Certainly they may be less glamorous than the handsome or beautiful athlete. Certainly they take more work and knowledge and patience on the part of the doctor. The doctor, however, who merely sees athletes or others who are self healing based mostly on time alone has little opportunity to learn to become the master of his or her trade. The doctor who becomes proficient in bringing Rheumatic Disease patients back to health can help the most difficult of cases of virtually any kind and can indeed be called a Master of his art and Science.

### Observations and Personal Experience

In 1978 I completed my Masters Thesis (University of Texas Medical Center, Graduate School of Public Health) on, the arthritides/connective tissue diseases, addressing the various approaches that were being used by the major health care professions in managing cases of rheumatic diseases. I noted that:

(1) None of the healing arts had developed uniformly effective means of bringing about long term improvements in rheumatic disease conditions.

(2) Approaches written by physicians of antiquity lay dormant and were worthy of re-examination.

(3) Each patient with rheumatic disease has different etiological (causal) factors at play and therefore must be approached as individuals rather than uniform disease entities.

(4) Rheumatic disease stems from multiple etiological factors and therefore a complete holistic approach is required if patients are to receive more than mere symptomatic care and have the opportunity to reverse their disease condition.<sup>10</sup>

My interest in rheumatic diseases stems from personal experience. In my early twenties (in the early 1970s) I became ill with fatigue, systemic complaints, and extreme joint and muscle stiffness. As a formerly active person and athlete enrolled in a joint degree program in law, and preventive medicine at Ohio State University, I was emotionally and physically crushed by my infirmity. From 1975 to 1976 I was given an assortment of diagnoses including "ankylosing spondylitis, mixed connective tissue disease, psoriatic arthritis, and systemic lupus erythematosus." The arthritic pains were accompanied, by fatigue and later by gastrointestinal problems including ulcerative colitis. I consulted numerous allopathic & chiropractic practitioners, and while most were sincere, none could offer more than symptomatic care and my condition continued to deteriorate.

(continued on page 4)

# The Forgotten Patients

(continued from page 5)

It would be over a decade of searching before I would be able, to understand how to reverse my condition.

I began researching the problem from different perspectives in interrelated fields. After over a decade of study, examination, experimentation, research, and much trial and error, I began to experience what I had been told was not possible . . . my health began to return and my symptoms began to dissipate. This was not without much effort, a great many ups and downs, frustrations and disappointments. There was no quick fix, and once I started to improve, a return to old habits would bring about a return of the disease condition. Studies in Natural Hygiene, including living and working in a Natural Hygiene Institute, were central to my finding my way back. Studying the works of many of the ancient practitioners was also beneficial.

At the University of Texas Medical Center Graduate School of Public Health, I wrote my masters thesis on *Biological Approaches To The*

*Rheumatic Diseases*. I later became both a practitioner and teacher in order to employ what my studies, research, and experiences had revealed to me as well as to continue my education in the field.

Since that time, I have had the opportunity to work with numerous patients with rheumatic diseases with excellent results. My own personal experience has proven invaluable in helping me work with others with similar afflictions. There is no doubt in my mind that only a person who has experienced serious rheumatic disease can truly understand the problem and the suffering that patients experience. I find it important to approach each patient from a holistic standpoint, understanding that each patient is different. This requires not only consideration of their physical, emotional, and spiritual aspects, but also an understanding of the many etiological factors that may play a role in the patient

with arthritic/rheumatic complaints.

## More Understanding Necessary

The basic sciences, the history of medicine, natural hygiene, gastroenterology, toxicology, microbiology, natural sciences, yogic sciences, biochemistry, immunology (and psychoneuroimmunology), endocrinology, preventive medicine and public health, clinical nutrition, psychology, and the established fields of chiropractic, allopathy, osteopathy, and naturopathy all are worthy of study. I have found however, that none of these sciences, disciplines, nor professions alone are sufficient in developing a complete understanding of the Rheumatic Diseases.

When I completed my masters thesis in 1978 the health professions were floundering about looking for answers. There were many theories, but documented successes were rare if not unheard of in the metabolic forms of arthritis.

*The current situation shows little has changed.* Symptomatic, temporary, partial, relief is still the best most doctors can offer. Allopathic

treatments are at the expense of the patient's health, due to the toxicity of the drugs employed. Ever more potent pharmaceuticals are employed by Medical Rheumatologists, including long time favorites such as steroids, non-steroidal anti-inflammatory drugs and highly toxic immune suppressants some of which were previously reserved for cancer patients.

In discussing connective tissue diseases with Allopathic and Chiropractic Doctors, I find two fundamental misunderstandings:

1) The notion that arthritis is a single entity. (There are similarities, but there are also many differences from patient to patient).

2) The notion that nothing significant can be done about rheumatic diseases.

In addition there are an increasing number of practitioners touting "natural products" to "cure" arthritis (often times multi-level marketed products) ranging from herbs to various "nutritional supplements".

While these rarely pose the dangers of pharmaceutical agents they also fail to address the causes of rheumatic diseases or the individual nature of each person who has such a problem. These practitioners may be able to sell products and or services, but the patient is destined for disappointment.

Arthritis is a name for a symptom . . . literally inflammation of a joint. There are numerous causes of joint inflammation. Simply hitting your knuckles on the table results in temporary inflammation of the joints, i.e. arthritis. This is not the same as the patient with chronic, metabolic inflammation, but it is arthritis!

The American Arthritis Foundation separates out various forms of arthritic symptoms by names, but these represent syndromes more than identification by causes. Twenty different patients with rheumatoid or psoriatic arthritis, or any of the arthritic syndromes will likely each have different etiological [causative] factors behind them.

*Arthritis is not a single entity, it is a symptom that reflects numerous factor's... different ones in different people. The name of the particular arthritic syndrome does not identify the etiological factors behind it.*

## Can Anything Be Done About Arthritis?

Arthritis is not a single entity. In metabolic cases, i.e. those not caused by trauma alone, there are numerous factors to look at currently overlooked by most practitioners.

The starting point is to view the patient with metabolic arthritis (this would include rheumatoid, psoriatic, ankylosing spondylitis, systemic lupus, etc.), as having a body-wide problem, not merely a musculoskeletal one. We must address the causes of the symptoms, not just the symptoms themselves.

A review of the current literature on rheumatic diseases explores a variety of factors including genetic predisposition, infection, endocrine factors, psychological stressors, allergy, injury, auto immune processes, and biomechanical/neurological dysfunction. Some or all of these may be involved in different individuals at different times. In offices around the country, however, patients continue to be treated primarily for symp-

(continued on page 7)

**S**ymptomatic, temporary, partial, relief is still the best most doctors can offer. Allopathic treatments are at the expense of the patient's health, due to the toxicity of the drugs employed.

**C**omprising ten per cent of all doctor visits<sup>8</sup>, rheumatic disease patients find physicians who are poorly prepared by their schooling to offer more than very temporary, symptomatic relief of rheumatic symptoms while the underlying disease process continues unimpeded.

# The Forgotten Patients

(continued from page 6)

tomatic relief while continuing to grow more ill with each passing day. Practical application of existing information in the literature is rarely seen. It is not enough to state that the patient's problems stem from allergic, auto immune, infectious, nutritional, or other factors unless we are prepared and competent to proceed in addressing those issues.

## A Look At The Past

Older writings, while not as scientifically based as our current literature, reveal that many ancient physicians took a more optimistic outlook of the arthritic/rheumatic ailments and apparently addressed them with greater success. Paracelsus is quoted as saying: "Who has filled you with such madness and despair as to believe that there is no remedy for arthritis?" (11)

The history of medicine reveals numerous practitioners claiming to have had great success in working with patients with arthritic ailments. Much of their work centered around eliminating poisons from the body and/or by establishing homeostasis [system rebalancing] by other methods, often hygienic in nature.

Bacteriology gained increasing influence in the nineteenth and twentieth centuries, largely due to Pasteur. This led to many teeth being pulled and tonsils yanked as a result of looking for foci of *infection*, a practice that has only recently begun to go out of vogue.

The removal of body parts was vehemently opposed by hygienists and naturopaths both in the U.S. and in Europe. They held that while enlarged glandular tissues did occur in many patients with arthritis, the enlargement was due to toxins that had accumulated which the body was trying to dispose of through its own natural defense system. The enlarged glands were the result, they said, of the body's malfunctioning and not its cause. To remove such tissues they argued, was to interfere with the natural defenses of the body and add insult to injury.

Dissenting practitioners were labeled as "quacks" by allopathic physicians of the time, yet increasing numbers of medical professionals now agree that the infected tonsils teeth, appendices, etc. that were removed wholesale at one time from arthritic patients were more symptoms than causes.

Hippocrates, Galen and others addressed the influence of the gastrointestinal tract on the development of the rheumatic diseases.

Older writings, while not as scientifically based as our current literature, reveal that many ancient physicians took a more optimistic outlook of the arthritic/rheumatic ailments and apparently addressed them with greater success.

## Examination of the Gastrointestinal Tract

Looking carefully at the gastrointestinal tract and those factors that influence it, is one of the most promising areas for finding answers to many rheumatic diseases both in terms of research and clinical practice.

Current research supports the notion that arthritic syndromes may occur when the intestines become excessively permeable, ie. the *leaky gut* syndrome (12). This in turn may be caused by allergies, poor diet, parasites, bacterial and yeast overgrowths, excessive stressors in daily living, nutrient depletion, and other factors. Permeability tests now available can measure intestinal integrity and monitor progress as the patient undergoes corrective procedures.

When the intestines are "leaky," protein molecules of high molecular weight may permeate into the bloodstream as whole proteins capable of causing an antigen/antibody response. If the patient's digestion is poor, (as is often the case in the R.D. patient), this is a phenomena much more likely to occur. Genetic predisposition and the patient's overall state of resistance will determine which of the body's systems will be most significantly affected and to what degree. It is still not enough, however, to merely state that the patient has a "leaky gut" the doctor must discover *what caused it in the patient and then guide the patient towards ways of recovering.*

The vast majority of patients with arthritic syndromes have overall poor health. Digestive and bowel complaints, fatigue, depression, skin problems, ulcerative colitis, anxiety, spastic colon, intolerance to cold etc., are all common accompanying problems. The patient's general state of health and resistance must be fully addressed along with specific individual factors, if the patient is to return to an improved state of vitality and comfort.

It often surfaces that the patient suffers from some level of chronic indigestion and/or poor elimination. There is commonly gas, bloating, constipation and/or diarrhea, or other signs of poor gastrointestinal function. Until the causes of the impaired gastrointestinal function have been identified and corrected, good results will rarely be obtainable. Patients with ulcerative colitis, Crohns disease, and Whipples disease all have a high incidence of arthritic syndromes illustrating the relationship between gastrointestinal function and the rheumatic diseases.

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Dr. Goldberg's "Arthritis/Rheumatism Sufferers: The Forgotten Patients," Part 2 and Part 3 will be published in successive issues.

## PAUL A. GOLDBERG, M.P.H., D.C.

About the author: Paul A. Goldberg, M.P.H., D.C., is a graduate of Bowling Green State University, The University of Texas Medical Center, Graduate School of Public Health, and of Life Chiropractic College. For eighteen years he has served as a full time faculty member of Life University as a professor of nutrition and gastroenterology.

In his private practice Dr. Goldberg combines Clinical Nutrition, Natural Hygiene, Preventive Medicine, and Chiropractic, focusing on functional gastrointestinal complaints, arthritis, chronic fatigue, and other

(continued on page 8)

# The Forgotten Patients

(continued from page 7)

health problems.

Dr. Goldberg can be reached at 2480 Windy Hill Road Suite 203, Marietta, Georgia 30067. Phone:(770)974-7470.

E-Mail: paulgoldberg@usa.net.

## CURRICULUM VITAE

Dr. Goldberg received a Doctor of Chiropractic at Life Chiropractic College in 1983; a Master of Public Health (1979) The University of Texas Medical Center, Graduate School of Public Health, Disease Control Module, concentration in Epidemiology and Chronic Disease Control. Thesis: Biological/Hygienic Approaches To Connective Tissue Diseases. Post Graduate Certification in Physiotherapy (1983) Brenau College. Certification in Physical Therapy. (120 hours); Bachelor of Science in Clinical Nutrition (1987) Life College. Post Undergraduate Training in Public Health Administration (1976). Fairmount State College. Bachelor of Arts, Cum Laude (1973) Bowling Green State University.

Dr. Paul A. Goldberg has been on the faculty of Life University in Marietta, Georgia, since 1980, where he is a Professor of Clinical Nutrition, Gastroenterology, and Public Health. He has lectured extensively on allergic and gastrointestinal relationships with the Rheumatic Diseases. His primary clinical interests are Rheumatoid Diseases, gastrointestinal disorders, and chronic fatigue syndromes. He has a private practice in Marietta, Georgia, where he focuses on chronic degenerative conditions utilizing a Natural Hygiene-Metabolic approach.

His past experiences include the following: April 1986 to Present: Director, The Goldberg Clinic, family practice of Chiropractic, Preventive Health Care, and Clinical Nutrition, with full laboratory services (standard and metabolic/nutritional), general and preventive health care. Focus: Degenerative Disease control and reversal.

September 1990 to June 1995: Professor of Nutrition, Bachelor of Science Program in Nutrition, Life University Undergraduate Studies Dept.

June 1985 to June 1992: Associate Professor, Clinical Sciences Division, Life University: instructor in Nutrition, Orthopedics, Neurology, and Visceral Diagnosis.

September 1984 to September 1990: Associate Professor, Bachelor of Science in Nutrition Program, Life University. Co-developed undergraduate program in Nutrition and carried it through to full accreditation with the Southern Association of Colleges and Universities. Instructed Basic Nutrition, World Nutrition, Community Nutrition, Nutrition Seminar, and Advanced Clinical Nutrition.

June 1980 to June 1985 : Assistant Professor, Life Chiropractic College. Instructed Chiropractic Students in Basic Nutrition, Visceral Diagnosis, and Microbiology.

March 1978 to June 1979: Health Planner/Epidemiologist for Health Systems Agency, State of Illinois.

September 1977 to March 1978: Graduate Assistant, University of Texas Medical Center, Graduate School of Public Health (Disease Control Module). Assisted in Research projects in Hypertension, Oncology and Cardiovascular Disease.

October 1976 to September 1977: Health Director, Shangri La Natural Hygiene Institute of Bonita Springs, Florida; Supervision of fasting clients and educator in Natural Hygiene.

December 1974 to September 1976: Executive Director for Exploring Division of Boy Scouts of America in eight county region. Public Relations (speaking and writing), fund raising, recruitment, and program planning.

Dr. Goldberg is licensed in Georgia and West Virginia.

Dr. Goldberg is a member of The Rheumatoid Disease Foundation (The Arthritis Trust of America), The American Humane Society The Di-

saster Relief Fund of The American Red Cross The American Natural Hygiene Society The ACA Council on Family Practice (Editorial Review Member), and The International Association of Hygienic Physicians.

Among Dr. Goldberg's publications are the following Today's Chiropractic publications: January/February 1996; "Exploring Chronic Fatigue Syndrome- The Role of Laboratory Testing (Amino Acid Analysis)" Part 111; March/April 1996; " Inflammatory Bowel Disease: Exploration and Identification of Causes and Steps to Recovery" Part I of III; June/ July 1997; "Inflammatory Bowel Disease: Exploration and Identification of Causes and Steps to Recovery" Part II of III; July/ August 1997; "Inflammatory Bowel Disease: Questions and Answers" Part III of III, September/October 1997; " Microbiology Comes Home," pps. 52-55. November/December 1982; " Hanging Hippocrates," pps.22-23. May June 1983; "Of Pickles, Plastic, and Dirt" A Review of Pica , pps. 48-50. March/April 1983; "The Physicians Responsibility: Public Health" Today's Chiropractic, pps.21-30. September/October 1983; "The Effects of Gastrointestinal Dysfunction" pps. 32 -35. March/April 1993; "Arthritis/Rheumatism Sufferers: The Forgotten Patients" Part I of IV pps.72-77. November/ December 1994; "Arthritis/Rheumatism Sufferers: The Forgotten Patients" Part 11 of IV, pps. 18-24 January/February 1995; "Arthritis/Rheumatism Sufferers: The Forgotten Patients" Part III of IV pps. 22-29. March/April 1995; "Arthritis/Rheumatism Sufferers: The Forgotten Patients" Part IV of IV pps. 52-56. May/June 1995; "Questions and Answers About Arthritis and Rheumatism," pps. 62-67 July/ August 1995; "Exploring Chronic Fatigue Syndrome" Part I, November/ December 1995; "Exploring Chronic Fatigue Syndrome - The Role of Laboratory Testing" Part II

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