

Soft Tissue



®

Arthritis



®

by

ANTHONY DI FABIO, M.A. & PAUL JACONELLO, M.D.

about

**Bursitis, Fibromyalgia, Fibromyositis,
Fibrositis, Rheumatism**

*A great extension of the **Arthritis** book by Anthony di Fabio and Gus J. Prosch, Jr., M.D. Anthony di Fabio's and Dr. Paul Jaconello's book will point the direction to safe alternative treatments for all those suffering from soft tissue arthritis.*

-- Jack M. Blount, M.D.

A publication of *The Roger Wyburn-Mason and
Jack M. Blount Foundation*
for the *Eradication of Rheumatoid Disease, Inc.*
a not-for-profit foundation

AKAs *The Arthritis Trust of America* or *The Rheumatoid Disease Foundation*

A COMPANION TO *ARTHRITIS: OSTEOARTHRITIS AND
RHEUMATOID ARTHRITIS*

INCLUDING RHEUMATOID ARTHRITIS

BY ANTHONY DI FABIO AND GUS J. PROSCH, JR., M.D.

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Dedication

It is fitting that we should dedicate this book to all of those pioneers, many of whom risked their reputations and licenses for the higher goal of finding truth and the power to heal dreaded, crippling diseases. And so we shall dedicate!

Special mention, however, must be made of certain pioneers who, in seeking truth and the power to heal, brought to fruition medical treatments that untangle the Gordian knots known as “arthritis.” Roger Wyburn-Mason, M.D., Ph.D., Jack M. Blount, M.D., and Thomas McPherson Brown, M.D. stand at the pioneers’ forefront — and so we must honor each of them, accordingly.

There is another class of pioneers who have greatly striven to bring about the freedom we need to apply newly discovered, successful treatments that have not been approved by the self-righteous, so-called, “medical establishment,” which, James Carter, M.D., Dr.P.H., defines as the medical Associations, medical specialty organizations, boards of medical examiners, medical schools and teaching hospitals, the hospital associations, the insurance associations, and the entire drug, pharmaceutical, and medical equipment industry. (*Racketeering in Medicine*: Hampton Roads)

Honest science does not drive medical advances, contrary to popular belief. And as Julian Whitaker, M.D. has said it, “What physicians do today is determined by the same forces that have always been present: cultural beliefs, current medical dogma (often irrational), financial interests, training, and peer pressure.” (*Health & Healing*, Phillips Publishing, Inc.)

So there’s much more to getting well, than simply discovering a workable method. At least in America and Canada there is also the very real problem of getting legal permission to apply the necessary healing tools.

Among all those men of good will who daily fight against the suppressive nature of the medical establishment are many Americans and Canadians who strive daily for freedom to choose safe, effective, low-cost treatments, as opposed to “approved” unsafe, ineffective, high-cost methods that keep us sick and eternally dependent upon established doctrine, insurers and large pharmaceutical industries.

— PAUL JACONELLO, M.D. & ANTHONY DI FABIO, M.A.

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The Arthritis Trust of America

7376 Walker Road, Fairview, TN 37062-8141

e-mail: admin@arthritis-trust.org

Soft Tissue Arthritis is a companion book to *Arthritis: Osteoarthritis and Rheumatoid Diseases Including Rheumatoid Arthritis* by Anthony di Fabio and Gus J. Prosch, Jr., M.D., The Arthritis Trust of America.

*A great extension of **Arthritis** by Anthony di Fabio and Gus J. Prosch, Jr., M.D. This book will point the direction to safe alternative treatments for all those suffering from soft tissue arthritis.*

-- Jack M. Blount, M.D.

Foreward

Our Purpose

Please make note that this book is an adjunct to a much larger book titled *Arthritis: Osteoarthritis and Rheumatoid Disease, Including Rheumatoid Arthritis* by Anthony di Fabio, M.A. and Gus J. Prosch, Jr., M.D. published by our sister organization, The Arthritis Trust of America. Much of the material in that book is applicable to those suffering from soft tissue arthritis, just as the material in this book is applicable to all arthritic disease states. We fully endorse the foreward from the *Arthritis* book, and with permission, repeat it here for benefit of all Americans and Canadians.

We want to help you to get you well:

- by convincing you that generally it is an outright lie, that fibromyalgia, rheumatism, soft tissue arthritis and the other rheumatoid diseases are incurable;
- by means of books and articles that expand your horizon (and your physician's) on causes of ill-health;
- with the gentle support of some self-help treatments; and
- through your commitment to guided tours led by knowledgeable alternative medical health professionals of your choice, using treatments of your choice.

We can and do supply you with some of the world's best wellness advice and down-to-earth reading references and other resources. We have no vested interest or stock holdings in those whose help or products are recommended.

Considering all of the above, you're sure to run into the claim of "quackery" especially by the professional who does have a vested interest in holding onto your "patient" status, or suffers from his or her own hidden desire to remain ignorant. So bear with us a moment while we discuss the nature of quackery.

The Nature of Quackery

Much of the advice proffered so liberally by many health professionals while creating this book bucks traditional medicine, but represents safe, innovative, non-traditional treatments when applied properly. Given the success stories told repeatedly, it's hard to understand how anyone could or would want to continue with totally ineffective, often damaging traditional treatments for arthritis!

Those who would persuade you not to try safe, workable alterna-

tives would call such treatments “quackery,” and those who would help you toward wellness described as “quacks.”

John W. Campbell, Jr.⁴ was a remarkable modern writer and thought-provoker, who was commemorated by naming a crater on Mars as the “Campbell” crater.

A “Quack” According to John W. Campbell, Jr.

“Now let’s consider for a moment what’s meant by a ‘quack’ in the medical field.

“The usual charge is that a quack is someone who uses an improper treatment, one which does not help, or actually injures the patient, while inducing the patient to pay for his mistreatment, and keeping the patient from going to a licensed doctor and getting the treatment he needs. That a quack is in the business solely to make money at the expense of suffering humanity.

“Now any time A disapproves of B emotionally, he’ll attribute B’s actions to some generally demeaned motivation -- ‘just for money’ being the most common, with ‘just for his own pleasure’ being a runner-up.

“Let’s be objective about this business of what a quack does. Suppose a man, calling himself Dr. Jones, treats a patient who has a lethal disease, and uses a method he knows for a positive fact will not save the man’s life. He charges fees, and sees to it that the patient doesn’t go to any other therapist -- just gives him some drugs that do not save him, but let him die slowly.

“That set of actions fulfills exactly what the [medical establishment] accuses those awful, nasty, wicked quacks of doing.

“It is also precisely what an [establishment medical] doctor does when he treats [an arthritis] patient; he knows that the standard treatments for [arthritis] do not work, do not save lives. [Arthritis], treated by the [medical establishment] methods, means [continuous pain, disfigurement and possibly] death.

“The [medical establishment], moreover, does everything in its power to make it impossible for the victim to get treatment from any other therapist who *might* be able to do better, and most certainly couldn’t be less effective.

“The patient [may], moreover, wind up broke, and his family in debt -- a charge constantly leveled against those wicked quacks! -- by the time he dies.

“But this is not quackery, of course.

“Why not? Because the doctors know they are doing their best, with the best of intentions -- despite the [medical establishment’s] con-

victions that [the alternative medical doctor] *must* be evil -- and actually does better than the [medical establishment's] best?

“Oh . . . I see. That never happens, huh . . . ?

“. . . how about that unlicensed non-M.D. -- that charlatan, that fraud, who'd gotten crackpot ideas from studying silk-worms and wineries, no less! -- who started treating human beings for rabies? That chemist, with only half a brain, Louis Pasteur?

“Or how about that licensed M.D. charlatan, expelled from the hospital and the medical society -- Semmelweis? [Semmelweis solved childbed fever and demonstrated the importance of cleansing hands before touching patients.]

“Or take a few other notorious quacks like Lister -- who was most violently attacked for his temerity in opening the abdomens of living patients. (Ethical doctors of the time never opened the abdomen until after the patient died.)

“And Ehrlich, another chemist, who invented the concept of chemotherapy.

“Every time someone outside -- or even inside! -- the field of medicine brings up a break-through discovery, he'll be labeled a quack. The field is too emotional.

“He'll be charged with being a fraud, charlatan out after money, a blood-sucking leech. . . .

“Actually, it's pretty clear, the definition of 'quack' is someone I believe to be dangerous, evil, destructive and unprincipled!

“Trouble is -- the term 'quack' was -- in their own place and time -- violently hurled at many men we consider today among the greatest medical heroes. [Semmelweis], Jenner, Koch, Harvey, Ross, Lister, Pasteur, Ehrlich, Sister Kenny, even Roentgen, who didn't even try to practice medicine!

“One very certain thing about the field of medicine: it is not, and never will be a field of objective science. It's too deeply dominated by emotional factors.”

Your Search for Wellness

So! You've probably been to an establishment medical physician about your present ill-health.

You've probably been told that your pain is a consequence of age or genetics, soon to lead to an incurable condition! -- Or that it is such and such a malady, and is already incurable! That very nice man, that fine mannered, knowledgeable doctor said, “Here's a pill. Take it three times a day. Learn to live with your condition and pain!”

He may also have warned you against quackery -- people who claim to have cures, but only want your money -- also conveniently overlooking the fact that he claims not to have a cure, but is perfectly willing to take your money.

He's an Authority -- a MEDICAL DOCTOR. Possibly he's one of the very best in your region, highly educated and trained, a respectable, leading citizen, of the highest ethics, a family man, recognized by both your local hospital and your insurance company as a man to trust.

Since -- you believe -- all medical doctors are equally trained, equally knowledgeable, all have had the same education, the same training, have read the same books, and all are at the very forefront of research, you'll prefer trust in this nice man (or woman), you'll go home, suffer, take the pill three or more times a day, and be emotionally stricken as your body progresses into a grotesque disease condition.

Right?

Hopefully, not any more! Not after reading this book, and others available elsewhere. Thankfully people are beginning to wake up, to realize the ineffectiveness and futility of relying on traditional medicine, as more and more folks take up alternatives -- and achieve wellness.

Not all establishment medicine is bad, of course. It simply uses a faulty standard usually designed by medical boards, insurance companies, pharmaceutical industries, trade unions such as the various Medical or Dental Associations, or ivory towered professors in medical schools whose research is dominated by the pocketbooks of pharmaceutical industries -- hardly an unemotional or unbiased grouping.

While the gold standard of medical scientific proof is that of controlled, double-blind studies that often cost as much as \$50,000,000 to establish the fact that one kind of pain killer is slightly better than another kind of pain killer, the crux of medicine is and should be whether or not people achieve wellness, and how they do so. We have, therefore, included actual case histories (usually under pseudonyms), describing how people suffered and what they did to achieve wellness.

Osteoarthritis is no longer a necessary concomitant of aging, being treatable and solvable. Would it also surprise you to learn that rheumatoid arthritis, and soft-tissue arthritis -- a form of rheumatoid disease -- has been capable of being cured for many years?

The necessary treatment factors, usually involve (1) proper nutrition, (2) detoxification [mercury, foci of infection, herbicides and pesticides] (3) strengthening of the immune system, (4) elimination of foreign organisms [parasites], (5) treatment for food allergies, and (6)

treatment against candidiasis, a yeast/fungus infestation. While accounting for all of these factors, and while all are necessary ingredients to achieve wellness, in particular cases they may not be sufficient, as each of us are designed with genetic differences and reared in differing environments.

What We've Learned

One of us has experienced nearly twenty-five years of freedom from rheumatoid arthritis, and one of us has successfully treated various forms of arthritis.

We've learned two impressive fundamental truths:

(a) All health not related to genetic defects is a function of what we eat, drink, breathe, how we eliminate, the nature of our living styles, and our response to and the levels of experienced stress. "To be healthy," says the wise man, "then clean up your act."

This book describes how to start cleaning up your act!

(b) There are probably more ways known to stay or get well than there are ways to achieve illness, or to stay ill. Apparently -- from the nature of wellness principles -- we humans work very hard to stay ill!

The Many Layers to Wellness

It took one of us (Anthony di Fabio) six weeks to halt the progress of "galloping" rheumatoid arthritis, two more years to pay attention to candidiasis, nutrition and food allergies, and the next 25 years to understand what's really going on with the factors that create rheumatoid arthritis and the other 100 or so related rheumatoid diseases. The following are layers which, when peeled apart sheet by sheet, surely will produce wellness in virtually everyone:

1. Stress

Stress is the greatest contributor toward a sick body. As a necessary ingredient of life, stress is totally unavoidable, arriving at our doorstep because we live, and appearing as either a physical or emotional stressor.

Physical stress includes heat and cold, polluting chemicals, daylight and darkness, the pull of gravity, microorganisms, changes in humidity and air pressure, accidents and sports, and so on.

Emotional stressors include offenses against others or against ourselves, school discipline and study, work -- particularly if detested -- marriage relationships and divorces, and certainly the loss of loved ones.

According to Derrick Lonsdale, M.D. [*Why I Left Orthodox*

Medicine], "Each of us live in a dangerous world, surrounded by all kinds of invisible stressors, many of which are indeed bacteria and viruses. The defense reaction to a stressor, however, regardless of the nature of the stressor, is much the same."

Some folks can handle enormous amounts of stress, and others very little, probably as a matter of their differing nutritional intake, state of health, and genetic factors.

We can make choices to reduce stress, but, short of death, there is no way to totally eliminate stress. It is our *choices* that determine the *nature* of our stress.

Whenever undue stress is unavoidable, or even if you've conditioned yourself to believe that a stress activity is enjoyable, some folks will get well simply by choosing to remove themselves from an environment of undue stress.

Stress has many faces, and it is never solved by blaming others, although it's possible that removing yourself from others may be necessary.

There are so many faces to stress that it deserves a book by itself.

Some folks can get well from soft tissue arthritis and related rheumatoid diseases simply by removing themselves from stressful situations.

2. **Nutrition**

As we've repeatedly written a successful farmer knows more about nutrition than the vast majority of health professionals graduating from the standard medical school. A successful farmer knows with a certainty -- a certainty upon which his family's welfare relies -- that unless he feeds his cattle, chickens, hogs, sheep, and so forth the very best nutrients, their market value will be low, and his income accordingly will suffer. Unfortunately few farmers have learned to apply this same philosophy to their plant kingdom crops, as they seem to be stuck in the limited nitrogen/phosphorus "fertilizer" cycle, along with the use of hybrids that produce large, healthy appearing vegetation with lopsided nutrient values or without a whole lot of nourishing qualities.

Most religions teach that man is both spirit and animal. And while it is most important to nourish the spirit, this can be increasingly difficult without persistently buttressing our animal natures with the proper nutrition and nutritional supplements. If not, the spirit may leave the body prematurely.

Everywhere on earth are healthful foods growing wild: insects, worms, nuts, fruits, various vegetation. There's probably more healthful

edible foods growing wild on this planet even today than there are unedible, poisonous foods -- but we and you are not about to break our childhood conditioning to seek after it. So, what is left?

Well, the closer we can come to the diet of our foraging ancestors, the more healthy we will become, excepting, of course, unavoidable intake of parasites, bacteria, et. al. In other words, we need organically grown food free of pesticides, herbicides, and chock full of enzymes, vitamins, minerals, and essential fatty acids. If we were to plant and raise our own gardens, insuring that the soils are balanced and mineral-laden, we'd more than likely not need vitamin and mineral supplements.

As it has become increasingly difficult to obtain what our animal natures require, we must do the best we can. After having chosen the very best store products available to us, we must choose wisely in supplementing with various vitamins, minerals, and essential fatty acids -- because our foods no longer contain the proper balance or they lack sufficient quantity of these life substances.

Those are just the general principles. A scientific discourse on the proper food baffles the best of physicians, so don't expect this non-encyclopedic book to provide you with foolproof, complete advice suitable just for you. Each person is genetically different, and each has different requirements, and those are the ingredients that you must learn about with the assistance of a knowledgeable health professional. The "4-food groups" or "6-food groups" recommended by dietitians is nonsense, not even suitable for grade-school children, providing incomplete, misleading information, and leaving out the very varying biochemistry that makes you different, or supports your life.

Derrick Lonsdale, M.D. (*Why I Left Orthodox Medicine*), describes five patients who are non-genetically related. Each of them are clinically diagnosed as having rheumatoid arthritis, each described as having joint inflammation, pain and swelling. Traditional medicine would attempt to treat each and every one of these five patients the same, but on a nutritional basis, each would require a different approach, depending upon their biochemical needs which must be learned by astute biochemical analysis. Dr. Lonsdale's nutritional approach also emphasizes that soft tissue arthritis, rheumatoid arthritis and related rheumatoid diseases are not diseases of joints, but diseases of the whole body -- and we wholeheartedly agree.

There are many who achieve wellness from soft tissue arthritis -- and the other 100 or so collagen tissue diseases which we call rheumatoid diseases -- simply by improving their nutritional intake to that

which best fits them. We would guesstimate that about 30% can get well by this means alone.

Chose to remove undue stress, and improve nutrition, and you may very well achieve wellness from rheumatoid disease!

3. Candidiasis and Food Allergies.

Candida albicans, a yeast/fungus, is an organism of opportunity, just as many other microorganisms are. Whenever conditions are right these organisms-of-opportunity set up shop in our bodies, particularly the intestinal tract. Right conditions are provided by the use of antibiotics, hormones (cortisone, birth control pills, etc.) and other chemicals, exposure to stress, and poor nutrition. A particularly virulent form of candidiasis -- the name given to the *Candida albicans* yeast/fungus infection -- is a fungal form that plants itself in the intestinal mucosal membrane, there to grow inward rootlets that penetrate all the way into the blood stream. (See *The Yeast Connection*, William Crook; *The Yeast Syndrome*, Morton Walker, D.P.M., John Trowbridge, M.D.; others)

Candidiasis, as will most yeasts, produces either acetaldehyde or alcohol, or both. Acetaldehyde is the metabolite of alcohol, the part of drinking liquors that gives you a hang-over the next morning. This persistent production of acetaldehyde in your intestinal tract passes through and into every organ and bodily system day by day, night by night, placing extreme chemical stress on your cells, organs, and systems. In time virtually every degenerative disease condition can be mimicked, including those of soft tissue arthritis as well as the other 100 or so so-called "auto-immune" diseases.

Simultaneously, as acetaldehyde is slowly, drastically, affecting your life, the rootlets planted in your mucosa are permitting small molecular particles of food to pass directly into the blood stream without being digested. These particles in your bloodstream are recognized as foreign invaders, and your immune system builds up protection against them, forming what's called an antigen/antibody complex which is the biochemical beginnings of a food allergy.

Because of this candidiasis infestation, the number of your food allergies increases over time, and they have some peculiar characteristics: (a) Some food allergies can be spotted as soon as you've eaten the substance: headache, nausea, joint pain, depression, lethargy, and so on. (b) Some food allergies require as much as three days from the time you exposed yourself to the food to kick in with headache, nausea, joint pain, depression and lethargy, and so on. This type becomes hard to associate with foods eaten by causal observation, and may require either

a valid blood test for allergies or a carefully prepared record, a log of foods eaten compared to daily symptoms (*Dr. Braly's Food Allergy and Nutrition Revolution*, James Braly, M.D.)

Just as infestation by *Candida albicans* can create a huge variety of symptoms, depending upon which tissues are most affected, so can food allergies. And, just as candidiasis can mimic rheumatoid disease, and the other 100 or so collagen tissue diseases, so can food allergies.

In short, candidiasis produces food allergies, and both of them not only create their own disease symptoms, but both of them can also mimic any of the 100 or so rheumatoid diseases, including soft tissue arthritis.

Incidentally, you're probably not going to want to learn that food allergies behave according to the same biochemical rules as does drug addiction.

Health professionals who have had their patients rid themselves of stress, improve nutrition, and conquer candidiasis and food allergies have cured a high percentage of those afflicted with rheumatoid disease.

4. Mercury Detoxification, Pesticide and Herbicide Detoxification, and Sterilization of Foci of Infection.

Solving stress may get the arthritic well.

Changing stressful conditions and improving nutrition may get the arthritic well.

Attending to stressful conditions, improving nutrition, reducing candidiasis infestation, and avoiding allergenic foods may get the arthritic well.

-- and any of these life-style changes may be permanent or temporary, depending upon each individual's temperament and situation.

But what will surely work? And what will also come closest to returning your body (and youthful spirit) back to an early period when you were free of disease?

Broad Spectrum Anti-Microorganism Treatment

The Arthritis Trust of America, the former Rheumatoid Disease Foundation of South Africa, and The Road Back Foundation, have historically recommended the use of prescription medicines to halt the progress of soft tissue arthritis, rheumatoid arthritis, other rheumatoid diseases, and some osteoarthritis (about 10%). The Road Back Foundation recommends a series of treatments of minicycline, whereas The Arthritis Trust of America and the former The Rheumatoid Disease Foundation of South Africa, has long recommended any one, or

combination, of several broad-spectrum anti-microorganism drugs to be described.

Both treatments have resulted in remissions or "cures," from soft tissue arthritis, rheumatoid arthritis, and the other rheumatoid diseases.

Coupling broad spectrum anti-microorganism treatment with treatment for nutrition, candidiasis, and food allergies has consistently resulted in an 80% cure rate since 1982, according to Gus J. Prosch, Jr., M.D. of Birmingham, Alabama, and some other physicians.

According to Lee Cowden, M.D. of Dallas, Texas, various foci of infection are important to remove, but they will not leave completely until accumulated herbicides and pesticides are removed. Herbicides and pesticides will not go completely until mercury is removed.

We don't want to use this limited space to get involved in a lengthy pro and con as to why each of these factors are so important. That's what our recommended books and articles do in some detail. We'll briefly describe the nature of each of the above factors.

Mercury Poisoning

The Governmental Protective Agencies, such as the U.S. Environmental Protection Agency (EPA), usually set no lower limit for the amount of mercury that is dangerous to health. Dentists who handle mercury must do so under guidelines set by the agency for a very dangerous substance, including the need to dispose of mercuric waste scraps in a manner that will not endanger our environment, thus also endanger people.

For some irrational reason, once mercury is placed in fillings of teeth dentists consider it no longer of danger because, they say, it is in an amalgamated form -- mixed with other metals -- and will not come free. This assumption is demonstrably false, and can be easily shown to be false by measuring the percentage of mercury from removed fillings and plotting percentages of remaining mercury against the time the amalgam spent in the mouth. Mercury disappears from the amalgams in a very predictable (linear) manner. The longer in the mouth, the less mercury contained in the filling.

The Swedish Medical Association, after resisting these claims of danger in the use of mercury fillings and after studying available scientific data, concluded they were wrong, and they publicly apologized to the Swedish public. Sweden, as well as some other countries, are now phasing mercury from dentistry.

The normally intransigent American Medical Association has

declared mercury dangerous, in agreement with the U.S. Environmental Protection Association.

The American Dental Association, among others, however, is so blind, so protective of their trade union, that they and their licensing boards have threatened to take the license away from dentists who remove fillings and replace them with a non-dangerous substance.

When mercury is amalgamated with another metal, the filling then exists in either an alkaline or an acid environment, the saliva and food mixture in your mouth which changes according to what you eat and when you eat.

Two dissimilar metals in either an alkaline or acid environment form a small battery which, when activated, produces an electric current. Such an electric current is easily measured in each and every metallic filling in your teeth.

The joint effect of all the little batteries in all of your teeth is also measurable as both a current, and also as a persistent source of evaporated mercury in your mouth.

Evaporated mercury combines with organic matter in the mouth to form a mercury/organic compound, which your body accumulates. Over time, your body will accumulate a considerable amount of mercury from your fillings as well as from other sources, such as consumed fish (which accumulates mercury), herbicides and pesticides, and additional dangerous environmental stressors surrounding us everywhere.

According to Hal Huggins, D.D.S. (*It's All In Your Head, Uninformed Consent*), and other health professionals, here's the two major effects of the use of mercury fillings:

(1) Organic mercury tends to accumulate at nerve ganglia where it interferes with the proper functioning of nerve signals. Accumulated mercury in a ganglion in the face -- for example -- may easily affect performance of a joint in a remote part of the body, causing a form of "arthritis." The proof is that when the organic mercury is removed from the ganglion in the face, the pain in the joint stops immediately, and the joint begins to heal and function properly.

This is but one example among thousands of seemingly unrelated dysfunctions that might be cited, including that of improper functioning of the immune system.

(2) Organic mercury forms small pockets or envelopes in various tissues of the body within which foreign microorganisms set up shop. These are usually mutated, anaerobic (live without oxygen) forms of

organisms. When our macrophages and leucocytes try to attack these foreign organisms as they're supposed to do, they are prevented from entering the pocket by the mercury.

Thus, the foreign organisms continue to thrive, producing toxins (microbial waste products) which, if our human tissues are not already sensitive to the toxins, will, for the arthritic-prone, probably become sensitive to them. The daily production of toxins, and their distribution throughout the tissues, organs, and systems of our body are what produce the various disease symptoms that are then classified as one of the 100 or so so-called "auto-immune" diseases.

It greatly surprised one of us to learn that the red coloring matter used to produce partial dentures and full dentures are usually made of a mercuric coloring matter. This mercury also leaches out over time, continuing our accumulation of dangerous mercury. A clear flexite denture is recommended by Lee Cowden, M.D. of Dallas, Texas.

We were shocked to learn from one manufacturer of denture plastic that he used cadmium to help keep the red (mercury) from leaching out.

Yea Gad! Cadmium is as dangerous as the mercury, and a major problem for the environmental protection agencies to keep cadmium from leaching into our soils and water systems especially by it's improper disposal.

The problem of obtaining dentures made from a clear flexite material may prove difficult, but, if you insist, can be done.

Root Canal and Tooth Extraction Foci of Infection

Extracted teeth and root canal surgery are extremely large sources of persistent infections that create degenerative diseases, including the various arthritides. "Arthritides" refers to all forms of arthritis.

George E. Meinig, D.D.S. (*Root Canal Cover-Up*) reports on the work of Weston Price, D.D.S., who, under the auspices of the American Dental Association, headed studies performed by 60 top-ranking medical scientists from very prestigious medical and dental institutions.

Whenever a tooth is extracted, or root canal work has been performed, the muscular tissue in the socket is usually left in place, and the dentist makes an assumption that the use of antibiotics will penetrate this tough tissue killing any microorganisms that may be present after the surgery.

The assumption is demonstrably false.

Streptococcus feci, or any one of hundreds of viruses, bacteria or mycoplasmas, will find themselves in these open sockets during surgery, especially embedded in fragments of dead bone. Within the

apparently healed gums, microorganisms that thrive in oxygen in the mouth (aerobic) will mutate to a type that thrives without oxygen inside the tooth socket (anaerobic).

Only 10% of those infected in the gums will have sore or sensitive gums, and will ever suspect that something is wrong.

One of us (Anthony di Fabio) had all of his teeth removed 50 years ago, and argued loud and long with those who insisted that the teeth be checked for a focus of infection. After all, "I had no root canals performed, and my gums felt normal!" Burton Goldberg (*Alternative Medicine: The Definitive Guide*) insisted, and so more to oblige him than because of belief, several non-invasive tests were made, and two blood tests.

Two kinds of non-invasive tests are effective in making such a determination: (1) kinesthology, a method of testing for muscle strength or weakness in the presence of an antigen or allergen; or (2) a computron, or dermatron (Electro-Acupuncture according to Voll), a device that sends a small amount of battery current along an acupuncture meridian. By reading the resulting effect on a changing electrical measurement one can determine if foreign invaders are involved, often what species.

Each test confirmed the presence of a species of mycoplasma, one of them also inferred the presence of an associated virus.

Under the care of a biological dentist, his computron confirmed the presence of both a mycoplasma and a virus throughout the upper and lower gums, also naming the organism's species.

Still there was no belief or acceptance, but permission was given to cut into a small portion of the gums as a final determination.

Lo! A greyish mass was present. We found this evidence of infestation throughout the top and bottom along my whole gum line -- a fifty year-long unsuspected focus of infection. These were laser sterilized and cleansed with hydrogen peroxide injections.

Later a nerve ganglion that could not be cut into by the biological dentist was also cleansed of infection by a medical doctor with appropriate techniques, as were other nerve ganglia containing mercury in other parts of the body.

According to Dr. Meinig, so long as the immune system is young, and functioning properly, these toxins and foreign invaders are properly handled. Once we age, as do our systems, the immune functions become slowly overwhelmed, and the various degenerative diseases set in.

By the way. None of this kind of dentistry should be attempted without a Biological Dentist. They are few in number, and not too easy

to find. The untrained, normal dentist not only will not believe, but even if willing to remove mercury or cleanse foci of infection, they are likely to leave you worse off than when you began. Especially dangerous is the possibility of accumulating more mercury in your system than you had before amalgam replacement with a neutral filling. Specialized techniques and training are necessary!

There are cases on record where once the mercury has been removed, and the foci of infection cleared up, (by use of the proper procedures) arthritis has totally disappeared without further treatment.

There are also cases where obvious health improvement has been obtained, but the arthritis has not cleared. Reason: Stress, nutrition, candidiasis, food allergies, and additional problems to be discussed in the following.

Adnoidectomies and Tonsilectomies Foci of Infection

Additional foci of infections may result from improper sterilization after adnoidectomies or tonsilectomies, according to Dr. Meinig.

What's Happened to This Important Information?

What's happened to this information, about the dangers of mercury, gum infection after extracted teeth and root canal surgery, and possible storage of infectious microorganisms after adnoidectomies and tonsilectomies?

Why hasn't the public -- or the arthritic -- been told of it?

Although the important medical research was initially sponsored by the American Dental Association, when one of us asked his dentist about his knowledge of these fantastic, long-term, definitive research works, he shook his head, saying, "No, I've never heard of them! They never taught us this in dentistry school."

We gave him copies of Meinig's and Huggins' books.

Like so many important medical discoveries, the knowledge got buried by mean-spirited, closed-minded, suppressive personalities -- or people with vested interests.

Original research records are stored in the American Dental Association library archives, and copies are also found in the Price-Pottenger Nutrition Foundation (PO Box 2614, La Mesa, California 91943-2614). However, George Meinig, D.D.S. has nicely summarized the work in his book *Root Canal Coverup*.

Pesticides and Herbicides

Pesticides and herbicides surround us everywhere. It's as though we live in a sea of these dangerous, man-made substances. The initial idea

was to kill pests (insects, rodents, etc.) or to kill weeds that are undesirable on our farms so that we could produce more and better crops. A similar motivation led to the use of antibiotics which, at first glance, appears to be a miraculous use of nature's own means of limiting undesirable microbes.

However, what has happened is this: Insects, microorganisms, and even so-called weeds adapt -- usually faster than we do. One surviving microbe, for example, can breed a generation of descendents that not only cannot be killed by the chemical or antibiotic that killed its forebearers, but thrives on it instead, and so another chemical or antibiotic must be manufactured against this new generation.

And so it goes, until there is hardly anything that can be used against these adaptable organisms that is not also dangerous to the cells of man.

Dangerous pesticides and herbicides have also become extremely widespread: winds spread the chemicals to our shores as does wave; and even traffic from country to country by car, ship, plane, and feet which all spread these deadly man-made chemicals.

There is little water, whether city conditioned, or farm well-water, stream, ocean, or lake, that does not contain these dangerous substances, just as there is little produce that reaches our markets that does not contain them. Nor are the snows and ices safe. Dangerous herbicides and pesticides can even be found in the arctic and antarctica, carried by wind and wave. Whole eco-systems and their many varied life-forms are dying by the tens of thousands from our poisonous incursions.

Harold Buttram, M.D. (*Our Toxic World; Who Is Looking After Our Children?*) reports that "about 70,000 chemicals are now used in commerce, of which several hundred have been tested for neurotoxicity, and among these only a handful have been tested thoroughly. Children have been estimated to be up to 10 times more vulnerable to toxic chemicals than adults."

Generally, these poisons or their dangerous metabolites are accumulated in the parts of the cells of the body called "lipids," or fatty parts of our cells.

Parasites, including infestations of candidiasis, amoebae, mycoplasmas, bacteria, viruses, worms, et. al., will not readily leave the body (especially intestinal tract) until these pesticides and herbicides are driven from the body.

There are many ways to detoxify herbicides, pesticides, and other chemicals from the body, among which are (1) 3-1/2 to 4 weeks of sweat sauna at 140^o-180^o F, with replacement vitamins, minerals and essential

fatty acids (Church of Scientology); (2) use of body soaks with special preparations, including dry scrubbing, et. al. (3) specially prepared herbs and homeopathic remedies, and so on.

Primary, however, and according to Lee Cowden, M.D., is to get rid of the accumulated organic mercury compounds, which permits removal of herbicides and pesticides, which permits removal of parasites.

Parasites

Getting rid of parasites, including yeast, amoebae, mycoplasmas, bacteria, viruses, worms, et. al. may require a number of different treatments over more or lesser time periods.

Nutritionist Ann Louise Gittleman (*Guess What Came to Dinner*) says, "If you think that parasitic diseases happen only to people in Third World countries, think again . . . An astounding one out of six people will test positive for parasites," -- those are only counting parasites for which tests are made.

Lee Cowden, M.D., for example, may recommend ozone colonics, especially the kind that can be used in one's own home. An ozone machine (to prepare ozonated water) is purchased and used in the home to freshly prepare a number of gallons of water, after which, and with the prior layout of a colema board and training in the method, one injects the prepared ozonated water into the lower colon. Dr. Cowden's rule of thumb is that for each 20 years of life it requires about 1 week of such treatment, twice daily, along with other special dietary factors.

Bernard Jensen, D.C., Ph.D. (*Tissue Cleansing Through Bowel Management*) describes other effective methods, as does Sherry Rogers, M.D. (*Wellness Against All Odds*), and Louis J. Marx, M.D. (*Healing Dimensions of Herbal Medicine*), may provide specific herbal formulations for specific as well as general conditions.

Removing undue stress, satisfying individual nutritional requirements, detoxifying mercury, pesticides and herbicides, treating for candidiasis and food allergies, killing undesirable parasites via prescription drugs, herbs and other means, and removing the thickened intestinal lining which harbors parasites, microorganisms, and worms will surely restore health with the vast majority.

5. Necessary Individualized Treatments

There is another level which might be required for optimum health for some individuals, and that is specialized individualized treatments. These are whatever individualized treatments are necessary for the specific person. For example: a person who has diabetes may very well have a type that William H. Philpott, M.D. of Choctaw, Oklahoma has

identified as being caused by allergies to certain widely consumed foods. The beta cells in the pancreas swell because of the allergy, thus preventing necessary insulin from entering the blood stream. We've known folks who, on talking with Dr. Philpott, have tried his allergy recommendations and subsequently have become free of insulin shots thereafter.

Whether or not the type of diabetes is from food allergy, any diabetic can benefit from some form of chelation therapy, a method of improving blood circulation in 80% of the peripheral (extremities) circulation and/or removing undesirable toxic metals. Such improvement in blood circulation is always accompanied by improved nutritional support for each individual cell, and thus improves ability to heal.

In fact, the use of chelation therapy can very well eliminate the need for by-pass surgery, one of those very costly, mostly ineffective standard, obsolete, medical practices.

As each individual differs greatly from others both in genetics, past nutritional intake, stress, and other important modifiers of our biology, only a trained health professional can determine whether or not Level Five, additional, personalized treatments, is necessary, and in most cases, while perhaps not necessary may be desirable.

Level Four Toward Wellness. (above) and possibly Level 5, are such important steps (especially when combined with levels 1 through 3) there's virtual certainty that when properly, implemented most arthritics will achieve wellness. But this doesn't mean that all of the damage to joints and other body systems will necessarily be reversed. Special treatments may be necessary for damaged, irreversible problems.

Special mention should be made of those who have arthritis because of sensitivity to capsaicin found in a huge number of foods as a taste enhancer, but not identified on food labels. (See *Inflammation Nation* published by Ed Wendlocher.

Not just those suffering from soft tissue arthritis, rheumatoid arthritis, not just those suffering from rheumatoid disease (the whole 100 or so of them), but also a large portion of any who suffer from many so-called degenerative disease will achieve wellness.

We knowingly include many forms of cancer among the promised wellnesses accomplished through the directions described.

You see, we've sort of snuck up on you!

We started by describing simple levels of healing strategies just for arthritides, and arrived at a level that will heal almost everything, so

common are the causes, and so basic are the common physiological conditions.

The Catch

Implementing the above recommendations can be a serious problem. Although The Arthritis Trust's physician list contains many doctors knowledgeable in one or more of the preceding treatment programs, there are few, indeed, knowledgeable or trained in all of them.

Finding a biological dentist in your geographical region, as has been mentioned, can be a pain in the tail. The Price-Pottenger Nutrition Foundation has a listing of biological dentists [(619) 462-7600], but their list will not differentiate between those biological dentists who safely remove mercury from dentures, and those who also sterilize root canals. Keep in mind that about 50% of stored mercury will still be in your body after safe amalgam removal, and a knowledgeable health professional must work with you to clean out the body.

Finding a compatible physician or dentist may take some time, and may also require you to search throughout the country, or even out of the country. Some procedures can be accomplished only at the risk of the professionals' license in some states or provinces, and some medical procedures (such as colonics) can be best done by yourself, in your own home after proper training. Some, of course may be best with your family physician.

Thus it is -- with all the many implementation problems -- that we highly recommend that you begin learning. Learning is what The Arthritis Trust's publications and books are about. When you've studied the variety of aspects to getting well, you can decide for yourself how much expenditure of time and effort you will make to heal yourself.

Some things you'll do yourself, based on the knowledge we've provided you.

Some treatments will require guidance by a knowing health professional.

Some treatments will require full attendance by a knowledgeable health professional.

Some treatments can only be found a long way from your home.

Your best bet is still to begin by downloading free books and materials from The Arthritis Trust of America and purchasing others from elsewhere.

Study, and decide!

Only you can get you well!

References

1. James Braly, M.D., *Dr. Braly's Food Allergy and Nutrition Revolution*.
2. Harold Buttram, M.D., *Our Toxic World: Who Is Looking After Our Children?*
3. William Crook, M.D., *The Yeast Connection Handbook*.
4. Anthony di Fabio, *Rheumatoid Diseases Cured at Last*, 1985 edition, only computer print-out available, <http://www.arthritis-trust.org>.
5. Ann Louise Gittleman, *Guess What Came to Dinner?*
6. Burton Goldberg, *Alternative Medicine: The Definitive Guide*.
7. Hal Huggins, D.D.S., *It's All In Your Head*, or *Uniformed Consent* order from Price-Pottenger Nutrition Foundation.
8. Bernard Jensen, D. C., Ph.D., *Tissue Cleansing Through Bowel Management*.
10. Derrick Lonsdale, M.D., *Why I Left Orthodox Medicine*.
11. Louis J. Marx, M.D., *Healing Dimensions Through Bowel Management*.
12. George Meinig, D.D.S., *Root Canal Coverup* order from Price-Pottenger Nutrition Foundation.
13. John Parks Trowbridge, M.D. & Morton Walker, D.P.M., *The Yeast Syndrome*.
14. Sherry S. Rogers, M.D., *Wellness Against All Odds*.
15. Joe Wallach, D.V.M., N.D., Ma Lan, M.D., *Rare Earths: Forbidden Cures*.
16. Anthony di Fabio and Gus Prosch, Jr., M.D. *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*, <http://www.arthritis-trust.org>.

Diet and Biological Dentist

Non-Profit Nutrition Information and Archives

Price-Pottenger Nutrition Foundation, PO Box 2614, La Mesa, CA 91943-2614; (619) 574-7763.

Referenced Publications

Please note that most of the publications referenced by title, and without publisher's address, are available through <http://www.amazon.com>, Ebay, or this foundation at <http://www.arthritis-trust.org>.

*Soft Tissue Arthritis:
Bursitis, Fibromyalgia; Fibromyositis;
Fibrositis; Rheumatism*

by Anthony di Fabio and Paul Jaconello, M.D.

The Case of Maryanne Anderson

John Marion Ellis, M.D. considered his first proof of the value of vitamin B₆ injections to be thirty-seven-year-old African-American Maryanne Anderson, who weighed 195 pounds and was eight months pregnant.

Maryanne suffered from severe tingling in both arms and hands, together with severe swelling of her hands and feet.

Dr. Ellis reported that from behind his desk, "I was able to see that the tops of her feet were swollen so badly, the skin looked like the shiny rubber on an over-inflated balloon. I walked over to her, knelt down and pressed my finger into the swollen flesh. After I removed the pressure, the outline of my finger remained for several seconds in her bloated arches. This was severe water retention."⁵

At night she experienced severe cramps in the backs of her legs, between her knees and in her ankles, and she'd had to buy larger shoes to accomodate her swollen feet. She'd had to rest constantly each day, and any time she lay down, her hands would tingle and become numb up to the elbows.

Dr. Ellis felt that her symptoms reflected more than the simple swelling of pregnancy.

Maryanne Anderson was treated with 50 milligrams of pyridoxine hydrochloride every two days for a two-week period, and the results came swiftly.

Within four days Maryanne had skin on the top of her feet that were wrinkled, pliable and loose. Her oversize shoes slipped from her feet. Dr. Ellis was able to pinch flesh between his finger and thumb, and Maryanne reported less tingling in her hands and feet.⁵

What Are These Diseases?

Kate Lorig, R.N., Dr.P.H., and James F. Fries, M.D., report that "Most of the problems we tend to call arthritis don't involve the joints and really aren't even diseases. . . . There are a lot of names for these conditions -- Bursitis, low back strain, sciatica, metatarsalgia, Achilles Tendinitis, heel-spur syndrome, sprained ankle, cervical neck strain,

frozen shoulder, tennis elbow, housemaid's knee, Carpal-Tunnel Syndrome, and others. People call all of these "bursitis," while doctors have fancier names for them. But they are all local conditions and are approached the same way. At first you don't even need a doctor for them, but if they don't respond after six weeks of self-treatment or seem alarmingly severe, be sure to see a doctor."²⁵

Symptoms are: fatigue, inflammation of muscle tissues; muscle weakness; pain, local tenderness, and stiffness of joints, muscles, joint capsules and adjacent structures; limitation of motion at joints; joint swelling and redness.

A group of common illnesses, whose source of pain is poorly identified in the muscles, are called Fibromyalgia, Fibromyositis, or Fibrositis.

Fibrositis, like Fibromyositis, describes inflammation of the fibrous connective tissue components of muscles, joints, tendons, ligaments, and other "white" connective tissues.

Paul Davidson, M.D., formerly Associate Clinical Professor of Medicine at the University of California Medical Center, described disorders that affect tendons, joint capsules, ligaments, fascias, bursas, cartilages and muscles as "soft-tissue rheumatism," and distinguished these conditions from "arthritis" which affects hard tissues.³

Various combinations of Bursitis, Fibromyalgia, Fibrositis and Fibromyositis may occur together as "simple Rheumatism," known as recurring (Palindromic) Rheumatism.

Warren Levin, M.D. of Arizona, says, "Unfortunately, the term 'Rheumatism' is not very discriminating, as it is often used to include both hard tissue and soft tissue arthritis."

Bursitis is acute or chronic inflammation of a bursa, the saclike cavity with fluid that surrounds the location where tendons pass over bony prominences, or between tendons, muscles, and bones. Their purpose is to promote the movement of tissue gliding.

With Fibromyalgia, Fibromyositis, and Fibrositis, any body part having fibromuscular tissue may be involved, but the most frequently seen are low back (Lumbago), neck (Torticollis), shoulders, thorax (Pleurodynia), and thighs (Leg Aches or "Charleyhorses").

"Torticollis" is tonic or intermittent spasm of the neck muscles causing rotation and tilting of the head.

Fibrositis pains can be brought on or intensified by trauma, exposure to dampness and cold, and by rheumatic problems.

Distribution of Fibromyalgia

Leon Chaitow, D.O.,⁸ England, reports that "Many children are now being diagnosed as having this condition. It often starts with flu-like symptoms and then becomes chronic, with sleep disturbance as a major feature.

"Fibromyalgia is now the commonest disorder seen by rheumatologists after Osteoarthritis and Rheumatoid Arthritis.

"Dr. Don Goldenberg, Chief of Rheumatology at Newton-Wellesley Hospital and Professor of Medicine at Tufts University School of Medicine, estimates that there are between 3 and 6 million Americans affected by Fibromyalgia, mainly between the ages of 26 and 35 and with the vast majority being women (86% females against 14% males according to many surveys). Some estimates have the figures in the United States as high as 12-15 million.⁴¹

"Based on population size and surveys we can therefore estimate that between 750,000 and 1.5 million people in Britain also have Fibromyalgia.

There is every reason to believe that citizens of every country, including Canadians, suffer in proportion to their population, that is, between 300,000 and 600,000 Canadians probably suffer from Fibromyalgia.

"According to Professor Bruce Rothschild of Northeast Ohio Universities College of Medicine, nearly 25% of patients seen at rheumatology clinics are actually suffering from Fibromyalgia."⁸

Clinical Symptoms for Fibromyalgia

Most often a patient (usually female) will complain of fatigue, widespread pain and stiffness. Lacking better guidelines or professional knowledge, physicians may have already wrongly labeled this patient as being a hypochondriac, or suffering from a psychogenic rheumatism. According to data uncovered by a Fibromyalgia support group established by David and Margy Squires, Phoenix, Arizona, "the average person with Fibromyalgia has gone 10 years before being correctly diagnosed, seen 12 doctors, tried 15-18 medications, and were put through unnecessary operations for symptoms related to Fibromyalgia. On average 60% are disabled and unable to work, and 35% have had other members of their families diagnosed with Fibromyalgia."²⁴

Somewhat better informed physicians may have labeled the problem as (a) a connective tissue disease, (b) chest pain (costochondritis or Tietze's syndrome), (c) tennis elbow, (d) shoulder Bursitis, (e) pain at either of two bony processes below the neck of the femur (trochanteric bursitis), or (f) back pain.

Laboratory tests will be negative. There will be reports of some sleep disturbance, such as repeated awakenings and also greater fatigue on arising in the morning than when retiring.

There may also be complaints of depression, migraine headaches, irritable bowel and pain in the temple and lower jaw (temporomandibular).

The diagnosis of fibromyalgia (sometimes also called Fibromyalgia Syndrome, or FMS) is confirmed by noting through physical examination a multiple of symmetrically located tender points called "trigger points." There are 18 trigger points defined by the American College of Rheumatologists and eleven of these 18 trigger points must be tender on application of mild pressure to allow for an "official" diagnosis of Fibromyalgia. Eight points are behind the neck and upper back; four are symmetrically arranged, two at each side of the buttocks; two of them, one at each elbow; two, one each at the inside of each knee, and two at the sternum below the chin.

Fibromyalgic tenderness is often distinguished from normal tenderness by an exaggerated emotional response, including crying, a withdrawal of the tender part of the body, and a worsening of the pain from days to weeks after the physical examination. Additional examination may then reveal added tender spots that were not noted in the first examination.

According to Leon Chaitow, D.O.,⁸ England, almost 100% of those suffering from Fibromyalgia have muscular pain, aching and/or stiffness (especially in the morning), fatigue, badly disturbed sleep, and symptoms that are usually worse in cold or humid weather. Based on different scientific studies, between 70% and 100% suffer from depression, although this could be a result of suffering from the pain itself; 33% to 73% suffer from irritable bowel syndrome; 44% to 56% have severe headaches; 30% to 50% have white, cold hands (Raynaud's phenomenon); 24% suffer from anxiety; 18% have dry eyes and/or mouth (Sicca syndrome); 12% have Osteoarthritis; and 7% have Rheumatoid Arthritis.

Chaitow⁸ also reports that other common conditions accompanying Fibromyalgia are allergies, almost constantly runny nose (chronic rhinitis), bruising easily, night cramps, restless leg syndrome, dizziness (sometimes because of medications taken for other symptoms), stopped breathing during sleep (apnea), dry eyes and mouth, teeth grinding (bruxism), extreme sensitivity to light (photophobia), premenstrual syndrome, digestive disturbances, viral infections, Lyme Arthritis Dis-

ease (resulting from a bacteria passed along by a tick), itchy skin -- with or without rash -- loss of hair, sensitive bladder, mouth ulcers, generalized muscular stiffness, 'foggy' brain (difficulty in concentrating and poor short-term memory), during reading wrong words come out, or the material is poorly understood (dyslexia), panic attacks, phobias, mood swings, irritability, and a feeling of hands and feet being swollen without evidence of fluid retention. There may also be a history of injury, major or minor, within the past year prior to start of the symptoms.

R. Paul St. Amand, M.D.,⁴ Assistant Clinical Professor Medicine, Endocrinology-Harbor-UCLA, Marina del Rey, California, reports that "Today, Fibromyalgia is accepted as a distinct illness." In addition to the symptoms described above, he lists, nervousness; depression; impaired memory and concentration; headaches; blurring of vision; eye irritation; sensations of heat, flushing or actual sweating; sugar craving; nasal congestion; post-nasal drip; abnormal tastes (foul or metallic); transient ringing or other sounds; numbness and tingling anywhere but usually of hands and feet; gas and bloating; constipation alternated often with diarrhea; burning on urination; pungent urine; frequent bladder infections especially in women; vaginal irritation, discharge, pain and especially with intercourse and increased menstrual cramping; restless; leg cramps frequent; brittle nails; itching with or without various rashes, all subject to cyclic appearances, sometimes better, sometimes worse.

Most of the above symptoms also clearly fit those of Candidiasis, infestation by *Candida albicans* which we presume will often accompany any of the rheumatoid diseases, including Fibromyalgia. (See *Arthritis*, Chapdelaine & Prosch, M.D.; *Conquering Yeast Infections*; S. Colet Lahoz, R.N., L.Ac.; *Dr. Crook Discusses Yeasts and How They Can Make You Sick*, Crook, M.D.; *The Yeast Syndrome*, Trowbridge, M.D. and Walker, D.P.M.).

According to St. Amand, "Many Fibromyalgics suffer primarily fatigue, emotional and cognitive defects and complain less of pain and other symptoms. This presentation is often labeled "chronic fatigue syndrome" and has been attributed to Epstein-Barr or other viruses. It is progressively recognized as merely a facet of the same disease with symptoms predominantly at one end of a spectrum. To us, 'systemic candidiasis' and 'myofascial pain syndrome' are merely symptoms for Fibromyalgia."⁴

Dr. St. Amand says, "The most prevalent areas of pain are: shoul-

der muscles or tendons, neck, between shoulder blades, lower back often with sciatica. The knees, inner and outer elbow regions, wrists, hips and chest are equally frequent sources of discomfort. However, other sites are so often involved, pain should be expected from any skeletal muscle, tendon, ligament or fascia. Morning, flu-like, generalized stiffness is common. Previously injured or operative sites are often affected. . . . I believe that Fibromyalgia is the early phase of a complex disease leading to Osteoarthritis. Damage to cartilage and arthritic spurs do not appear overnight. Years of pain and often joint swelling occur before discernable X-ray changes."⁴

Symptom Confusions

According to Leon Chaitow, D.O.,⁸ chronic fatigue syndrome and Fibromyalgia seem to start in the same way and to have the same symptoms, except that for the former, the fatigue element is most prominent, while for the latter, the muscle pain is the most prominent.

Others have debated as to whether or not Fibromyalgia and other forms of muscle, or myofascial, pain is the same. Literally dozens of different words have already been used to describe essentially the same physical conditions.

There is no evidence that Fibromyalgia is a disease of the muscles or a rheumatic syndrome.¹¹ Magnetic Resonance Imaging (MRI) is unable to depict any primary skeletal muscle abnormality, and there is no symptom of pain in those who are exercised and physically fit.¹²

Still others have used the name Fibrositis, meaning "inflammation of the muscles," where no inflammation can be found. By changing the name to Fibromyalgia syndrome, the implication of inflammation can be dropped, but even so, the cluster of symptoms as a unique disease entity remains not well defined.

Causation for Bursitis and Fibromyalgia

Bursitis may be caused by trauma, acute or chronic infection, inflammatory arthritis, Gout or Rheumatoid Arthritis.

Fibrositis pains can be brought on or intensified by trauma, exposure to dampness and cold, and by rheumatic problems. A virus or toxemia -- the effect of absorption of bacterial toxins or products formed at a local source of infection -- are felt to be causative sources.

Fibromyalgic pain is believed to be a self-maintained (neurophysiologic) disturbance where external stresses somehow interfere with sleep patterns resulting in increased pain perception. [There is deterioration of the non-rapid eye movement (REM) sleep]. The increased pain leads to additional stress and -- altogether typical feedback char-

acteristics -- where one causative physiological disturbance produces the second

*****.

A hypothesis consistent with the idea that Fibromyalgic pain is a self-maintained disturbance has been put forth by Drs. Guy E. Abraham, M.D. and Jorge D. Flechas, M.D., M.P.H.³³ "Synthesis of proteins, fats and carbohydrates necessary for cellular integrity, normal activity and functions is dependent on adenosine triphosphate (ATP) availability which supplies the energy for their synthesis and actions." Synthesis in this ATP energy cycle requires the presence of oxygen, magnesium, inorganic phosphate and other substances. When these are present in optimum concentration, the integrity of the mitochondrial membrane wherein lies the ATP power unit and the capacity of the enzymatic system becomes enhanced. Without sufficient ingredients, the ATP energy cycle is inhibited.

Linda Simon, D.C. reports that "It has been found that the tender points of Fibromyalgia patients are sites of small lesions or tears (microlesions) in the muscle. These microlesions tense up or contract. Contracted fibers cause the muscle to shorten. Within the areas of contracted muscle, tiny blood vessels are compressed, greatly reducing the blood flow.

"Several things happen when blood flow is reduced to muscles. The muscle fibers become starved for oxygen (which is supplied by the blood cells) causing the surrounding muscle fibers to go into further spasm. The increased spasm prevents blood flow even further, creating a vicious cycle of spasm and loss of blood flow. Now more and more muscles are involved.

"At the areas of decreased blood flow, pain-producing chemicals (eg. bradykinins) are released. These chemicals are picked up by special nerve sites (nociceptors) in the muscles. According to Dr. Karl Hendriksson, 'abundant and continued pain provoking chemicals can lead to changes in the way the brain receives the pain information.' Normally most of the pain signals are blocked in the nervous system before they reach the brain. However, in the case of Fibromyalgia, Dr. Hendriksson has hypothesized that the constant release of pain-producing chemicals sensitizes the nerve sites (nociceptors) in the muscles, thus causing them to continually transmit pain signals."⁴¹

When there are no associated arthritic or hormonal conditions, this disturbance is called "Primary Fibromyalgia."

In Secondary Fibromyalgia, there is associated: rheumatic diseases such as Systemic Lupus Erythematosus, Rheumatoid Arthritis, Osteoarthritis, Fibromyalgic states of endocrine problems (endocrinopathies), rapid corticosteroid reduction (if having been on this drug), alcohol and narcotic withdrawal.

Although trigger points can also be identified with myofascial pain, pressure to these points will cause the pain to radiate to the entire area, which is not true with Fibromyalgic states.

Alan H. Pressman, D.C., Ph.D. reports that, "There is now a considerable body of evidence indicating that many of these . . . disease conditions are associated with a permeable gut, liver detoxification pathways and activation of the pain-producing inflammatory cascade."¹⁰

Peter Smrz, M.D. says: ". . . we also encounter bacterial infections which occur in conjunction with articular (joint) complaints. The most severe form here may be considered to be streptococcus-related rheumatism as it develops after scarlet fever or angina tonsillaris."⁵⁸

Based on observations, R. Paul St. Amand, M.D. suspects that the primary defect in the production of Fibromyalgia lies with phosphate not calcium metabolism. "Calcium tablets taken with meals allowed lower dosages of [guaifenesin] medications. Calcium and magnesium bind phosphates from food, increase fecal excretion and thereby lessen absorption. Some patients have fingernail changes that suggest an abnormal calcium phosphate deposition at the root. Similar to concentric tree rings, they grow and eventually break or peel at the tip. Primarily phosphate -- some calcium oxalate -- increased in the urine as we initiated treatment in the few patients we tested. Our hypothesis is that an inherited, abnormal renal retention of phosphate and secondarily, calcium, leads to an intracellular excess of both. Cells and their power stations, the mitochondria, malfunction and produce inadequate ATP, the currency of energy. An energy deprivation syndrome develops and affects susceptible, widespread, bodily functions. We realize this is simplistic and the chemistry would be far more involved."⁴

Traditional Treatments

While conservative treatment may begin with non-steroidal anti-inflammatory drugs (NSAIDS), such as aspirin, and other over-the-counter "arthritis" remedies, traditional treatment for Fibromyalgia usually involves medication, a carefully designed exercise program, and sympathetic support. This combination of factors is said to "help" approximately 80% of the patients. It is only symptomatic treatment, at best.

Low doses of amitriptyline or cyclobenzaprine are prescribed to improve the sleeping pattern, causing drowsiness and later awakening with less fatigue and pain.

Swimming or rhythmic dancing is encouraged.

Although the patient will understand that Fibromyalgia is not a crippling or deforming disease, they must learn to deal with stress.

With the use of traditional treatments, and despite any of the above treatments, tender points will persist.

However, R. Paul St. Amand, M.D.⁴ describes a "traditional" treatment that provides reversal of all the symptoms of Fibromyalgia under some rather strict rules.

The main substance used is guaifenesin, often combined with other ingredients for both over-the-counter and prescription medications. Guaifenesin by Dr. St. Amand is used without mixing with any other ingredients in the amount usually of 300 mg tablets twice a day for two weeks, which is an adequate dosage for about 20% of those afflicted. Six hundred milligram dosages are used for 50% more of the patients, and another 30% will need larger dosages. Once a proper dosage level is established for a given patient, treatment continues for two months, a time usually adequate to reverse at least one year of accumulated disease. "The longer the duration of illness, the longer the total clearing" time.⁴

Of course, Dr. St. Amand also relies on a detailed medical history, examinations, and so on as is customary.

In rare instances side effects may include nausea, heartburn, itching, or rash, but otherwise is safe and may be used at any age level.

Of significant importance for this treatment to be effective, is the total avoidance of salicylic acid which is often unknowingly used in skin ointments, herbs, aspirin and other pain relievers. St. Amand cautions that the patient should avoid such things as aloe, ginseng, menthol, mentholatum, almond oil, . . . castor and camphor oils, eyeliners, some lipsticks and underarm deodorants." This applies to sun screens, hair sprays, astringents, shaving creams, exfoliants, wart and callous removers, Peptobismol, some mouthwashes, and so on. "These offending substances will be absorbed and partially or totally block the effect of guaifenesin. No adverse reaction ensues but no benefit is attained."⁴ Although all plants contain salicylates (or salicylic acid), the ban does not include foods, cooking herbs and spices, as the amount of salicylate contained is too small to effectively block guaifenesin. Non-steroidal inflammatory drugs that do not contain any salicylates are per-

mitted.

After proper dosage has been determined the patient will develop an accelerated process of symptom reversal, having some good days and some bad days. (See "The Herxheimer Reaction," *Arthritis*, Chapdelaine and Prosch; *The Herxheimer Effect*, Pybus <http://www.arthritistrust.org>.) "Symptoms gradually lessen, lesions soften, break-up and clear."⁴

Clinical Symptoms for Bursitis

Acute Bursitis is characterized by pain, local tenderness, and limitation of motion. Swelling and redness is frequently present if the bursa is superficial.

Chronic Bursitis may follow prior attacks, or repeated trauma or foci of infection. The bursal wall is thickened, with degeneration of the tissue surrounding the bone (endothelial lining). The bursa may eventually contain adhesions, threadlike processes from the synovial membrane (villi), calcium (calcareous) deposits and muscle atrophy.

Pain, swelling, tenderness, muscle weakness and limitation of motion vary.

Attacks may last from a few days to several weeks, with multiple recurrences.

Tendon or muscle tears must be ruled out, as well as inflammation of the bone marrow (osteomyelitis), tuberculosis, and inflammation of connective tissue or cells (cellulitis).

The elbow (olecranon bursa) and the knee (prepatellar bursa) are the most frequent sites of bursitis in children.

The knee (prepatellar bursa) is the most frequent site in adults.

Areas of abnormal stress, such as prominent bunions or amputation stumps, can acquire bursar sacs.

Subcutaneous bursitis associations or sources include trauma, bacterial infection, Gout, and Rheumatoid Arthritis. Such cases manifest as a cystic lump. When inflammation is severe or a bursae ruptures, diagnoses can be confused.

To differentiate between acute arthritis and Bursitis, the elbow, knee or limb is held in a semiflexion position, and passive extension or flexion is prevented because of pain, indicating acute arthritis.

For example: Holding the arm outward at a right angle to the body would be a half-open or half-closed position of the joint at the shoulder. Moving the arm from the leg to this half-open position would be painful for an inflamed bursae, whereas, continued raising of the arm, over the head, would not be painful with an inflamed bursae,

but would be painful for one with acute arthritis. Similar, knee and limb positions would produce like results.

A bursal rupture will often show massive forearm and hand swelling (edema), suggesting inflammation of cartilage or cellular tissue (cellulitis) or vein clot (thrombosis).

The greater majority of cases of Bursitis due to infection (septic Bursitis) are due to *Staphylococcus aureus*.

Clear fluids with low white blood count (WBC) are common in Bursitis caused by infection and also in Gout. Routine analysis must include a uric acid crystal search by polarizing microscopy, Gram stain, and cultures.

Traditional Treatment for Bursitis

Subcutaneous Bursitis

Most traditional treatments for Bursitis are conservative, as most cases resolve spontaneously within three months if repetitive trauma is avoided by the patient. A conservative treatment normally involves non-steroidal anti-inflammatory drugs (NSAIDS), such as aspirin, and, although often prescribed, over-the-counter "arthritis" remedies to inhibit pain.

Cases that do not respond are usually treated with a corticosteroid injection or even by surgery on the "offending" bursar sac.

Corticosteroids will often produce skin atrophy and infections due to repeated intra-bursae hyperdermic needles. When this occurs, a ten day course of antibiotics of one kind or another is prescribed, usually orally, but sometimes intravenously for patients with diabetes, or who suffer from immunosuppression, or suspected bacterial infections.

Deep Bursitis

While there are more than 100 deep bursae, only five of them seem to be of clinical importance: (1) beneath the outward extension of the spine of the scapula, forming the point of the shoulder (subacromion), creating shoulder pain; (2) at the neck of the femur (trochanteric), creating hip pain; (3) inside of the leg, below the knee (pes anserine); (4) back of the knee (gastrocnemius-semimembranosus), creating knee pain; and (5) behind the heel bone (retrocalcaneal), creating heel pain.

Traditional Treatment for Deep Bursitis

Usually corticosteroid injections at the sites of inflammation symptomatically dampen the pain and inflammation.

What's Wrong With Traditional Treatments?

Except for the treatment described by R. Paul St. Amand, using guaifenesin, traditional treatments address only the symptoms of the

disease, not its source or cause.

Analgesics, and non-steroidal anti-inflammatory drugs, over time, destroy the lining of the stomach, and create other ill effects that sometimes can add additional burdens to an already diseased body.

Sherry A. Rogers, M.D.³⁰ writes that the use of non-steroidal anti-inflammatory drugs make Fibromyalgia worse once it has started. "These drugs cause widening between cells in the intestinal or gut lining. This is called intestinal hyperpermeability, or the leaky gut syndrome. These large spaces allow toxins, bacterial products, and foods that the body normally does not see to pass into the bloodstream. When it sees these new or foreign particles, it mounts an attack and starts making antibodies to them. Hence, food allergies, for example, can surface. . . . Furthermore, the bacterial toxins that leak through can damage the liver and reduce its ability to handle other chemicals in the environment."

Tricyclic antidepressants, according to Leon Chaitow, D.O., "increase the amount of serotonin in the central nervous system, increase the delta-wave stage of sleep and consistently improve the symptoms of Fibromyalgia, though not by acting as an antidepressant and not in all sufferers treated.

"Studies involving various forms of antidepressant medication tend to support the use of amitriptyline (25 to 50 mg daily), with pain scores, stiffness, sleep and fatigue symptoms all improving on average, but by no means in all sufferers. . . . side effects of taking the antidepressant were measurable . . . drowsiness, confusion, seizure, agitation, nightmares, blurred vision, hallucinations, uneven heartbeat, gastrointestinal upsets, low blood pressure, constipation, urinary retention, impotence and dryness of the mouth all being observed or reported in various combinations."⁸

Corticosteroids have many well-known damaging side-effects, including the impairment of wound healing, increasing the risk of infection, and upsetting the delicate balance of the immunological system. Over time, ever-larger dosages are required to achieve the same level of symptomatic relief, and, in time, the body's ability to produce its own cortisone-like substances diminishes until one becomes absolutely dependent upon the drug for life itself. Many other bodily functions are also disturbed, or permanently damaged by long-term corticosteroid usage.

As reported by Leon Chaitow, D.O., "A study of the use of systemic corticosteroids (15 mg daily of prednisone) showed that there

were no measurable improvements in those taking them"⁸

Chaitow, D.O. also reports that "When muscle relaxants were tested as treatment for Fibromyalgia sufferers, most were found to be useless. However, cyclobenzaprine (10 to 40 mg daily, given at night to prevent daytime drowsiness) was found to reduce pain levels and tender point count and improve sleep."⁸

As Deep Bursitis may be caused by various factors, including infection, Gout, Osteoarthritis, Synovitis, and so on, these injections may need to be repeated from time to time, unless the source of the problem is corrected.

Other Forms of Soft Tissue Arthritis

Some diseases mimic Fibrositis or Bursitis, among which are three:

A chronic generalized inflammatory condition of the large arteries -- principally in the temple and back of the head -- Polymyalgia Rheumatica -- may appear to be Fibrositis, but is actually a distinct rheumatoid disease causing severe pain, stiffness and disability.

Another soft tissue condition that results from inflammation of the arteries is Giant Cell Arteritis. Often lumped together with Polymyalgia Rheumatica, it can cause severe musculo-skeletal aches and pains, and in some cases blindness as well.

A type of neuralgia sensed as a burning or acute pain radiating along a nerve and its branches is called Causalgia or Reflex Sympathetic Dystrophy, a disease that might occur after a trivial injury, causing severe disability to a limb.

Alternative Treatments for Bursitis, Rheumatism, Fibromyalgia, Fibromyositis, Fibrositis.

Treatment and Cure of Fibromyalgia

Curt Maxwell, M.D., PO Box 1075,

Winterhaven, Ca 92283; (928) 220-1295

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Townsend Letter for Doctors and Patients

Since I note your editorial about changing times and open mindedness, I am taking the time to respond to the article "Fibromyalgia: Hope for Help." I notice that the author states "We are searching for better treatment options." She incorrectly states that a cure for Fibromyalgia does not exist. That's the same as saying there is no cure for Rheumatoid Arthritis when there absolutely is -- because we've put numerous cases into "permanent remission." For those doubters, please see www.arthritis-trust.org.

Like Rheumatoid Arthritis, Fibromyalgia is a systemic condition

that requires a multi-faceted approach. However people (mostly women) who suffer from this condition all have several underlying common denominators.

The first is carbohydrate addiction. It is necessary for any lasting success to adopt the Low carb Lifestyle as per Robert Atkins. M.D. I particularly like the newest Atkins book. *The Diabetes Revolution*. Although Fibromyalgia sufferers may not be diabetic, because of carbo addiction most are hypoglycemic, insulin resistant and therefore pre-diabetic. Avoidance of all high glycemic foods is mandatory. Atkins allows artificial sweeteners but these too must be avoided. The only sweetener I allow is either stevia or better still Xylitol available from Vitamin Research. [(800-877-2447) or www.vrp.com.]

To help with sugar craving, patients should take standard carbohydrate metabolism products to help normalize blood sugar, such as chromium picolinate, vanadium etc.

Also, since the mainstream dietary information is all bogus, practitioners should study the work presented by the Weston A. Price Foundation. [www.westonprice.org or phone 202-333-4325.] This work is mandatory for a complete understanding of correct diet.

Most people with degenerative conditions have food allergies or sensitivities. I put patients on the “Dong” diet. Colin Dong. M.D. was a Stanford grad who started eating the Standard American Diet (S.A.D.) which is possibly the worst diet in the industrialized world. He developed Rheumatoid Arthritis. He put himself back on his childhood Chinese diet of vegetables, rice and fish and cured himself, possibly because his diet excludes the most common foods that people develop sensitivities to, including the ‘nightshades’. He combined this basic diet with acupuncture and cured hundreds of rheumatoid arthritis patients. He wrote two books. A cook book and *New Hope for the Arthritic* [ISBN 0-345-32728-4.]

If the practitioner wants to be specific about food sensitivities, then I suggest York Nutritional Laboratories because they do IgG Elisa food testing but do not require a blood draw. [www.yorkallergyusa.com or 888-751-3388.]

The second is hypothyroid. The practitioner must understand that diagnosis cannot be made by looking at lab results. Diagnosis must be measured by monitoring of body temperature as per Broda Barnes. M.D., PhD. with the help of his book *Hypothyroidism: The Unsuspected Illness*. Or the website for the Broda Barnes Research Foundation [www.brodabarnes.org or call 203-261-2101.] I contend there are

millions of people (especially women) who suffer from the many ramifications of hypothyroid because of faulty medical diagnosis. For those that are diagnosed, sadly the synthetic T4 does not work for many because of inability to convert to T3. We use Armour (or generic) T3 and T4 natural desiccated Thyroid. A brief description of Barnes' thesis is also found at www.arthritis-trust.org, "Thyroid Hormone Therapy: Cutting the Gordian Knot."

The third is adrenal fatigue and the Practitioner must be familiar with the work of William Jeffries M.D. and his 1955 book *Safe Uses of Cortisol*. Lab testing for cortisol can verify results. I should note that this protocol applies to other conditions including chronic fatigue and rheumatoid arthritis etc with modifications.

Although Robert Lieffmann M.D. developed a rheumatoid "arthritis permanent remission" treatment, his formulas can be successfully used for other conditions including Fibromyalgia and Chronic Fatigue. [For more information call Torrance Company Pharmaceuticals. 800-327-0722.]

We have found that the insomnia common with Chronic Fatigue or Fibromyalgia is usually abated when cortisol levels are corrected either with hydrocortisone (Cortef) or Lieffmanns formula., otherwise the patient should be prescribed about 2500 mgs of Inositol 30 minutes before bed. Melatonin, a powerful pituitary hormone which is a strong antioxidant and sleep inducer can also be used.

Next, the Practitioner should acquire software for blood chemistry analysis from Biotics Research [800-678-8218.] This program is extremely valuable for finding nutritional deficiencies and specific problems .

If this program indicates bacterial, viral or other infections, and the eosinophil level is elevated, we use various anti-microbials such as time released extract of Oregano, Olive leaf extract and or Colloidal Silver. We also do a clinical trial of anti-microorganism medicine. We use Tinidazole because the research of Roger Wyburn -Mason M.D., PhD. showed it to be the least toxic of all the 5-nitroimidazoles. [However, clotrimazole is fairly easy to take, and metronidazole, though untasty, can be used. Which of the five recommended imidazoles (ornidazole and nimorazole not available in U.S.) is best often depends upon the type of infestation as well as quality of *Lactobacillus acidophilus* residing in the intestinal tract, as it is the acidophilus that metabolizes the metronidazole and the metabolite of that reaction that kills many of the organisms. Keep in mind that the Roger Wyburn-

Mason treatment relies on supplying a broad-spectrum anti-microorganism treatment which simultaneously includes allopurinol or furazolidone. (See www.arthritis-trust.org). The Arthritis Trust's Spring 2005 Newsletter will feature the curing of ankylosing spondylitis (a rheumatoid disease) by killing off Schistosomiasis/Bilharziasis using traditional medicines. (See "The Herxheimer Effect," www.arthritis-trust.org)

So, if we get no Herxheimer reaction we will also use Vermox for eradicating parasites and also look for a Herxheimer reaction. Other problems can be involved such as systemic candidiasis. Clotrimazole is then used first and fairly heavily. This treatment procedure can be complicated so Practitioners should get the very excellent information packed book, *Arthritis* by Anthony Di Fabio, M.A. & Gus J. Prosch, Jr. M.D. from the Arthritis Trust available without charge on its website. [www.arthritis-trust.org]. [Three other books: *Rheumatoid Disease Cured at Last*, *The Art of Getting Well*, and *Arthritis: Little Known Treatments* -- all downloaded without charge -- contain the proper treatment protocol. Also, in the articles section, one may download "Wyburn-Mason Treatment of Rheumatoid Disease."]

We also use software from Progressive Laboratories [800-527-9512] which will give nutritional support protocols for specific conditions including Fibromyalgia.

For example the product ATP Plus^R supplies magnesium and malic acid which always helps Fibromyalgia. Creatine greatly reduces fatigue and precursors to Growth Hormone -- which is often deficient -- and it will also really help. N acetyl carnitine and alpha lipoic acid will give much needed energy. Every single human being can benefit from Omega 3 Fatty acids. We use Carlson's DHA/EPA [800-323-4141] Other specific nutrients on an individual basis can be deduced from lab work and the Biotics program.

Since Magnesium, especially in the chloride form, is so valuable we dispense the powder ready to be placed in a gallon of good water, the patient taking about 2 oz before bed. Check the www.arthritis-trust.org and download Dr. Raul Vergini's article "MagnesiumChloride Hexahydrate Therapy." See there the amazing research the French did early in the 20th century. We use USP MgCl₂·6H₂O from a chemical company.

For Doctors using Nutritional Medicine, an excellent book to use is Dr Atkins *Vita-Nutrient Solution*. Great book!

Back in the early '80's I was introduced to "Myer's Cocktail" by

Solon Boynton, Jr. M.D. of Bellingham Wa. For the last several years we have used a modified version with 10 cc of 1/500 HCl. [Injections of HCl stimulate macrophages and leucocytes. *Three Years of Hydrochloric Acid Therapy*, a booklet published in the 1930's, can be downloaded without charge on the arthritis trust website www.arthritis-trust.org.] The addition of the hydrochloric acid raises the O₂ content of the blood and will also boost white blood counts. [For product and formula call Torrance Company 800-327-0722.]

The February 2005 *Alternative Medicine* has an article "Spotlight on Fibromyalgia." In this article Dr. David Katz reports having treated more than 60 Fibromyalgia patients with "Myer's Cocktail," about 80% getting good results. Dr. Katz is the Director of the Integrative Medicine Center at Griffin Hospital in Derby Connecticut. They call their "Myers Cocktail" Intravenous Micronutrient Therapy (IVNT).

Last, but certainly not least are the "injection therapies." We use neural and intraneural injections with outstanding long-lasting results

To get the booklet on *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis & Control of Pain in Arthritis of the Knee* written by Paul K. Pybus, M.D. contact the Arthritis Trust of America. Again, like its other publications, this pamphlet is available for downloading without charge at www.arthritis-trust.org.

Harry H. Philibert M.D. of Metairie Louisiana developed a very good system he calls "Specific Injection Therapy." He has a very good workshop manual as well as a teaching tape. We use the Pybus system and the "Philibert Formula" on a large number of pain patients from all over North America with very excellent results. We also use Prolotherapy to rebuild joints, especially knees

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

Englishman Roger Wyburn-Mason, M.D., Ph.D., nerve specialist, was the first to describe the causation principle of joint damage from tender nerve locations, sometimes called "trigger points," in arthritis and arthritis-like pain, but are actually inflamed nerve ganglia.

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

20 years.

American Keith McElroy, M.D. independently discovered the same principles, and applied them to his patients, also for many years.

Dr. Paul K. Pybus and Gus J. Prosch, Jr., M.D. explored additional key “trigger points,” until it became clear to them that a virtual one-to-one correspondence existed between painful nerve ganglia and acupuncture points -- but not always so.

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

However, of most importance, for more than 50 years American Harry H. Philibert, M.D. independently developed the use of “Specific Injection Therapy,” covering many of the same aspects as the *Intra-neural Injections for Rheumatoid Arthritis and Osteoarthritis & Control of Pain in Arthritis of the Knee* reported above. *The Anatomy of Pain: Specific Injection Therapy*, is a well-done report of Dr. Philibert’s research that can be obtained by writing or calling Harry H. Philibert, M.D. [213 Live Oak St., Metairie, LA 70008, telephone (504) 837-2727; Fax (504) 831-3380.]

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

A good substitute for NSAIDS with no secondary effects is Phenocaine (dl Phenylalanine & Curcumin) available from Dr. Donsbach’s *Let’s Talk Health* [www.letstalkhealth.com]

I hope this information will help all practitioners who are sincerely interested in really helping Fibromyalgia patients by treating underlying

ing "causes" rather than just palliating symptoms.

According to Robert C. Atkins, M.D., author of *Dr. Atkins' Health Revolution*, "Arthritis, which really is a term for a number of pathological conditions affecting the joints, is a perfect proving ground for therapy-testing. It has features in common with most conditions we have been treating. It is widespread, chronic, has elements of allergy, autoimmunity, microorganism, and free radical involvement; it is related to diet, nutrition, and environmental influences. It is a discomfoting, disabling, discouraging, degenerative disease.

"Arthritis even has the politico-economic protection of its own special interest group, the Arthritis Foundation [and related, like organizations], more determined than any of its counterparts to insure its own continued existence by hammering home the Big Lie that all treatments which are non-pharmaceutical are quackery.

"For all these reasons, you would do well to understand that whatever works in treating arthritis would work for most illnesses."¹⁷

The Case of Maria Diamante

Fifty-five year old Maria Diamante, a victim of Rheumatoid Arthritis, was in great pain, with difficulty in walking, when she first entered Robert C. Atkins' office. She was five feet one inch tall and weighed 152 pounds and, according to Dr. Atkins, had that "overblown look that overtreated rheumatoid victims have."

Maria had had two operations (gallbladder and thyroid) some years earlier, and she'd begun to have Bursitis in her shoulders. Orthodox practitioners gave her the usual cortisone injections, and after these started she began to complain of arthritis pain in all of her joints. Of course, the usual was then prescribed of Indocin[®], gold injections and Motrin[®], all of which failed, and so surgery was next recommended.

Maria had a bilateral hip replacement, and after the passage of four more years, both knees were replaced. Maria was still in pain, and so, next, surgery was performed on both big toes and then her right wrist.

This "radical intervention" (as physicians title the surgery) did nothing whatsoever to halt the progress of Maria's arthritis, so again she was placed on pharmaceuticals.

By the time Maria Diamante came to see Dr. Atkins, she was on aspirin, Naprosyn[®], prednisone and hydrochlorothiazide, this last a diuretic given for the purpose of offsetting the side effects of Naprosyn and prednisone.

Maria's sedimentation rate was high, which is a laboratory sign of

chronic inflammation when taken together with other blood factors. She was anemic and her bone-related serum enzyme (alkaline phosphatase) level was high. Maria's glucose tolerance test went through violent swings, confirming hypoglycemia along with high insulin levels, implying that her carbohydrate metabolism was not functioning properly. Hair analysis also pointed to iron deficiency.

Dr. Atkins removed Maria from aspirin and hydrochlorothiazide immediately, and also instructed her to refrain from eating the night-shades: tomatoes, potatoes, paprika, eggplant, green pepper, and (smoking) tobacco. Otherwise she was placed on the Atkins Center's low-carbohydrate diet, which also helped to eliminate foods that are known to affect large numbers of people.

The first month Maria was given supplements that included, among other items, superoxide dismutase (SOD) and panthothenic acid.

The Second month she was given intravenous vitamin C, B complex, B₆, folic acid, zinc, manganese, and magnesium. Orally, she was given bromelain, one teaspoon of vitamin C crystals 3 times daily, and niacin at bedtime.

The third month Maria received six vitamin drips, and by now felt stronger and was more active.

Dr. Atkins felt that her medications should be removed gradually to prevent withdrawal symptoms from Naprosyn and prednisone, and as this withdrawal took place, Maria's condition accelerated, until "her complaints were limited to some numbness and tingling in her joints," the pain being now gone.

In another month Maria's ankles and wrists were virtually pain free, the wrist that had not been operated upon being more mobile and painless. She'd lost twenty pounds, and on each visit to Dr. Atkins' office, her condition showed improvement. She told Dr. Atkins, "When I first came to you, I could hardly walk. Now I don't think about it, I just walk without pain. I can even lift and use my right arm. I really feel good. Last month I broke my shoulder, so I had to go to the hospital, and not one doctor could believe what he saw. I was seen as a miracle. They couldn't believe how well and free of pain I am."¹⁷

Maria kept up her visits to the Atkins Center, and five years from her first visit, her improvement continued, Dr. Atkins reported.

Acupressure

Michael Reed Gach, author of several books describing the proper use of acupressure, quotes Norman Shealy, M.D., a world-renowned pain specialist and director of the pain rehabilitation center in La Crosse,

Wisconsin. Dr. Shealy "has found several acupressure points to be useful in treating pain and has incorporated them into his overall pain reduction program, which can be used for arthritis pain."¹⁹

The Case of Leslie

Michael Gach describes Leslie, a fifty-eight-year-old widow, who "was searching for a drug-free way to relieve the pain and swelling of the arthritis in her hands and toes, as well as a variety of allergies. She had lost feeling in her toes, and her doctor had said that she had very slight chance of regaining feeling in them.

"After three months of acupressure treatments every week, she was able to flex her toes back and forth, and move them at will without pain. Slowly, feeling came back into her toes." Gach says, "I will never forget how excited Leslie was to be able to wiggle her toes."¹⁹

According to Murray C. Sokoloff, M.D., "Easily reversible conditions such as Fibromyalgia, Fibrositis, and Myofascial syndrome may go into complete remission with the help of acupressure treatments. Acupressure offers relief with no risk and at the same time is inexpensive and easily integrated into one's life."¹⁸

Since many of the well-defined "tender" spots accompanying Fibrositis correspond to also well-defined Chinese acuncture points, one can easily locate these points simply by pressing the areas where the pain concentrates. Instead of massaging these extremely sensitive points, hold it firmly for a few minutes, gradually decreasing the pressure until you find a balance between pain and pleasure.

Myotherapy

For almost fifty years, Bonnie Pruden has been getting the kinks out of thousands of stiff muscles with a technique called myotherapy. Her technique applies pressure to Fibromyalgic tender points, which denies those points oxygen. The muscles relax thereby alleviating the pain at those points. Then, by re-educating affected muscles through gentle stretching exercises, the muscles stay relaxed and pain-free.

Bonnie Pruden doesn't claim to know why or how this process works, but work it does. She's "developed very specific range-of-movement exercises -- corrective exercises -- that help retrain specific muscles.

"For a quick fix for back pain, for example, pressure is applied to a tender knot located in the back-pocket region. This is followed by simple and gentle leg stretches while the client lies on her side. These stretches are followed by pelvic tilts and sphincter-tightening/relaxing exercises. Focusing on the pelvic girdle area," Pruden explains, "also helps re-

lieve incontinence, poor urine flow, and spastic vaginal muscles.

"In addition to myotherapy, I've developed a mini-minute daily exercise program that can be performed in bed, in the shower, or at work. The idea is to get you to remain active and permanently fix sore muscles. You must move often throughout the day.

"The retraining exercises and emphasis on daily movement are the major differences between my method and other trigger point therapies. With acupressure or shiatsu, for example, you can relieve the spasm and pain, but without teaching better muscle habits, the spasm may return."

Acupuncture

Reported by Leon Chaitow, D.O., in treating Fibromyalgia with acupuncture, Dr. P. Baldry feels it is necessary to repeat the treatment every two to three weeks for months or even years.

M. Penny Levin, Ph.D., a health psychologist in the Philadelphia area, who also practices in a holistic context, wrote via internet that "My interest in acupuncture began with my own experience. I developed a serious inflammatory arthritis following the birth of my children. It was frighteningly unresponsive to traditional Western medicine.

"After several years of struggling, my husband's chiropractor, who was learning acupuncture at the time, offered to attempt to treat this condition. Within just a few months, I was 20 pounds lighter, vastly more energetic, and nearly off of all medication.

"Over the past several years, both my practice and my personal health care have shifted steadily in the direction of alternative medicine."²¹

In one study, 70 patients were divided into two groups, one half of whom received acupuncture treatment, and the other half a sham procedure. The treated group showed significant improvement, and the control (non-treated) group showed none.³¹

Double-blind scientific studies performed by a Swiss research team in Geneva found that only the real acupuncture treatments -- as opposed to the non-acupuncture points treated as a placebo -- resulted in improvement by those suffering from Fibromyalgia. After the treatment, the group receiving the real acupuncture required more pressure on tender points to produce pain, and the amount of painkilling medicine required was less by half, the length of time of morning stiffness was reduced by a small amount. However, about 25% of those treated with acupuncture did not improve.⁸

Allergies and Chemical Sensitivities

Reported by Leon Chaitow, D.O.,⁸ people with allergies and chemical sensitivities are more likely to suffer from Fibromyalgia than those who do not have allergies. "In a study at East Carolina University School of Medicine in 1992, involving approximately 50 people with hay fever or perennial allergic rhinitis (runny nose), it was found that around half those tested fitted the criteria for Fibromyalgia set by the American College of Rheumatology. . . . As about 5% of the general population have Fibromyalgia, that 49% of sufferers in the study had allergies points to there being a close link between these two conditions. . . . the foods that most commonly cause problems for many people with Fibromyalgia or chronic fatigue syndrome . . . are wheat and dairy products, sugar, caffeine, aspartame, alcohol and chocolate."⁸

Regarding chemical sensitivities, "according to Professor Gunnar Hauser, M.D., of UCLA, 'Toxic exposure doesn't always occur in factories. There are many chemicals in our everyday environment (as well as those acquired from medical and social drug usage) that can lead to serious health problems, including household cleaners, new carpets, perfumes and certain types of paints'.

"All the symptoms associated with Fibromyalgia and chronic fatigue syndrome . . . can result from such exposure."

Warren Levin, M.D. of Arizona described Hazel Nelson as a woman deeply disturbed over her back pain. "I didn't even try to treat her back pain," Dr. Levin said, "but tested her for food allergies. When we discovered that she was allergic to wheat, and she refrained from eating it, her back pain went away by itself."²²

Anti-Microorganism Therapy

As there seems to be a strong correlation between many forms of arthritis and genetic or developed sensitivity to the toxins or dead protein products of various microorganisms, broad spectrum anti-microorganism drugs are highly recommended, at least as a trial or preliminary treatment program. See *Arthritis*, di Fabio and Prosch, M.D., this foundation, for the complete protocol, which should be under the supervision of a knowledgeable physician. This is an extremely important program, and it and the aforementioned book should not be overlooked for any of the arthritic diseases.

Aroma Therapy

Anti-inflammatory effects can be obtained from odors that stimulate, such as thyme, cinnamon and cloves, according to studies by Dr. Hildebret Wagner, Chair of the Institute of Pharmaceutical Biology at

Ludwig Maximilian University in Munich, Germany. "Dr. Wagner suggests that the irritation caused by these oils stimulates the adrenal glands and triggers release of anti-inflammatory corticoid substances, the body's natural cortisone-like material."⁴

Dr. Schnaubelt reports that everlast (*Helichrysum italicum*) and eucalyptus (*Eucalyptus radiata*) relieve arthritis pains within moments of application.⁴

Aroma therapy principally supplements, or complements, other treatments for arthritis. Additional oils that benefit other arthritic treatments, according to Roberta Wilson, author of *Aromatherapy for Vibrant Health & Beauty*, include: basil, benzoin, black pepper, cedarwood, chamomile, coriander, elemi, fennel, ginger, helichrysum, juniper, lemon, marjoram, myrrh, pine, rosemary, and vetiver. "These oils can ease pain and discomfort, reduce swelling, and relieve sore muscles," according to Roberta Wilson.⁷

Wilson describes three useful recipes for the arthritic: (1) Arthritis Bath Blend, (2) Arthritis Massage Blend, (3) Deep Relief Arthritis Oil.

The Arthritis Bath Blend consists of oils: 3 drops lemon, 2 drops coriander, 2 drops helichrysum and 2 drops marjoram. The patient drops these oils into a bathtub filled with warm water, gently dispersing them. Then, a leisurely soak is enjoyed for twenty to thirty minutes.

Used in the Arthritis Massage Blend, are oils: 1-1/2 ounces carrier, 1/2 ounce flaxseed, 6 drops chamomile, 4 drops marjoram, 3 drops coriander, 3 drops rosemary, 2 drops benzoin resin, 1 drop black pepper, and 1 drop ginger. The carrier oil poured into a clean container is added to the other oils, and gently turned upside down several times, or rolled between hands to blend the mixture. This mixture is massaged over joints and muscles as necessary.

Deep Relief Arthritis Oil consists of oils: 1-1/2 ounces carrier, 1/2 ounce flaxseed, 4 drops chamomile, 4 drops helichrysum, 4 drops lemon, 3 drops fennel, 3 drops juniper, 3 drops marjoram, and 2 drops ginger. After the flaxseed and carrier oil are mixed together, the essential oils are blended. The mixture is then applied to joints and muscles as needed.

Wilson also advises that the arthritic can "Soak Arthritis Bath Blend daily to relieve pain and discomfort. Apply Arthritis Massage Blend over your entire body for detoxifying and pain-relieving effect. Massage Deep Relief Arthritis Oil into your joints and muscles as often as necessary to relieve pain and reduce swelling."⁷

Bee Sting Therapy

The International Apitherapy Study begun in 1983, has gathered

follow-up data on more than 12,000 bee stung patients. It may take up to 1-4 stings to reduce the pain of Bursitis.⁵⁰ (See *Arthritis*, di Fabio and Prosch, M.D., this foundation.)

B₆ Supplementation

The Case of Joseph G. Hattersley

Joseph G. Hattersley, medical reporter and writer, says, "I cured my own bursities in both shoulders 25 years ago with vitamin B₆. And a Toastmasters friend, a rather large person, was out of work about 6 weeks ago, had \$100 left in the bank, and was newly crippled with a painful knee. I told him if it was Bursitis, B₆ would help -- and handed him a bottle of the tablets. Now he takes 500 mg a day (with B-complex) and his pain is entirely gone. He doesn't run and jump much because of his size, but he sure does walk, and enjoys it."⁴⁴

Research of John Marion Ellis, M.D.

John Marion Ellis, M.D., over a period of seven years of research with Dr. Karl Folkers and associates at the University of Texas, Austin, Texas, made many videotapes of before and after conditions of patients who, through the elimination of vitamin B₆ deficiency, became well or, at least, vastly improved.

Dr. Folkers and other scientists were able to demonstrate that a particular enzyme -- erthrocyte glutamic oxaloacetic transaminase (EGOT) -- as measured in the blood, would confirm deficiency of vitamin B₆.⁵

Their studies were able to link decreasing measures of the above enzyme with age -- the highest values found in the newly born, the lowest, in those with age and disease. Furthermore, they were able to demonstrate that it took seventy days to get the enzyme up to speed, which is the approximate time for most patients to show improvement using 100 to 150 mg of pyridoxine daily.

Measured values of the blood content of erthrocyte glutamic oxaloacetic transaminase (EGOT) enzyme were tabulated as follows:

0.12-0.20 (Irreversible Crippling)

0.20-0.30 (Pathological)

0.30-0.35 (Marginal)

0.35-0.40 (Biochemically Questionable)

Newly born infants will have an enzyme measure of 0.71, and those who take 50-100 mgs of B₆ daily register at 0.69.

Most of the American [and Canadian population] probably lays between 0.20 and 0.40, Dr. Ellis believed, indicating that a widespread deficiency existed.⁵

Signs and Symptoms of Vitamin B₆ Deficiency

As Rheumatoid Disease seems to be a grab-bag of virtually all auto-immune and collagen tissue diseases, Bursitis -- also a Rheumatoid Disease -- seems to be its equivalent in "soft-tissue," auto-immune/collagen tissue diseases.

Dr. Ellis and associates were able to show that the signs and symptoms of vitamin B₆ deficiency may include the following:

1. Numbness and tingling of the hands (paresthesia);
2. Impaired finger sensations;
3. Limitations on ability to flex joints;
4. Swelling of hands that improves and worsens, or fluctuates;
5. Morning stiffness of finger joints;
6. Pain in the hands;
7. Coordination impairment of finger joints;
8. Weakness of pinch pressure between thumb and index finger;
9. Dropping of objects;
10. Tenderness over the Carpal Tunnel with neurological signs (Tinel and Phalen);
11. Painful shoulders;
12. Painful movement of thumb at knuckle (metacarpophalangeal joint);
13. Painful elbows;
14. "Sleep paralysis."

The above symptoms derive from the following list of conditions, all of which have been shown to respond to vitamin B₆ therapy:

1. Carpal Tunnel Syndrome (Idiopathic);
2. Chronic noninflammatory Tenosynovitis (acute, sub-acute and chronic);
3. Chronic noninflammatory Tendinitis (acute, sub-acute and chronic);
4. Synovitis of thumb tendons (De Quervain's Disease);
5. Diabetic neuropathy as related to Carpal Tunnel Syndrome;
6. Synovitis situated around several joints (periarticular);
7. Shoulder-hand syndrome;
8. Pre-menstrual swelling (edema);
9. Menopausal arthritis;
10. Swelling of hands and feet (edema) of pregnancy;
11. Effects of bacterial toxins (toxemia) of pregnancy;
12. Proliferation beneath arterial endothelium (arterial subendothelial proliferation);

13. Thickening, degeneration and inflammation of arteries (arteriosclerosis).

The Case of Nurse Angeline Johnson

Nurse Angeline Johnson reported to Dr. Ellis that she had swelling in her face, feet and fingers, as well as soreness in her finger joints, but that after a few hours of activity during the day, the swelling would subside. These, she reported, seemed to coincide with her menstrual cycle.

Dr. Ellis prescribed 50 milligrams of vitamin B₆ for five days. After two days, Angeline's hands had improved, and on the third day, she was able to wear her rings again, use the typewriter, and she slept much better.

For twelve months thereafter Nurse Johnson took one 50-milligram tablet daily of vitamin B₆ and suffered no pain in her hands, and had no pre-menstrual swelling. When Dr. Ellis asked her to go without the vitamin B₆, she found the pain and swelling returned. It disappeared again by returning to her former supplementation of vitamin B₆.⁵

Although this approach obviously was right for Nurse Johnson, there can be other hormonal factors that must be attended to, Dr. Ellis cautions.

The Cases of Carrie Summons and Martha Robinson

Carrie Summons and Martha Robinson, both nearing menopause, were "troubled with bright-red, distinctly circumscribed nodes on the finger joints, one of the frequent symptoms of menopausal arthritis, known as Herberden's nodes," named after William Herberden who first recorded the phenomena in the 18th Century.

After eight weeks of therapy, using vitamin B₆, the Herberden nodes subsided.⁵

The Case of Mattye Stuert

African-American Mattye Stuert had poor neuro-muscular coordination of hand and finger, and would easily drop dishes and other objects. She also was unable to write to her husband who was in the service, because her hand would "go to sleep." She experienced pain in her right hand.

Dr. Ellis injected her with pyridoxine hydrochloride, 50 milligrams, daily, every other day. After two weeks, her grasp was improved so that she could hold objects in her right hand without dropping them, and the "pins and needles," in her hands and arms had disappeared, and her arm no longer went to sleep, so that now she was able to write

to her husband.⁵

Shoulder-hand Syndrome

According to Dr. Ellis, a form of arthritis known as "the shoulder-hand syndrome," characterized by swelling of the fingers and hands, and painful movement of the elbows and shoulders, often accompanies an acute myocardial infarction, or during the convalescence after such an attack. Dr. Ellis wrote, that "the age of a patient and the length of time he has been suffering has a great bearing upon his response to B₆ therapy, but in every case of the 'shoulder-hand syndrome' I have treated with pyridoxine, there has been some improvement."⁵

Dr. Ellis writes, "You will notice that nowhere in the above list [The Signs and Symptoms of B₆ Deficiency above] is the word 'arthritis' mentioned, except in relation to menopausal arthritis, which is a specific complaint. . . . the majority of people believe they are suffering from arthritis, when in fact, it is more often than not, some other complaint. In fact, as a result of my research, I firmly believe that 90% of what is called arthritis . . . is, in reality, a biochemical change in synovium of tendons and joints, particularly in the fingers, thumbs, elbows, shoulders, knees and hips. With these changes in synovium, a person experiences swelling, pain and stiffness of the joints, symptoms that most men and women as well as doctors call 'arthritis.' . . . as Karl Fokers and I have proved, these conditions respond favorably to adequate amounts of pyridoxine, given over a period of 90 days. Many of my patients experienced relief in only a matter of weeks, but in the majority of cases, it does take about six weeks for the symptoms to start disappearing, and twelve weeks for a definitive response. In cases of severe stiffness, there will be gradual improvement up to a year."⁶

The Case of Billy Joe McGill

Billy Joe McGill, great-grandson of a former slave from Mississippi who had been sent to Texas as a wedding gift, was a concrete finisher. He was having difficulty doing his twelve hours daily professional chores.

Billy Joe was placed in a double-blind study, having a power of pinch that was a mere 8.5 pounds.

After the test was over, and the study unblinded, Billy Joe McGill was found to have taken 100 mg of vitamin B₆ daily, while his power of pinch had advanced to 22.6 pounds in his right hand and 24 pounds in his left hand.⁵

Pyridoxal 5-Phosphate

Since the early days of Dr. Ellis' research, many physicians have learned to prefer the use of pyridoxal 5-phosphate, a metabolite of pyridoxine, to avoid possible adverse effects of over-dosage of the pyridoxine.

Soft Tissue Arthritis is Caused by Proven B₆ Deficiency

Dr. Ellis further states that his view, that most of the 'arthritis' in the world today is a deficiency in vitamin B₆, is substantiated by long years of research, proven in laboratory experiments, evidenced from before and after videotapes, and proven under stringent double-blind conditions "in conjunction with some of the top medical and scientific authorities in the country."⁵

B₁₂ and Copper Supplementation

Richard A. Kunitz, M.D., of San Francisco, California writes, "I've seen cases of Bursitis respond to B₁₂ therapy, probably because the vitamin promotes blood cell development, hematopoiesis (the production and development of blood cells, usually in bone marrow), which draws iron out of the tissues in order to bind it to the porphyrin (a respiratory pigment) of hemoglobin instead.

"In the tissues free iron is a potent source of free radicals (chemically active substances), which cause inflammation and aggravate arthritis. Locked in the hemoglobin, the iron is perfectly safe; but in order to get there it must traverse the liver and accept an electron, i.e., be electronically reduced by a protein, ceruloplasmin (a glycoprotein, blue in color, to which the majority of the copper in blood is attached).

"Ceruloplasmin, however, is dependent on copper for its structure, and it is copper which signals the liver to manufacture the ceruloplasmin. Since copper is in short supply in the diet of about 3 out of 4 [North] Americans, combined iron-copper deficiency is common. Many is the case of iron deficiency anemia that responds only when copper is supplied as well as iron.

"Low iron status causes tired bones as well as tired blood and tired people. Iron is essential for synthesis of collagen. Often the first symptom of iron deficiency is low back pain. that's where the maximum load occurs, upwards of 750 pounds leverage force is not unusual. If the collagen repair is slow, due to multiplicity of deficiencies, strain can lead to inflammation."²³

One must be very careful, however, not to conclude that iron deficiency is a problem without proper laboratory measures as well as knowledgeable physician supervision. Adeena Robinson, *Iron: A*

Double Edged Sword, suffering from "undiagnosable" symptoms eventually learned that she was a victim of iron overload. Iron overload, through arbitrary supplementations or however obtained, can cause liver dysfunction, enhance growth of cancer, supports infectious diseases, is a culprit in arthritis, especially among those whose Rheumatoid Factor (RF) is negative, is correlated with increased risk of heart disease and diabetes, can damage the pancreas, affect endocrine system, sexual functioning, and neurological disorders, and shows up in measures of metabolism in multiple sclerosis and cystic fibrosis.

Coupled with proper laboratory tests as described in *Iron: A Double Edged Sword*, specific signs and symptoms may lead the knowledgeable physician to conclude that iron overload is a factor in otherwise confusing disease symptoms, and blood letting (blood donations) or a chelating agent (desferrioxamine) may be recommended. (Caution: See a knowledgeable physician and also See *Iron: A Double Edged Sword*,.)

Candidiasis

Dr. Carol Jessop reported that nearly 90% of her patients with Fibromyalgia, whether men or women, had yeast infections, probably because of their recurrent use of antibiotics for sinus, acne, prostate, urinary tract and chest infection problems.⁸

As there is a decided connection between candidiasis, food allergies, chemical sensitivities, and every form of arthritis, detoxifying the body by every safe, possible means is clearly in order for those suffering from Fibromyalgia. *Arthritis*, di Fabio and Prosch, and other Candidiasis and Food Allergy publications.

Chiropractic

Chiropractic adjustments have been successful in treating various disturbances of the body, including Bursitis,⁴ but may not consist solely of adjustments. Progressive doctors of chiropractic are frequently involved with nutrition and metabolic problems.

A case of mixed arthritis and Rheumatism is reported by Paul A. Goldberg, M.P.H., D.C.,⁵¹ graduate of Bowling Green State University, Life College, and the University of Texas Medical Center Graduate School of Public Health. Dr. Goldberg, with degrees in preventive medicine, nutrition and chiropractic, is Professor of Clinical Nutrition, Gastroenterology and Rheumatology at Life College, Marietta, Georgia, and practices at The Goldberg Clinic in Marietta, Georgia.

The Case of Vickie Garrett

Vickie Garrett, 52-years-of-age, had a generalized chronic fatigue coupled with a 7 year history of joint/muscle pain and indigestion which

was getting worse. She'd been taking "Herbal Formula" recommended by a "herbalist." When Vickie had begun using it 6 months earlier there'd been dramatic reduction in discomfort, but each week she had to increase the amount of the compound to receive the same effect, and her symptoms worsened.

Laboratory studies included blood chemistry, sedimentation rate (elevated), and amino acid profile (low). Her diet was analyzed and found inadequate.

Vickie was placed on an individualized program to improve her digestive function and to restore nutrient competency. She was also urged to rest and to discontinue the use of the herbal formula. Withdrawal from the herbal formula exacerbated her symptoms, and on further investigation the herbs were found to contain steroid compounds.

Vickie was asked to eliminate refined foods, increase essential nutrients, and to avoid food allergens. Her gut was rested with a week-long liquid diet. Essential fatty acids and an amino acid mixture was recommended based on her blood analysis.

Following withdrawal symptoms that resulted from discontinuing the Herbal Formula, Vickie experienced gradual improvement in symptoms and an increase in energy. As her digestion improved, so did her joint and muscle pain. Sedimentation rate returned to normal, as did the amino acid levels.

Follow-up in 2 years found the patient reporting 90% improvement in overall health.

Dr. Goldberg says that "This patient exemplified the importance of good digestion. With digestion improved, amino acids, fatty acids, minerals and other nutrients became available to tissues for repair while inflammatory compounds entering the bloodstream reduced."

The Case of Joy Climer

Thirty-three-year-old Joy Climer came to Dr. Goldberg with a mixture of Fibromyositis and "mixed" arthritis. She experienced swelling and pain in ankles, shoulders and stiffness in other joints and muscles. There was ankle swelling and pain to the point that she found herself unable to walk. She also had indigestion with bloating and stomach pains.

Joy was found to have increased intestinal permeability, numerous food allergies and an elevated sedimentation rate.

A program was given to reduce gut permeability, eliminate allergens and improve digestion. A period of detoxification was followed by a special dietary program with nutrient supplements to assist in gut

wall repair.

In 2 months the joint and muscle pain disappeared, her energy level increased, and her sedimentation rate returned to normal, as did gut permeability.

Control of Fibromyalgia Syndrome

Dr. Christiane Northrup³⁴ writes that "Biopsies of muscles of the tender points of Fibromyalgia patients have shown evidence of tissue damage resulting from decreased oxygenation of the tissue." Women, who suffer more from Fibromyalgia Syndrome than do men, by 9 to 1, "often have decreased blood supply to their muscles because of chronic muscular tension," which, Dr. Northrup feels, is caused by muscular tension caused by suppressed emotion stemming from thoughts, feelings and beliefs, probably related to job-created stress, family problems, or latent childhood memories.

Dr. Northrup sets out 6 major guidelines for control of Fibromyalgia, as follows:

1. Don't be afraid to exercise. Slowing down because your body signals to do so is not a good idea. No matter how you feel, continue moving every day, and over time your body will be able to tolerate moderate exercise as your muscles become conditioned and the pain decreases.

2. Get plenty of rest and relaxation. Try for 8 to 10 hours of sleep each night, and go to bed and arise at the same time each day, even on weekends. "A definite schedule helps train your body to rest deeply and fully when you are in bed. (Remember, the key is quality sleep, not necessarily quantity.)"

3. Meditate. Meditation helps to balance neurotransmitter hormones. "Just 15 minutes per day will do wonders for all aspects of your life -- not just relieving your Fibromyalgia Syndrome."

4. Eat a diet that optimizes the prostaglandin hormone balance in your cells. An unbalanced intake of the wrong kind of prostaglandin hormones, usually derived from the wrong kind of fatty acids, causes tissue inflammation resulting in muscle pain. The right kind of fatty acids, such as derives from the Omega-3 and Omega-6 sources, - - alpha linolenic acid, eicosapentaenoic acid, docosahexaenoic acid, and gamma linolenic acid (from flax oil, walnuts and beans, whole grains, chestnuts, soybeans, cold water non-farmed ocean fish, Evening Primrose seeds, Black Currant seeds and Borage seeds, for example) - - have an opposite effect, by helping to dampen inflammation as well as other benefits.

"A diet that is low in refined carbohydrates, low in fat, and moderate in protein keeps prostaglandin hormone tissue levels well balanced. Also, eat no more than 500 calories in one sitting -- a huge meal taxes your system and disrupts your natural rhythms. Include a bit of protein and fat at each meal or snack. This keeps prostaglandin levels in balance by keeping insulin levels steady."

5. Increase serotonin levels in your blood. Dr. Northrup explains that researchers have been able to produce Fibromyalgia-like symptoms by decreasing the neurotransmitter serotonin. The reason why doctors give small amounts of antidepressants for Fibromyalgia is because these drugs artificially increase serotonin.

"Anything that makes you happy and enthusiastic tends to increase your serotonin levels. . . . You can also boost your serotonin with blue-green algae."

Blue-green algae consists of whole algae, rich in amino acids, chlorophyll, enzymes, nucleic acids, essential fatty acids, vitamins, naturally chelated minerals, including trace minerals, and natural sugars. Some brands have a higher overall amino acid content than others, including the raw materials for building neuropeptides, and some brands retain live enzymes.³⁸

Dr. Northrup feels that it is important to take these supplements "in a progressive and regular pattern," and she offers the following regimen:

Week One: Take two digestive enzyme capsules with blue-green algae just before breakfast and lunch. Also, take two acidophilus capsules with algae each morning 30 minutes before eating.

Week Two: Add blue-green algae at breakfast each day.

Week Three: Stay with the enzymes and acidophilus, but begin increasing your algae intake to 2-5 capsules three times per day with meals.

Week Four: Continue to experiment with the amount of algae you need. Some people get very good results with just a little, while others require a heftier intake.

6. Take supplements. Dr. Northrup states that "Magnesium, malic acid, manganese, and the B vitamins have all been shown to decrease pain in Fibromyalgia Syndrome patients. Magnesium and malic acid help the body synthesize energy and strengthen cell membranes, thus preventing microtrauma to the muscles. They also help with aluminum detoxification (excess aluminum may be implicated in Fibromyalgia Syndrome, but results are inconclusive as of yet).

"Take a total of 300-600 mg of magnesium daily, either in your multivitamin/mineral supplement or separately.

"For malic acid, start with 1,200 mg per day in divided doses with meals. You can gradually increase to 2,400 mg per day if you experience no pain relief within the first two weeks.

"The B vitamins support cell wall healing and most other metabolic functions": 100 mg each of the B's.

"Manganese is a necessary co-factor in the production of neurotransmitters": 10-20 mg of manganese.

Dr. Northrup says that she routinely has good results in 3 to 6 weeks when she places her Fibromyalgia patients on the above regimen.³⁴

Diet and Nutritional Supplements

Modified Cave Man Diet

Consistent with Dr. Christiane Northrup's regimen, consider use of the diet described in *Arthritis* (di Fabio and Prosch) published by this Foundation. Most healthy diets remind us that fresh fruits, vegetables, whole grains, nuts and cold-water fish are closer to our cave-man ancestors' diets, and also the diet that followed man's evolution. Modify this diet according to your doctor's instructions. Eat foods high in magnesium: dark leafy greens, and green and yellow vegetables.⁴

Zoltan Rona, M.D., M.Sc.³⁵ was asked by a 33-year-old mother of three children for advice. She explained that she was on Tylenol® 3 (with codeine), Demerol®, Diauldid®, Prozac®, Immovane®, Diazepam®, and Sinequan®. She wanted to know if she could do anything healthier.

Dr. Rona's reply was, "The number and combination of drugs you are taking is alarming. Your first order of business should be to wean off the drugs with the help of a drug detoxification centre. Once this is accomplished look into natural approaches to treatment.

"Foods that should be reduced are refined carbohydrates (sugar and white flour products) and animal fats (especially those found in red meats)."

Dr. Rona also advised taking the correct kind of essential fatty acids, similar to advice already described above by Dr. Christaine Northrup and other physicians.

Dr. Rona added that the Fibromyalgia sufferer should "Avoid foods known to interfere with mineral absorption such as bran, coffee and tea."

Supplemental "minerals that may be useful include iron, zinc, copper, manganese, calcium, magnesium, silicon, boron and selenium.

"Vitamins such as A, B-complex, C, beta-carotene, bioflavonoids

and E can be supplemented in higher than RDA doses because they are antioxidants."

Dr. Rona also reports the beneficial use of alfalfa, calendula, intramuscular injections of B₁₂, magnesium sulphate, and the use of natural progesterone, liothyronine (thyroid replacement T₃), the hormone replacement dehydroepiandrosterone (DHEA), the amino acid typtophan and electroacupuncture.³⁵ (See *The Master Regulator: Thyroid Therapy*, this foundation, <http://www.arthritisrust.org>.)

Potassium-Magnesium Aspartate

Alan R. Gaby, M.D. recommends potassium-magnesium aspartate for tired people, i.e., those with chronic fatigue syndrome, a condition that has many symptoms in common with Fibromyalgia. Dr. Gaby reports "that potassium-magnesium aspartate is frequently an effective treatment for fatigue. This compound is said to be helpful regardless of the cause of the fatigue."⁹

Nutritionist Nan Kathryn Fuchs, Ph.D.¹⁵ reports that when large amounts of calcium are taken as supplements, or through dietary regimens, calcium is increased in the blood, which stimulates the secretion of a hormone called calcitonin. The parathyroid hormone is also suppressed, and these two hormones regulate the levels of calcium found in bones, tissues and teeth, and have a direct relationship to the degree of Osteoporosis and Osteoarthritis. Also, parathyroid hormone takes calcium out of bones and deposits it in soft tissues while calcitonin is depositing calcium in bones.

The correct balance resulting from moving calcium about in the body is obtained only when there is sufficient magnesium, because magnesium suppresses the parathyroid hormone and stimulates calcitonin. "This chemical action helps prevent Osteoarthritis and Osteoporosis," Dr. Fuchs says. "A magnesium deficiency, however, will prevent this chemical action. And more calcium is not the solution, because while magnesium helps the body absorb and utilize calcium, excessive calcium prevents the absorption of magnesium. Taking more calcium without adequate magnesium -- and what is adequate for one woman may be insufficient for another -- may either create calcium malabsorption or a magnesium deficiency."¹⁵

In a study reported by Dr. Fuchs, "Volunteers on a low magnesium diet were given both calcium and vitamin D supplements. All subjects were magnesium-deficient, and all but one became deficient in calcium as well, in spite of the fact that calcium had also been added to their diet. When they were given intravenous calcium infusions, the

level of calcium in their blood rose for the duration of the intravenous feedings. When intravenous calcium was stopped, blood levels of calcium dropped again. However, when they were given magnesium, their magnesium levels rose rapidly and stabilized, and their calcium levels also rose within a few days, even though they had not been given any additional calcium."¹⁵

Fibromyalgia sufferer, David Squires, says that "Malic acid is one of the ingredients that aids the body in the adenosene triphosphate (ATP) process (the cell's energy cycle). Malic acid occurs naturally in fruits and vegetables and normally is produced in the body while metabolizing sugars to make adenosene triphosphate (ATP). However, one published study has shown that this process is abnormal in Fibromyalgia and chronic immune dysfunction syndrome (CFIDS), and that sufficient malic acid may not be formed. In addition, four studies have indicated that adenosene triphosphate (ATP) is lower than normal in these syndromes. The adenosene triphosphate (ATP) process is magnesium dependent."²⁴ To Your Health, Inc., founded by David Squires and his family, therefore recommends magnesium glycinate, which, he says, "is easy to digest and readily absorbed into the blood stream." Other ingredients included in their Fibro-Care™ are manganese which complements the blend by stimulating the production of thyroxine, a hormone that influences the cellular metabolic rate; two B vitamins, thiamine B₁ and pyridoxine B₆ which work closely with magnesium in the energy production process. Deficiency in thiamine metabolism, Squires reports, "has been found by one group of investigators to be abnormal." (David Squires. "Fibromyalgia -- David's Story," *A Resource Catalog*, To Your Health, Inc., 11809 Nightingale Circle, Fountain Hills, Arizona 85268.)

Magnesium and Malic Acid

Guy E. Abraham, M.D. and Jorge D. Flechas, M.D., M.PH.³³ in an open clinical setting gave 15 patients ages 32-60 oral preparations of Super Malic® from Optimax Corporation, Torrance, CA, containing 50 mg of magnesium hydroxide and 200 mg of malic acid per tablet. A total daily dosage of 300-600 mg of magnesium and 1200-1400 of malic acid was administered.

Assessed by the use of a Tender Point Index (TPI), an American College of Rheumatology 1990 criteria, all patients reported significant improvement within 48 hours of starting the treatment.

After 6 weeks, 6 patients were switched to a placebo tablet for 2 weeks. Recurrence of Fibromyalgia occurred within 48 hours in all

patients who, unknowingly, were on the placebos.

Magnesium Chloride Hexahydrate Therapy

According to Raul Vergini, M.D.,¹⁴ Predappio, Italy, back in 1915, a French surgeon, Prof. Pierre Delbet, M.D., was looking for a solution to cleanse wounds, because he had found out that the traditional antiseptic solutions actually mortified tissues and facilitated the infection instead of preventing it.

He tested several mineral solutions and discovered that a magnesium chloride solution was not only harmless for tissues, but it had also a great effect over leucocytic (blood cell) activity and phagocytosis; so it was perfect for external wounds treatment. Phagocytosis is the engulfing and perhaps destroying bacteria and other foreign bodies.

Dr. Delbet performed a lot of "in vitro" [in test tube] and "in vivo" [in life] experiments with this solution and he became aware that it was good not only for external applications, but it was also a powerful immuno-stimulant if taken by injections or even by mouth. He called this effect "cytophilaxis." In some "in vivo" experiments it was able to increase phagocytosis rate up to 300%.

Dr. Delbet serendipitously discovered that this oral solution had also a tonic effect in many people and so became aware that the magnesium chloride had an effect on the whole organism.

In a brief time, he received communications of very good therapeutic effects of this "therapy" from people that were taking magnesium chloride for its tonic properties and who were suffering from various ailments. Prof. Delbet began to closely study the subject and verified that the magnesium chloride solution was a very good therapy for a long list of diseases.

He obtained very good results in: inflammation of the colon (colitis), biliary vessels (angiocholitis), gall bladder (cholecystitis), in the digestive apparatus; Parkinson's Disease, senile tremors and muscular cramps, in the nervous system, acne, eczema, psoriasis, warts, itch of various origins and chilblains, in the skin. There was a strengthening of hair and nails, a good effect on diseases typical of the aged (impotency, prostatic hypertrophy, cerebral and circulatory troubles) and on diseases of allergic origin (hay-fever, asthma, urticaria, and anaphylactic reactions).

Then Prof. Delbet began to investigate the relationship between magnesium and cancer. After a lot of clinical and experimental studies, he found that magnesium chloride had a very good effect on prevention of cancer and that it was able to cure several precancerous conditions:

leucoplasia, hyperkeratosis, chronic mastitis, etc.

Epidemiological studies confirmed Delbet's views and demonstrated that the regions of soil with richer incidence of magnesium had less cancer, and vice versa.

In experimental studies, the magnesium chloride solution was also able to slow down the course of cancer in laboratory animals.

Prof. Delbert wrote two books, *Politique Preventive du Cancer* (1944) and *L'Agriculture et la Sante'* (1945), in which he stated his ideas about cancer prevention and a better living. The first is a well documented report of all his studies on magnesium chloride.

In 1943 another French doctor, Dr. A. Neveu, M.D., used the magnesium solution in a case of diphtheria to reduce the risks of anaphylactic reaction due to the anti-diphtheric serum that he was ready to administer. To his great surprise, when the next day the laboratory results confirmed the diagnosis of diphtheria, the little girl was completely cured before he could use the serum.

He credited the immuno-stimulant activity to the solution for this result, and he tested it in some other patients. All the patients were cured in a very short time (24 - 48 hours), with no after-effects.

Dr. Neveu then began to treat some cases of poliomyelitis, and had the same wonderful results. He was very excited and tried to divulge the therapy, but he ran into a wall of hostility and obstructionism from "official medicine." Neither Neveu or Delbet (who was a member of the Academy of Medicine) was able to diffuse Neveu's extraordinary results. The opposition was total: professors of Medicine, Medical peer-reviews, the Academy itself, all were against the two doctors. "Official medicine" saw in magnesium chloride therapy a threat to its new and growing business -- vaccinations.

Dr. Neveu wasn't discouraged by this and continued to test this therapy in a wide range of diseases. He obtained very good results in: pharyngitis, tonsillitis, hoarseness, common cold, influenza, asthma, bronchitis, broncho-pneumonia, pulmonary emphysema, "children diseases" (whooping-cough, measles, rubella, mumps, scarlet fever . . .), alimentary and professional poisonings, gastroenteritis, boils, abscesses, localized inflammation and swelling of skin called erysipelas, draining inflammation at the end of a finger or a toe derived from within bone or under finger nail (whitlow), septic pricks (wounds), puerperal fever (fever during 3rd stage of labor) and inflammation of bone (osteomyelitis).

But the indications for magnesium chloride therapy don't end here.

In more recent years other physicians, including Raul Vergini, M.D. of Italy, have verified many of Delbet's and Neveu's applications and have tried the therapy in other pathologies: asthmatic acute attack, shock, tetanus (for these the magnesium chloride is administered by intravenous injection); herpes zoster, acute and chronic inflammation of the eye (conjunctivitis), inflammation of the optic nerve (optic neuritis), rheumatic diseases, many allergic diseases, loss of strength (spring-asthenia), and chronic fatigue syndrome, (even in cancer it can be an useful coadjuvant.)

Dr. Vergini says, "The preceding lists of ailments are by no means exhaustive; maybe other illnesses can be treated with this therapy, but, as this is a relatively 'young' treatment, we are pioneers, and we need the help of all physicians of good will to definitely establish all the true possibilities of this wonderful therapy.

"From a practical standpoint, please remember that only magnesium chloride has this 'cytophilactic' activity, and no other magnesium salt; probably it's a molecular, and not a merely ionic, matter."¹⁴

The Magnesium Chloride Hexahydrate ($MgCl_2 \cdot 6H_2O$) Solution

According to Raul Vergini, M.D.

The solution to be used is a 2.5% magnesium chloride hexahydrate ($MgCl_2 \cdot 6H_2O$) solution (i.e.: 25 grams/liter of water).

Those who have kidney problems should be carefully monitored by their family physician, according to the Center for Disease Control. Dr. Raul Vergini says, that "this is true only for severe renal insufficiency, where an obvious contraindication may exist; but this is also true for all minerals that cannot be easily eliminated by a seriously impaired kidney. In all other cases, there are no risks. I never heard or read of any problem. The quantity of elemental magnesium contained in a 125 cc dose of the 2.5% solution is around 500 mg. That is not a large dose! Anyway, I think that it is a good precaution to advise people with renal problems to consult their physician."¹⁴

But Raul Vergini, M.D. also advises that "the problem is that very probably their physicians and pediatricians don't know anything about this therapy, so how can they give good advice? Children under 5, he says, nonetheless must consult their pediatrician."

Dosages are as follows:

Adults and children over 5 years old 125cc
4 year old children 100cc
3 year old children 80cc

1-2 year old children	60cc
over 6 months old children	30cc
under 6 months old children	15cc

These doses must be administered by mouth.

For chronic diseases, the standard treatment is one dose morning and evening for a long period.

In acute diseases the dose is administered every 6 hours (every 3 hours the first two doses if the case is serious); then space every 8 hours and then 12 hours as improvement goes on.

After recovery it's better going on with a dose every 12 hours for some days.

As a preventive measure, and as a magnesium supplement, one dose a day can be taken.

Magnesium Chloride, even if it's an inorganic salt, is very well absorbed and it's a very good supplemental magnesium source.

For intravenous injections, the formula is:

Magnesium Chloride Hexahydrate ..	25 grams
Distilled Water	100 grams

Make injections of 10-20cc (over 10-20 minutes) once or twice a day. Of course the solution must be sterilized.

According to Raul Vergini, M.D., "the 25% solution for IV injections is correct. Personally I never use it, I use only the oral way. But it was used over thirty years ago by some French doctors (5 grams in 20 ml of saline solution of distilled water) to treat tetanus and other less dangerous diseases (asthmatic attacks, choc, ophthalmic herpes, herpes zoster, Quincke's oedema, itching, etc.). It was injected very slowly (in 10-20 minutes), and the results were very good.

"Moreover also the Myers' cocktail contains 2-5 ml of a 20% solution of magnesium chloride (along with other products that may contribute to make the solution more diluted). However, I think that if there are problems of 'burning' with the 25% concentration, it should be possible to use, with the same results, a 2.5% solution (the same used by mouth) by dissolving 5 grams of magnesium chloride in 200 ml of distilled water. The solution must be sterilized.

"The intramuscular way is not used because the solution is painful."

This therapy gives very good results also in veterinary medicine, at the appropriate dosages depending upon the size and kind of animals.

Magnesium chloride hexahydrate can be purchased chemically pure (c.p.) from most chemical supply houses without a prescription, although if you tell them why you're ordering this substance, they may feel compelled to "protect" you. Tell them it's for experimental purposes, or for your garden, or any reason that you find works.

Manganese Supplementation

Richard A. Kunin, M.D. of San Francisco, California, writes, "I've seen remarkable success in youngsters with cartilage hypertrophy and pain in the knees (so-called Osgood-Schlatter's disease), by administering manganese, another trace mineral in short supply."²³

Molybdenum Supplementation

As reported by *The Alternative Medicine Digest*, British researcher Margaret Moss, M.A. conducted a study on the oral use of the essential micronutrient molybdenum over a 28 day period. Fourteen middle-aged people with symptoms of arthritis, low back pain, frozen shoulder, Rheumatoid Arthritis, and Osteoarthritis were given 400-500 µg daily (4-5 doses of 100 µg) of molybdenum amino acid chelate. "After 28 days, everyone on the trial felt better: toe and foot pain decreased, cramps and rheumatic pain declined, and the sense of well-being increased."⁴²

According to Stephen Cooter, Ph.D. and Walter Schmitt, Jr., D.C., molybdenum chelate converts ethanol and its descendents, aldehydes, produced by candida organisms into a substance that the body can use for energy, also removing the bad effects of the actyldehydes from tissues. It's speculatively reasonable to assume that some of the good benefits from molybdenum chelate supplementation derive from this fact. That is, many Fibromyalgia patients also probably suffer from candidiasis. Candidiasis results in increased, damaging actyldehydes which molybdenum converts to a substance that is not harmful to the body, while also providing a source of energy. (See this Foundation's articles on candidiasis.)

Juices and Filtered Water

Try drinking filtered water, apple cider vinegar, and eat honey on arising, before bed, and several times a day. Juice therapy can include equal parts of carrot, celery, cucumber and beet.⁴

Iron Supplements

Iron supplements may exacerbate various forms of arthritis, while flaxseed oil, essential fatty acids, and garlic may bring relief.⁷ See *B₁₂ and Copper Supplementation*, this book.

Electro-Acuscope/Myopulse System of Therapy

Several electrical or "electronic" devices are used to reduce inflammation and pain in addition to the Light Beam Generator and Omega Ray reported in *Arthritis*, di Fabio and Prosch, M.D., this foundation.

- The well-known TENS unit is intended to remove or reduce the patient's perception of pain.
- Galvanic stimulation produces muscle contraction and hence a strengthening effect.
- The Light Beam Generator (see *Arthritis*, di Fabio and Prosch, M.D., this foundation) produces a flow of pulsed negative electrons which temporarily liquifies poorly bound proteins, chiefly in the lymph system, permitting lymph to be more easily massaged out.
- The Electro-Acuscope/Myopulse system used by a trained practitioner is, like the Light Beam Generator, totally painless, but it operates in a different manner by inducing microcurrent stimulation of the proper frequency, intensity and duration to cause extracellular calcium ions to enter the cell. Higher levels of calcium then encourage increased synthesis of adenosine triphosphate (ATP), turning on mechanisms that control DNA and protein synthesis, thereby increasing the rate of cellular repair and replication.

This system also adjusts its waveform continuously in response to tissue impedance. This information is also reported to the therapist, who therefore can constantly monitor results.

The Electro-Acuscope, together with a Myopulse System, also addresses micro-acupuncture entry points along meridian lines that can enhance the functioning of internal organs at the same time.

Joan Shrum-Brown, Physical Therapist, owner/director of Marguerite Physical Therapy Clinic of Mission Viejo, California, feels that any condition involving nerve or muscle tissue can be improved, especially in conjunction with "therapeutic exercise, body mechanics, and especially mobilization."

Physical therapist Shrum-Brown uses the system most frequently for patients with muscle spasms, temporomandibular joint disorders, Bursitis, arthritis, surgical incisions, sprains and strains, herpes zoster infections, dysmenorrhea and hematomas.¹⁴⁷

According to Mark Kana, Physical Therapist, supervisor of physical therapy for Southwest General hospital and its Sports West Clinic in Middleburg Heights, Ohio, "the best response depends not on the specific diagnosis, but on the skill of the user. The modality's applications are limited only when the user is not employing the full spectrum

of treatment."⁴⁷

Over the the past three years, Mark Kana, P.T. uses the Electro-Acuscope/Myopulse system to treat a variety of conditions involving the neck, back, hip, knee, ankle, and shoulder.

Where the Light Beam Generator requires about 20 minutes to treat a sprained ankle, the Electro-Acuscope/Myopulse system requires about 3 minutes. Herm Schneider, A.T.C., Head Athletic Trainer for the Chicago White Sox, is reported as saying that "We have just about excluded ice and the routine treatments for sprains and bruises, and we treat players immediately as they come out of the game."

The Case of Bo Jackson

Bo Jackson was signed by the White Sox as a free agent before the 1991 season after he was released by the Kansas City Royals.

Gary Emerson, D.C., Santa Ana, California, consultant for many well-known sports figures, at the request of White Sox's Herm Schneider, A.T.C., used the Electro-Acuscope as part of Jackson's rehabilitation, and Bo appeared in 23 games with the White Sox.

After undergoing hip replacement surgery in 1992, Bo was treated with the Electro-Acuscope immediately afterward to speed recovery.

The Case of Paul Asmuth

Reported by Godfrey, marathon swimmer Paul Asmuth sought aid for myositis (inflammation of the muscle) and capsulitis (inflammation of the capsule) of the shoulder only days before a 21-mile marathon swim that included a punishing final stretch against the tide. "After five Electro-Acuscope/Myopulse treatments Asmuth was able to outdistance a swimmer ten years his junior, finishing second and providing how rapidly his shoulder condition had improved."

Electro-Acuscope's Range of Uses

The Electro-Acuscope can be used for acute and chronic pain mainly of musculoskeletal origin: automobile accidents, lumbrosacral sprains, shoulder strains, rotator cuff tears, and sports injuries. Others have used it for herpes zoster neuralgia, local skin infections, bedsores, spasticity, chronic fatigue syndrome, migraine and other headaches, and also for Carpal Tunnel Syndrome.

Jerry Fisher, President of Electron-Medical Incorporated, manufacturers and distributors of the Electro-Acuscope, writes that "An arthritis diagnosis is quite often a 'catch-all' diagnosis. The doctors use this diagnosis when there is pain around a joint and they don't know the cause. In most cases, the pain is soft tissue inflammation or muscle injury that can be treated with the Electro-Acuscope. It is very com-

mon for one or two treatments to completely solve the pain. . . . In conditions where it may actually be arthritis, such as pain in finger joints, it is usually just as easy to treat. Even when heat can be felt in the painful joint, you can feel the temperature return to normal in a few minutes of treating and the pain will go away at the same time."⁴⁸

The Photon Sound Beam

This new instrument utilizes similar gas tube technology to that of the Light Beam Generator or Electro-Acuscope, and also affects the lymph system in a manner similar to the Light Beam Generator. Inert or noble gases contained in round glass tubes are evacuated of air and filled, under pressure, with Argon and Xenon. A high voltage at low current ionizes the gases to a plasma state.

Two glass photon tubes with insulated handles are included in each unit. A high voltage energy is produced by an electronic circuit that derives the energy by means of a pulse repetition rate in the audio spectrum. According to a spokesperson for the Sunshine Company, Ogden, Utah, "This pulse rate has been proven over a long period of time to be of benefit to the human body, as a form of energy, much like normal exercise."⁵⁷

A small black box, "RF Sound Probe," is also provided that produces an additional "receiving glass electrode," and is to be used together with the other glass electrodes.

Full instructions on its use are also provided with each instrument.

The Omega Ray

The Omega Ray operates very much like the Light Beam Generator (See *Lymphatic Detoxification*, and *Lymph Drainage* this foundation) with the additional ability to generate a random pattern or varying cycle of frequencies. The advantage of this randomness is that it is believed that the body will be less likely to accommodate or become resistant to the energy.

John Myers, D.C. Research Program

John Myers, D.C. was born in Kansas City, MO. He received his degree from Palmer College of Chiropractic in 1976. After several years of practice in which he specialized in clinical nutrition and began research in cancer, Dr. Myers accepted the position of Clinical Nutritionist at the Jasper County Medical Center in Eastern Texas. There he continued his experimental research in cancer, and also began development of the work which is now his central focus, that of Frequency Resonance Therapy, or FRT.

His work in frequency resonance therapy has led him to do addi-

tional experimental work in many areas of health, including cancer, spinal cord injury, spina bifida, atherosclerosis, Lyme arthritis disease, dissolving of internal scar tissue, chronic fatigue syndrome, fibromyalgia and many infectious diseases.

Most have read or heard about the near-miraculous remissions and cures brought about by Royal Rife in years past. (See <http://www.rife.org/>) As a consequence there are literally tens of thousands of health practitioners worldwide using some form of Rife phenomena, either computerized or not, with or without EAV according to Vol or the Vega system, with or without homeopathic remedies, and so on. There are, in other words, many variations of means for identifying ill-health causations, and also for attempting to rectify the problems encountered through use of some form of “frequency resonance therapy.”

When addressing the correct electromagnetic frequencies, none of these thousands of practitioners have access to the marvelous microscope reported as Dr. Rife’s main guidance system in determining such frequencies. In other words, when the correct frequencies were established, Dr. Rife could view the explosion or implosion of a microorganism directly. Lacking such a guidance system, most followers of Rife technology are severely handicapped.

Dr. Myers has lived in virtual poverty for many years developing his “guidance system,” a means of determining exactly what wave form, polarity and precise frequency (however many significant digits required) to kill intransigent microorganisms and/or to help the body to erase internal scar tissue, including that of cancer cells. This guidance system is simple: it uses the traditional chiropractic kinesthiology technique of “feeling” lengthening or shortening of the legs when the patient is questioned. Presumably any form of kinesthiology would accomplish the same goal.

Sometimes poverty is a blessing, because it can lead to very simple means for accomplishing an end that otherwise big industry might pour in tons of assets to reach a similar but more complex solution.

Keep in mind the following principles about Dr. Myers: He’s never sought to gain wealth or status through his work; he’s more than happy to help others to learn his technique and, indeed, has several on that road at this time; he’s a humble person who sincerely believes that God has given him this gift, and that his chief duty in what remains of his life is to pass his knowledge along to others.

Unfortunately, for the most part, his work has been among the grateful poor and medically forsaken. Which is to advise that John Meyers

has never deterred from his research regardless of detractors or for lack of proper funding. Many times Dr. Myers has expressed the wish to do double-blind studies in a proper scientific setting. Aside from the fact that such valid studies in America would begin at about \$100,000, and then spiral upward, there has always been the shadow of an ominous FDA looming over his shoulder. Therefore, Dr. Myers has travelled to the patient, wherever one might request it of him; and, he's never charged any of them for his work; but he has from time to time lived off of donations from grateful patients. His volume of work has increased tremendously, and so his ability to travel has also become limited.

Now he's compiled anecdotal summaries found under this Foundation's "Research" tab at <http://www.arthritis-trust.org>, and which chiefly include successful treatment of (1) cancer, (2) lyme arthritis disease and associated microorganisms and plaque, (3) atherosclerosis, (4) chronic fatigue syndrome, and (5) non-surgical spina bifida scar tissue resolution.

We strongly suggest that you look up and read his summary.

Dr. Myers can be reached at Dr-John8@MSN.com.

Environmental Factors (Clinical Ecology)

Harold Buttram, M.D.,⁴⁵ Woodlands Medical Center, Quakertown, Pennsylvania, writes that "I have a number of toxicology and environmental texts, but not one of them mentions fire-retardants. It would appear that mattress manufacturers are very guarded about the chemicals that they use. I can understand why, since some of them may be quite toxic."

The Case of Judith Tolbett

A 59 year old lady presented herself to the office of Harold Buttram, M.D. with complaints of muscle pains of 3 years duration. Dr. Buttram describes Judith's symptoms: "The onset of the pains occurred abruptly and rapidly progressed to the point that she could barely move her arms and legs. She was referred to a hematologist who diagnosed polymyalgia rheumatica (rheumatoid pains in many muscles) based on clinical findings and an elevated sedimentation rate. In addition an antinuclear antibody test was positive.

"During the interview in our office the patient was questioned about possible chemical exposures, especially solvent-type of fumes such as those arising from fresh indoor painting, pesticides, new wall-to-wall carpets, disinfectant cleaning solutions, and other possible sources. At first the patient could not recall any exposures, but towards the end of

the interview she remembered that she had purchased a new mattress shortly before the onset of her illness. She related that the mattress had a strong, unpleasant chemical smell, so unpleasant that her husband refused to sleep on it and moved to another room. In spite of this Judith continued sleeping on the mattress.

"When it was pointed out to Judith that volatile organic compounds, all of which are potentially toxic, are often impregnated into mattresses as fire retardants or preservatives, there was a dawning realization on her part that the unpleasant smell could have been the underlying cause of the illness. I was convinced that this was the case."

In the view of Dr. Buttram, "The major lesson to be derived from this case rests in the fact that if she had been seen by a physician trained in environmental medicine at or near the onset of her illness rather than 3 years later, and if the toxic volatile chemical exposure had been recognized as the cause of her illness and therefore avoided, the more serious complications of her illness might have been avoided."

According to Harold Buttram, M.D. "As is often the case in environmental illnesses caused by chemical exposures, implication of volatile chemical exposure as a cause of the illness was based on circumstantial evidence. Laboratory tests which might have been helpful at time of Judith's onset of muscle pain would be useless after a lapse of 3 years. However, there were ample clinical grounds for assuming a high degree of probability that breathing the fumes over a prolonged period of time did cause the illness.

"First, there was the time factor with the onset of severe illness in a previously healthy woman soon after exposures to the noxious fumes.

"Second, scientific studies have shown that occupational or home exposures to volatile organic compounds such as formaldehyde, chlorinated and organophosphate pesticides, trichlorethylene and other halogenated hydrocarbons, toluene diisocyanate, and trimellitic anhydride cause significant increases of autoantibodies to smooth muscles, parietal (cavity) cells, brushborder cells (ciliated cells lining nasal passages, bronchial tubes, and the small intestines), and mitochondria. These auto-antibodies probably form the basis for myalgic (muscle) pains commonly seen in environmental illness. The involvement of the mitochondria, which provide the major source of body energy, probably explains why fatigue is almost invariably a major symptom in environmental illness.

"Although well-intentioned, there is a federal law requiring fire-retardants in mattresses." As Dr. Buttram understands the law, "a doctor's

prescription is required for purchasers wishing to avoid these chemicals. Unfortunately the law does not proscribe the use of potentially dangerous chemicals or require the use of safer forms of fire-retardants and preservatives."

Treatment According to Harold Buttram, M.D.

The field of chemical detoxification is a vast one with a variety of approaches. In order to achieve wellness, Judith Tolbett was provided with regimens and advice by Dr. Buttram, which follow:

Avoid Chemicals: "As with all such cases, first emphasis for Judith was placed on the avoidance of chemical exposures. As an educated guess, perhaps 75 or 80% of treatment for environmental illness involves this avoidance, without which the best of conventional and/or alternative treatment will fail. Naturally the first recommendation was for her to replace the mattress with one without fire-retardants or chemical preservatives, consisting of natural materials (not foam rubber). Beyond this she was provided with educational materials concerning common sources of dangerous chemicals in the home and workplace and the use of safe alternatives.

"Once an individual has been sensitized or made ill by chemical exposures, each additional exposure further weakens the body, since the effects tend to be cumulative. Consequently first emphasis should be placed on education of the patient as to common sources of dangerous chemicals in the home, school, or workplace and the use of safe alternatives.

Lynn Swanson, *Staying Well in a Toxic World*, Noble Press, Inc., Chicago, 1993, ISBN 1-879360-33-0; Carolyn P. Gorman, *Less Toxic Living*, available from the Environmental Health Center, 8345 Walnut Lane, Suite 205, Dallas, TX 75231; (214) 368-4132.

For physician education, Dr. Buttram suggests the American Academy of Environmental Medicine, <http://www.aaem.com/>

Diet: "Special emphasis was placed on chemical-free, largely vegetarian diet, organically grown as much as practicable, since such a diet tends to be anti-inflammatory.

"For nutritional supplements Judith was given flax seed oil capsules (high in anti-inflammatory Omega-3 fatty acids), barley juice powder (high in chlorophyll, also a potent anti-inflammatory agent), a thymus glandular tablet as an immune stimulant, and glucosamine sulfate (to restore joint cartilage).

"On this program the patient showed marked improvement after about a month, but unfortunately, when under a great deal of stress during a terminal illness of her mother, she developed a fever and had a relapse of her symptoms."

According to Dr. Buttram's case summary, "The tragedy of this case is that the true nature and cause of this patient's illness was not recognized in its early stages. If the real culprit in her illness, that of toxic chemical exposure, had been recognized and removed, in all likelihood she would have had a short illness followed by complete recovery. As is evident from her subsequent course, there is some degree of permanent damage resulting in a fragile state of health."

Antioxidant Vitamins: The oxidative system is supported by antioxidant vitamins such as vitamins C, E, beta carotene, and pycnogenol, and by the minerals magnesium, zinc, copper, manganese, and selenium. Various herbs can also be used such as milk thistle seed, dandelion root, beet root, black radish, and golden seal root. There are many others.

According to Harold Buttram, M.D. "It should be pointed out that detoxification of xenobiotic chemicals (volatile organic compounds) takes place largely in the liver by the action of two enzyme systems. The first is the cytochrome P450 oxidase system which, by the process of oxidation, brings about alteration of the xenobiotics from their fat or lipid-soluble state to a more water soluble state in which they are more toxic than its parent compound. Consequently, in health it is instantly bound or disarmed by the process of conjugation, a process in which the enzyme glucuronidase is a major actor. If either of these two systems is crippled or overburdened, as is commonly the case in environmental illness, then xenobiotic chemicals accumulate in the body."

Conjugation: The conjugation process which disarms toxic substances is supported or "fed" by such supplements as blue-green algae, garlic, reduced glutathione, taurine, and methionine. These provide sources of sulfhydryl groups utilized in the conjugation phase of detoxification.

Other treatment regimens, tests and procedures used by Dr. Buttram may include:

Salt Water Baths, Saunas and Aerobic Exercises: These have the common goal of mobilizing xenobiotic chemicals from fat stores in the body and their elimination through sweat. We have found that epsom salt baths conducted in the patient's home are often preferable because of convenience and lack of expense to the patient. We instruct the pa-

tient to add 2 pounds of epsom salt to a hot tub and then soak for 20 to 30 minutes every other day. Regarding aerobic exercise, it should be followed immediately by a bath or shower so that chemicals will not be reabsorbed through the open pores.

Other Supplements: Dr. Buttram suggests that one might also include niacin, olive oil (Virgin), flax seed oil, choline and inositol, all of which have the purpose of mobilizing and eliminating xenobiotic chemicals. It should be cautioned that niacin, which stimulates release of xenobiotics from fat tissues, can cause liver damage in higher doses.

Laboratory Tests: Dr. Buttram has found the following tests useful: hair test for minerals and toxic heavy metals, red blood cell mineral analysis, functional vitamin analysis, urine or blood amino acids, liver detoxification panel, volatile hydrocarbon panels (if exposures have been recent), autoimmune and chemical antibodies in selected cases.

Individualization of Therapies: Dr. Buttram says that "As is always the case in medicine, best results are obtained when the therapy is tailored to the individual patient. This requires some familiarity by the physician with the field of environmental medicine. Considering the prevalence of environmental illness today, should not all physicians gain some familiarity with this field? The basics are not difficult!"

Enzyme Therapy

Enzyme supplementation, along with proper diet, may be a key to getting well.

The Case of Oscar Hernandez⁵³

Oscar Hernandez was a 26-year-old wealthy sufferer of polymyositis, a condition where inflammation is found in many muscles. When Hector Solorzano del Rio, M.D., Ph.D., D.Sc. met Oscar in San Miguel Allende, a small town in Mexico, Oscar had already visited some of the best rheumatologists in San Antonio, Texas, La Jolla, California, and Rochester, Minnesota.

Oscar had been placed on the fantastic dosage of 250 mg of corticosteroids for four months and during that interval the side-effects had destroyed his ability to walk, created diarrhea, digestive problems, and collapsed his right lung so that he couldn't breathe.

Dr. Hector Solorazono del Rio first explained to Oscar that if he were to get well he'd have to change his life style, eating habits and attitude toward life. Then Dr. Solorzano used the Dermatron -- a device that measures bioelectric energy along meridian acupuncture lines --to

determine the proper diet for Oscar, which diet Hernandez was placed on for two months. During this period Oscar was given intravenous infusions of dimethylsulfoxide (DMSO) and cocarboxylase.

According to Susana Alcazar Leyva, vice president of the Hans Selye Institute of Scientific Research, San Jeronimo, Mexico, D.F., and president of the Albert Szent-Gyorgyi, Gerontological Center, Tlacote, Juriquilla, the coenzyme cocarboxylase (thiamin pyrophosphate: TPP) improves metabolism, and provides good effects at the neural and hormonal level, as demonstrated in clinical and experimental investigations.

"Hair mineral analysis, when done properly, can provide information on 27 normal minerals and 7 toxic heavy metals," Dr. Solorzano reports, and based on these tests, Oscar was determined to have high levels of lead and arsenic. Dr. Solorzano chelated out these toxic metals, using EDTA chelation therapy. (See *Chelation Therapy*, this foundation, <http://www.arthritistrust.org>.)

Dr. Solorzano also advised Oscar to take a number of the traditional anti-oxidants, as well as the essential fatty acids "which," he says, "is usually low in most arthritic patients."

Oscar Hernandez could walk again after two months of treatment.

After six months of treatment, Dr. Solorzano started Hernandez on enzyme therapy.

After 9 months of treatment, Oscar was completely well. In a letter to Dr. Solorzano he wrote, "After this period of time, I find myself with health 100%. I've returned to normal and I now swim 1000 meters daily, lift weights, and am in excellent health. My mood is also excellent. The only limitations I have remaining are diminished strength in my hands, but I expect to solve this soon."⁵³

Herbs

Based on the clinical experience of 150 patients over a 4-year period, Brent W. Davis, D.C.⁵⁶ says that "I have seen Cat's Claw break through severe intestinal derangements that no other product can touch," including diverticulitis, recurring ulcers, Crohn's disease, irritable and leaky bowel syndrome, and depressed intestinal action. Cat's Claw is also useful in clearing up long-term parasitic infestations in the intestines involving *Balstocystis hominis*, *entamoebas*, and *Giardia*.

Cat's Claw, trademarked as SAVENTARO™, is a standardized, pharmaceutical grade, expiration dated, ecologically farmed root compound from *Uncaria tomentosa*, a creeping shrub native to the Peruvian rainforest. Extracts from this plant have long been used in Ama-

zonian tribal medicine.

In 1959, Dr. Klaus Keplinger, an Austrian doctor, was introduced to the beneficial qualities of the root of the plant by a respected Amazonian shaman who urged Dr. Keplinger to share this knowledge with the world. The first samples were analyzed at the University of Innsbruck, and since then both European and North American scientists have been investigating the effects and therapeutic applications of the *Uncaria tomentosa* plant. Several patents have been awarded to Dr. Keplinger for his research findings, and, after 25 years of research and clinical trials, Dr. Keplinger and his daughter Ursula Keplinger, have both dedicated themselves to fulfilling the wishes of the Ashaninca shaman.

Root material is gathered in the ecological farm set up jointly with Immodal Pharmaka in 1988. Collections are made in such a way as to preserve the rainforest.

It is important to note that only the root has strong beneficial qualities, although others on the market use an inferior portion of the vine, also often to the detriment of the vine.

Immodal Pharmaka, an Austrian firm that produces SAVENTARO, founded in 1989, has sold the product for use in allergic diseases, herpes infections, Rheumatoid Arthritis, carcinomas, weak immunological system, and for HIV infections.⁴⁶

From 1983 to 1985, six patients suffering from Rheumatoid Arthritis participated in trial therapy. During the first controlled treatment cycle the patients were given 60 ml of SAVENTARO tea every day, this being the equivalent to 3 mg alkaloids daily. Four of the six patients subsequently continued with the test preparation using capsules. The daily dosage was equivalent to 20 mg to 60 mg SAVANTARO extract daily.

During the first three months three of the six patients complained of increased pain while the other three experienced a lessening of such pain as early as the first month.

Six months later all patients reported a lessening of pain and reduction of inflammation plus improved movement. Reduction in blood sedimentation rate was a striking benefit. Good clinical health was maintained by patients on an average of 1.7 to 5.7 years without need for further therapy.

After an intervening period of 9.2 years (average), all of these patients were questioned regarding the long-term effects of the treatment.

After 12 months, 3 of the patients were largely free of pain while the other 3 still suffered from reduced pain, although they had experi-

enced some pain-free intervals.

After 18 months all patients were largely no longer suffering any pain.

Unfortunately this test was made with simultaneous use of damaging gold salts, non-steroidal anti-inflammatory drugs, and the use of cortisone when required. So SAVANTERO is most likely more beneficial taken without these damaging products, and the actual independent effects of the compound are still to be ascertained.

This same root compound, with the name of Krallendorn, is sold in Europe under Austrian and German health authorities for treatment of arthritis.

According to Davis' report in *Alternative Medicine Digest*,⁵⁶ Cat's Claw can be administered in the range of 3-25 g daily, in tea or tablet form. As a liquid extract, Dr. Davis usually gives it at the rate of 3 g daily, or 25 drops 3 times daily, normally not to exceed 5 g daily during an initial 10-14 day period.

Garlic (*Allium sativum*) has been widely used throughout the world for centuries, for a variety of conditions, among which is its use for Rheumatism. "Garlic and its preparations are known for their antibiotic, antifungal, and antiviral activity."⁴

Nettle (*Urtica dioica*), is widely used in the Western world. "If used regularly over the long-term it can be remarkably successful in cases of Rheumatism and arthritis."⁴

"Combine the tinctures of meadowsweet, horsetail, and willow bark in equal parts and take one teaspoonful three times a day. Topically either gently rub into the affected area a mixture of equal parts tincture of lobelia and cramp bark to the effected muscles. Drink strong chamomile tea, particularly at bedtime to help relieve pain. Aloe vera gel may be helpful."⁴

Leon Chaitow, D.O., provides a herbal combination formula to be used as a tonic that "will support people with chronic weakness, anxiety, headaches, sleep disturbances and general fatigue, as well as diminished blood flow to the extremities. A person who needs this will probably have a weak pulse, weak digestive system, headaches and be fatigued."⁸

Mix 2 parts each of *Panax quinquefolium* (American ginseng), *As-tragalus monoglicus*, and *Angelica sinensis* (dong quai); 1 part each of *Cimicifuga racemosa* (black cohosh), and *Passiflora incarnata* (passion flower); with 1/2 part each of *Betonica officinalis* (wood betony); *Matricaria chamomila* (chamomile), and *Zizyphus sativa* (jujube red

dates). Between one-half and one teaspoon, two or three times weekly, taken between meals is suggested.⁸

Dr. Chaitow also suggests using *Ginkgo biloba* more with treatment of Fibromyalgia and chronic fatigue syndrome.⁸

Antonio Ruiz, M.D. of San Antonio, Texas, reported that "many patients with a variety of stress-induced soft-tissue pain conditions such as Fibrositis and occupational cumulative trauma disorders are reporting substantial relief with *Boswellia serrata*."¹³

As many Fibromyalgia patients have difficulty sleeping, David Squires, a Fibromyalgia sufferer, recommends Valerian Rest™ with lemon balm. He writes, "Numerous scientific studies confirm valerian's efficacy in relieving insomnia and improving the quality of sleep. . . . Valerian Rest is a safe and proven sleep aid." Valerian Rest™ is non-addictive and leaves no grogginess and contains lemon balm which has historically been used to treat nervous anxiety, insomnia, depression, and indigestion.²⁴

Feverfew is combined with rosemary and cayenne in a substance called Feverfew Formula™ by David Squires. "The principal component in feverfew is called parthenolide, and it inhibits the production of certain prostaglandins, (as would the proper essential fatty acids and diet) including leukotrienes (slow-reacting substances that stimulate allergic reactions) and amines (a substance known to increase in the brain during migraine attacks)." In Squires formulation the rosemary and the cayenne act together enhancing the pain-relieving properties.²⁴

Cayenne pepper, capsicum or chili pepper, is related to the potato-tomato family, the solanines. The chemical responsible for the hotness of this pepper and its medicinal effects is capsaicin (cap-SAY-shun) . Pure capsaicin has been the subject of most intensive research and has been proven effective for pain relief.

For over twenty-five years studies have shown that capsaicin can reduce sensitivity in pain caused by heat, pressure, and chemicals.

Since somewhere between 30 and 50% of arthritics have a chemical sensitivity to the solanines, caution is advised when relying on capsaicin.

Alan Gaby, M.D.¹⁶ reported on a study consisting of forty-five patients with Fibromyalgia. A 0.025% capsaicin cream (from *Capsicum frutescens*) or a placebo 4 times daily were rubbed on tender areas in a double blind study. After four weeks, capsaicin-treated patients had significantly less tenderness at their tender points than did placebo

patients, and a significant increase in grip strength was observed after two weeks in the capsaicin group. Dr. Gaby writes that "Capsaicin works by depleting substance P, a mediator of pain in afferent nerve fibers. Although this treatment is not a cure, it is relatively safe, and is worth considering for Fibromyalgia patients."

David Squires writes, "I had tried capsaicin in the past and didn't think it worked on my pain. He (David's doctor) convinced me to try again by explaining that because it was a topical and a natural ingredient, it took time to work. It had to be put on several times a day and over an extended period of time before I would see results. . . . Fibromyalgia patients have up to three times more substance-P than the normal person. So I faithfully applied it for four weeks and was ready to give up again when I felt pain relief for the first time without side effects like stomach upsets, toxicity, or addiction." As Capsaicin was expensive, David searched around for other products, finding at last aloe vera based gel with the same concentration of capsaicin as the product he had started with, but at a fraction of the cost. The substance was Pain-Free™. David says, "not only did it help Fibromyalgia pain, but many different kinds of chronic pain such as Osteoarthritis and Rheumatoid Arthritis, neuralgias, and diabetic neuropathy."²⁴

Fibromyalgia, neuralgia and minor muscle strains are all candidates for the use of capsaicin, but keep in mind that repeated applications are necessary as substance-P does not disappear overnight. Effective use of the capsaicin cream, according to Julie Nowak,⁴² requires topical application 2-3 times daily for a period of at least 4 weeks. "A phytomedicine containing 0.075% capsaicin in a cream base is available in a high-potency but for most people, the lower percent of capsaicin works just as well."

David Squires. "Fibromyalgia -- David's Story," *A Resource Catalog*, To Your Health, Inc., 11809 Nightingale Circle, Fountain Hills, Arizona 85268; Three creams can be found at local drugstores, all of which have .025% capsaicin: Zostrix™, Capzaacin-P™, and ArthriCare™.

David Squires is a co-leader for the Fibromyalgia support Groups of Arizona with his wife Margy. They also founded To Your Health, Inc., 11809 Nightingale Circle, Fountain Hills, Arizona 85268, a health-based company, to help those with Fibromyalgia, chronic fatigue syndrome, arthritis, and chronic pain.⁴¹

However, the use of capsaicin for decreasing or eliminating pain must be carefully evaluated on a person-to-person basis. The reason is explained in the following paragraph.

Capsaicin In Common American Foods

The book *Inflammation Nation* published by The Food and Health Research Group, Inc. delivers a powerful health message about the link between capsaicin and inflammation, covering startling facts you need to know about america's inflammation epidemic. This new book for the first time exposes a link between capsaicin, which is prevalent in the American diet, and inflammation.

Inflammation is a complex chemical reaction initiated by the body as it attempts to heal itself after injury. It manifests itself as pain, swelling, warmth, and redness. Researchers believe that the same system that causes inflammation around a wound can play an important role in a broad range of illnesses, including arthritis, Alzheimer's, cancer, diabetes, and heart disease. Capsaicin is a natural toxic food chemical that is found in hot chili peppers and other hot peppers, and is recognized by medical researchers as a potent inflammatory. Hot peppers are used to flavor, color, or preserve common foods that Americans eat every day. Consumers are often unaware of the presence of capsaicin in foods because it is not identified on food ingredient labels.

Inflammation Nation, written by Ed Wendlocher, offers readers insights into the devastating effects of capsaicin and provides extensive recommendations on how to avoid it. "Scientists have classified capsaicin as a poisonous, toxic chemical. Medical researchers connect it to the pain associated with inflammation. The EPA has approved it as a pesticide. Still, current laws allow it in our foods without safety testing and without identifying it on food labels," states Wendlocher, who is also president and founder of the Food and Health Research Group, Inc.

"Capsaicin is directly linked to inflammation," says Eugene Nau, Ph.D. and Biologist, who worked on three independent clinical studies conducted at Lehigh University that examined the effect of capsaicin on the human body and saw how capsaicin caused inflammation in study participants.

"When ingested as a spice or preservative, it can attach itself to a cell receptor called TRPV 1 and damage cells. The immune system perceives the damaged cells as an invasion and attacks them. Damaged tissue and cells release additional factors, such as prostaglandins and nerve growth factor, which promote inflammation. After prolonged

inflammation and extensive tissue damage, an increased number of cell receptors become hypersensitive to capsaicin and individuals can eventually experience excruciating pain,” he explains. Nau, a member of the Food and Health Research Group, Inc. team, estimates that nearly 40 million people in the United States are sensitive to capsaicin.

In *Inflammation Nation* readers are told of the link between capsaicin and inflammation; thorough food investigations that identified foods containing capsaicin; three independent clinical studies conducted at Lehigh University that examined if foods that contain capsaicin cause inflammation; case studies of people who improved their health after eliminating capsaicin from their diet, and how the FDA enables the use of capsaicin in foods. But, most important, readers will find extensive recommendations for identifying and avoiding capsaicin in the daily diet and discover a new path to enhanced well-being.

Greg Strobel, head wrestling coach at Lehigh University and a U.S. Olympic wrestling coach, healed his inflammation after eliminating capsaicin from his diet. “Learning about this research was an eye-opener for me,” he says. “I was not aware of the capsaicin problem with some foods and that it could cause pain,” he says. Strobel’s case and others are reported in the book. *Inflammation Nation* is written in layperson’s terms and is an excellent resource for daily reference. It is also an enlightening text for physicians who meet patients suffering with inflammation.

The book is written by Ed Wendlocher, founder and president of the Food and Health Research Group, Inc., and a respected environmental health and safety (OSHA) consulting engineer. Wendlocher healed his inflammation by eliminating capsaicin from his diet. For more than two decades he has worked tirelessly to help people avoid the pill trap and heal inflammation related to capsaicin.

The Food and Health Research Group, Inc., is a private company with a mission to create awareness among the American public and policymakers about the presence of capsaicin in common foods and its potentially harmful effect on the human body. It provides recommendations on identifying foods containing capsaicin, campaigns for labeling on foods that contain capsaicin, and is committed to the health and well-being of all people.

For more information about *Inflammation Nation*, visit www.inflammatoryfoods.com. For more information about the Food and Health Research Group, Inc., contact Ed Wendlocher at FoodHealthResearch@msn.com.

When he was ten years old, Wendlocher was stricken with severe inflammation, swelling, and stiffness that was diagnosed as arthritis. As an adult, he suspected that diet was implicated in his disease, and, despite the fact that many in the medical community dismissed his idea, he dedicated himself to the search for the cause of his inflammatory condition.

Through his independently financed clinical studies conducted at Lehigh University, and his persistent, thorough investigations of food ingredients, Wendlocher and his research team ultimately found that diet is directly linked to inflammation. Specifically, the team discovered that capsaicin, a highly potent natural food toxin, is used as a flavor enhancer or preservative in many common foods. The team also discovered that capsaicin is not listed on food ingredient labels.

Subsequent to Wendlocher's pioneering research, the Massachusetts General Hospital (www.mgh.harvard.edu) issued an announcement in September 2002 that confirmed that capsaicin is a potent inflammatory agent.

Today, at 65, Wendlocher, who was once bedridden and hobbled on crutches, is healthy and gets plenty of exercise tending his three-acre farm. "I'm better than ever," he says.

A herbal tea with long staying power is Kombucha Tea. Dr. L. Mollenda wrote in 1928 that Kombucha beverage "proved itself effective especially in troubles of the digestive organs, whose function it completely normalized. In addition, the beverage proved itself effective in cases of Gout, Rheumatism, and various stages of arteriosclerosis."³⁷

The use of yucca plant extracts are an ancient American Indian remedy. The yucca extract contains a saponin (soapy emulsifier) and a safe, vegetable steroid, according to Robert Bingham, M.D., who used yucca plant extract for many years on his patients to improve arthritic conditions. According to his *Fight Back Against Arthritis*, when yucca food supplements are taken two to three times a day," its action improves digestion and elimination and reduces harmful bacteria in the intestines. This is reflected in the relief of joint pains and stiffness. An unexpected discovery has been reduced fat levels in the blood. Circulation is improved, and blood flows more freely through the muscles and joints. . . [an important benefit for Fibromyalgia patients]. No toxic or harmful effects of yucca extract have been found in treating thousands of patients over more than ten years. . . . the use of yucca food supplements . . . is beneficial in 80-90%, reducing joint pain and

stiffness."⁵⁴

As reported in *Alternative Medicine: The Definitive Guide*, boil three to four mullein leaves in water for three minutes, placing the pack over the painful joint. Wrap it with a hot, moist towel, then a dry towel, leaving it for twenty minutes three times a day.⁴

Homeopathy

According to Leon Chaitow, D.O., *Rhus toxicodendron* (*Rhus tox*), a homeopathic remedy, has shown both good results and poor results in Fibromyalgia and Fibrositis studies, depending upon the strength used. A high potency solution (very low concentration, 6C dilution) was found effective in trials in Britain, but a lower potency (high concentration 6X dilution) was found ineffective in Australia.⁸

It must be clearly understood that homeopathic remedies, and their potencies, are determined by the individual's characteristics. A physical, constitutional, and personality profile of the patient is identified, matched against "proven" remedies, and then only those particular remedies at their concentrations are to be used.⁸

Dr. Andrew Lockie, author of *The Family Guide to Homeopathy*, writes: "All homeopathic remedies have a double personality. On the one hand they are known to *cause* a range of symptoms in perfectly healthy people. On the other hand, by the law of similars, they are known to *alleviate* the same symptoms in people who are unwell. However remedies that match physical symptoms only may not be enough to provoke a return to health. Ideally, to provide the greatest healing, a remedy should match the physical symptoms, the mental symptoms, and the constitution of the person concerned."³²

When 24 double-blinded patients presented symptoms that matched the proper selection of *Arnica*, *Bryonia* and *Rhus Toxicodendron* (*Rhus Tox*), and were given one of the three remedies, results showed a statistically significant improvement.³¹

According to *Alternative Medicine: The Definitive Guide*, for Fibromyalgia use *Belladonna*, *Arnica*, *Ruta graveolens*, *Silicea*.⁴

*Dr. Schuessler's Biochemistry*²⁷ reports on the use of the mineral salts as follows:

- *Ferrum phosphorus* is to be used for pain, fever, heat, redness and quickened pulse in the first stages of rheumatism.
- *Kali muriate* should be used during the Fibrositis, or second stage of Rheumatism, when swelling has resulted. The tongue will be thick, white or have a greying coating, and when movement increases pain, and there is swelling of the joints. *Kali muriate* can be alternated with

Ferrum phosphorus.

Natrum phosphorus is a principal remedy when there is sour-smelling perspiration or acid conditions, with an acid taste in the mouth and creamy-yellow coating on the base of the tongue.

Kali sulphuricum is useful when the pains shift suddenly from place to place, and when pains worsen in a heated room or in the evening, yet feel better in cool air.

Kali phosphorus is used when there is stiffness of the joints or when associated with nervous conditions, and also when pains worsen on starting to move, but are relieved by continual, gentle motion.

Natrum muriate is used when there is characteristic watery discharge of joints, and they worsen at night, in bad weather with heat, cold or change of weather, or when one has cold sensations.

Calcarea Phosphorus is for Rheumatism that is worse at night and in bad weather, heat or cold, dampness and change of weather, and when there is stiffness and numbness of the joints.

Calcarea fluor is used when there is enlargement of the joints.

Magnesia phosphorus is for acute, sharp spasmodic pains, or excruciating, violent pains relieved by warmth.

Silicea is for pains in the shoulders that worsen at night and from warm covering.

According to Dr. Andrew Lockie,³² in Fibrositis, those small adhesions between individual muscle fibers that cause pain and stiffness usually clear up in 3 to 4 days provided muscles haven't been torn. The specific remedies that should be considered to be taken every 3 hours for up to 2 days are:

Aconite 30c used when "pain comes on suddenly in cold dry weather and seems to be aggravated by movement," and the person is restless and apprehensive.

Arnica 30c used, "When the muscles are bruised, as if from sleeping on a bed that is too hard, when movement makes pain worse, and the person has physical restlessness and irritability."

Bryonia 30c used when there is Fibrositis in the neck, back, and limbs, and it is made worse by movement and by dry, cold, east winds, soothed by pressure.

Causticum 6c for aching, tearing pains in limb muscles, with stiffness or weakness and the pain wears off in warm, wet weather, but gets worse in cold.

Chamomilla 6c used for pain and stiffness, having to get up in the night because of the pain, and feeling bad tempered as if nothing is

going right.

Ledum 6c used when the affected muscles feel cold but pain and stiffness is relieved by cold applications.

Nux 6c used when the pain and stiffness worsen in damp weather, in cold, dry weather, after exercise and around 4 a.m., when turning over in bed hurts, pressure brings on some relief, and the person is feeling irritable.

Rhus toxicodendron (Rhus Tox) 6c for muscles stiff after over-use, and the stiffness improves with gentle movement, and when the person is restless.

Additional suggestions by Dr. Lockie to accompany use of the above remedies is to take hot baths and apply hot and cold compresses alternately to stimulate circulation.

For Bursitis, Dr. Lockie⁷² recommends, to be taken 4 times daily for up to 7 days:

Apis 30c when burning, stinging pain is made worse by heat.

Rhus toxicodendron 6c when tearing pain, joint stiffness and swelling is made worse by rest and cold, damp weather, alleviated by heat and gentle exercise.

Pulsatilla 6c when dragging pain and tightness is over the bursa and discomfort worsens when affected limb is allowed to hang, and there is general chilliness.

Sticta 6c for shooting pains.

Kali Iod. 6c when pains worsen at night.

Bryonia 30c when pain is made worse by heat or the slightest movement.

Belladonna 30c when pain is made worse by the slightest jarring, the joint is red, hot, and swollen and throbbing.

Ruta 6c when there is housemaid's knee, pain in thigh when knee is straightened, or a joint that feels bruised and weak.

Hormone Therapy

As multiple enzyme deficiencies (Wilson's syndrome) can display with more than 60 symptoms, including those accompanying Bursitis and Fibromyalgia, hormonal replacement therapy or other corrective hormonal therapy should be given serious consideration. (See *Thyroid Therapy: Cutting the Gordian Knot*, <http://www.arthritistrust.org>.)

Hydrotherapy

Use alternating hot and cold packs one to three times daily to relieve pain, and stimulate blood flow. According to Leon Chaitow, N.D., D.O., "... any hot treatment (or bath) should finish with the area being

chilled by a compress or spray (shower)."⁴ If pain is acute, apply an ice pack twenty minutes out of each hour for the first twenty-four to thirty-six hours.

According to *Alternative Medicine: The Definitive Guide*,⁴ soak for twenty-five to thirty minutes, using a pound or more of Epsom salts per bath. Rinse and rub down with hot olive oil, and do so once a week. Also rosemary soaks can be used for hands and feet or one might bathe the whole body by soaking for ten to fifteen minutes, two to three times a day.

If ice packs are preferred, place one above joint and one below for twenty minutes three times a day for one month."⁴

Iron Overload

Veterinarian Leslie N. Johnston, D.V.M.²⁸ believes that there is good reason to check every Fibromyalgia patient for iron overload. (See *B₁₂ and Copper Supplementation*, this book.)

In a rheumatology clinic in Australia, 339 patients were studied over a 12 month period of time. Twenty three patients had unusually high indices of iron -- transferrin saturation and ferritin. Twelve of twenty of these patients who were measured again under fasting conditions showed elevated results "consistent with genetic iron overload (hemochromatosis)," which can cause a variety of illnesses, including cirrhosis of the liver, bronze skin pigmentation, diabetes mellitus, heart problems (cardiomyopathy presented as cardiomegaly), heart failure, and heart rhythm or conduction disturbances, pituitary failure, abdominal pain, arthritis, chondrocalcinosis, testicular atrophy and loss of libido."

Dr. Johnston also reports that cattle, horses, monkeys (Lemurs) and mynah birds are all capable of suffering from iron overload, as well as man.

Two solutions to a potential overload problem is (1) to donate blood, thus reducing your total iron content; (2) be chelated with desferrioxamine, a substance capable of combining with iron radicals found in tissues, and removing them through the urine. Iron bound to protein in blood is not at all dangerous, but healthy. When iron becomes free to bind with other tissues not intended to be bound with iron, the condition can be unhealthy.

Magnetic Therapy

William H. Philpott, M.D. has developed excellent treatment protocols and magnets for treating a wide range of diseases and pain conditions.

The Case of Pat Sos

Pat Sos²⁹ reported on the Internet, "I've found remarkable relief by doing my own research -- and I'm willing to share information with you. I've used magnetic therapy for the past two years and two months and now am walking without the wheelchair and crutches, no more expensive office visits (up to \$700 a visit), no more steroid shots, and [I've gone] from 12 pills a day to just one a night.

"I wake up refreshed with more energy and less stiffness. I've lost cartilage in the spine, neck and shoulders and the doctors totally gave up when they told me I had Fibromyalgia/Fibrositis and Rheumatoid Arthritis.

"I can now drive for the first time in years.

"Self-use magnetic therapy may not be for everyone -- but has certainly helped me. I've saved money not only on the doctor bills and medications, but don't have to have someone pick me out of the bed each morning! The swellings in my joints are gone.

"I may add that some people may experience increased pain during the first few days or weeks of using magnetic therapy, but this is commonly known as the 'healing crisis,' caused by the body dispersing toxic buildups.

"I have letters of appreciation from all over the country telling of how others have improved their lives by using this easy therapy at home."

Dr. Bob Arnot adds, "It's not pain relief alone that has doctors excited. Biomagnetic therapy may be reversing the degeneration of joints and promoting the growth of new cartilage."²⁹

William H. Philpott, M.D. can be contacted at Bio-magnetics, 17171 S.E. 29th St., Choctaw, OK 73020, (405) 390-3009.

Massage Therapy

In a study performed at the Touch Research Institute, Miami School of Medicine, in 1994, 30 adults were divided into three groups, one given massage for 30 minutes twice a week for 5 weeks; the second group received an electrical impulse treatment applied to the painful area (TENS) for the same time period; the third group received dummy TENS over the same time period.

Assessing results based on changes in fibromyalgic tender points, all groups had a reduction in pain, "but only those receiving massage reported decreases in pain, fatigue, stiffness and improvements in the

quality of sleep."⁸

Massage researcher Richard Van Why reported that Sweden's Karolinska Institute completed studies using a vibrational massage of 100 to 200 cycles per second applied to pain points for 15 to 30 minutes. These studies showed great relief in pain. Dr. Chaitow states that "using the hands to vibrate the skin, by using firm pressure plus a rapid vibration, appears to produce the same benefits without causing any negative effects."⁸

In another Swedish study, 21 out of 26 patients "noted improvement after massage; after repeated treatment, patients experienced reduced pain, plus a gradual decline in the increase in blood myoglobin concentration."³¹

Mineral Infrared Therapy

Dr. Tsu-Tsair Chi has reported on an infrared ceramic-coated device that has beneficial effects in strengthening the immune system, decreasing pain, unblocking lymph channels, increasing circulation, and providing lacking trace elements.¹²⁶ See *Arthritis*, di Fabio and Prosch, M.D., <http://www.arthritistrust.org>.

Neural and Intraneural Injections

As sensitive nerve trigger points are often the source of pain, Neural and Intraneural Injections can often relieve the pain, and sometimes result in permanent relief. See *Arthritis*, di Fabio and Prosch, M.D.; *Intraneural Injections for Rheumatoid Arthritis and Osteoarthritis; The Control of Pain in the Knee*, Dr. Paul K. Pybus, <http://www.arthritistrust.org>.

Nutritional Therapy

Additional helpful supplements to those mentioned earlier may include vitamin B₁₂ (intramuscular injections) repeated daily, calcium, magnesium, proteolytic enzymes between meals, vitamin C with bioflavonoids.⁴

Physical Therapy

Often relief for Bursitis can be achieved by following the directions of Agatha Thrash, M.D. and Calvin Thrash, M.D.:⁴⁹

- Avoid injury to joints that are especially vulnerable to Bursitis. A strain, a direct blow, the stress of overweight, unusual shoulder or knee motions such as from painting, swimming, and lifting heavy objects at arm's length, may precipitate Bursitis.

- Allergies and infections elsewhere in the body may bring on Bursitis. Live at a high level of health to avoid Bursitis.

- Do not allow excessive fatigue to develop while doing an un-

usual motion to which you are unaccustomed. When heavy objects must be taken in the hand for some distance, the best position is in front of one, using both hands to hold the object somewhat like a tray.

- Do not allow chilling of the extremities, particularly the shoulders, which are especially vulnerable at night. Be careful to wear warm sleepwear.

- Never begin heavy work until you have "warmed up" by doing some light work.

- Use these treatments for Bursitis:

- A. Heat applications may relieve pain.

- B. Ice packs to the painful area, especially in the acute phase, may relieve pain. Keep the ice on for about five to seven minutes. Remove for one minute, and repeat three times.

- C. Place the patient in an upper-half body pack, as in bronchitis -- [In bronchitis, spread a plastic on the bed and place on it two double steam packs crosswise over the area where the patient will lie, from neck to waistline. Cover well with towels and have the patient lie down. For comfort, elevate the head and flex the knees high over a bolster. Fold a single steam pack, wrap it in a towel, and lay it over the patient's upper chest for 15 minutes. Remove the last one, and after using a vigorous cold friction rub on the hot area, apply a fresh hot pack -- making sure the upper edge is above the shoulders. Place a single steam pack over the shoulder. Cover the pack with plastic to retain heat, keeping steam out of the patient's face, and leave it in place and hot for 20 minutes. Replace with another hot one (no cold), then a third, covering a period of one hour. Finish with a shower, sponge bath, or alcohol rub.] Repeat this treatment daily until the pain is gone. Early mild cases clear up in a day or two. Chronic or severe ones may require three weeks or more.

- D. Hot and cold compresses are sometimes helpful in relieving the inflammation. Use three minutes of hot compresses as hot as can be tolerated, followed immediately by twenty seconds of ice water compresses. Repeat four times. Give the treatment three or four times daily.

- E. Do not use deep massage as it may increase inflammation. Superficial stroking will be beneficial.

- F. A short period, 1-3 days, of complete rest for the part may decrease inflammation. A sling may be worn with much comfort. Do not prolong the period of inactivity, as a stiff joint may result.

- G. Exercises: Use after any hot or cold treatment:

1. Wall-walking exercise: Face the wall at arm's length

and lean into your hands placed against the wall. Starting slightly above the level of the waist, walk hand over hand as high as you can reach without pain. As you make progress, reach higher each time before pain or tightness stops you. Repeat the exercise four times daily.

2. A small pulley rigged up over the head with a two to five pound weight attached is helpful after the acute phase is over. Pull the arm down by the side and let the weight pull the arm over the head. Start with five to ten pulls and work up to 50 three times a day.

3. A bicycle wheel with a small handle attached and mounted shoulder-high can be used to good advantage to get a good range of motion of the shoulder, avoiding a 'frozen shoulder.'⁴⁹ From Agatha Thrash, M.D. and Calvin Thrash, M.D., *Home Remedies*.

Qigong for Arthritis

Pronounced "Chi Gong" chinese energy work, or "Qigong" has exploded into Western awareness during the past twenty years.

Roger Jahnke, O.M.D.,⁵⁵ Santa Barbara, California, has had dozens of patients with Fibromyalgia. "We feel that Fibromyalgia is an overall degenerative disorder that is not really a muscle disease, . . . that the symptoms are not the cause.

"We found through regular massage, acupuncture and Qigong, that most cases will improve very dramatically."

The Case of Crystal Starburger

Crystal had a very severe case of Fibromyalgia, and had gone off work using workman's compensation. She was "stagnating in her house and dissatisfied with numerous doctors who had given her a whole array of medications, all of which did nothing."

Dr. Jahnke reports that, "Our strategy was to help her understand Fibromyalgia, that it is caused and then perpetuated by the person's choices -- their personal choices.

"In this case it seemed acupuncture was somewhat helpful, but the shift in life style and practice of Qigong was the most important parts of Crystal's wellness, because she discontinued the acupuncture treatments and kept improving. What I believe she found most important was that she learned to meditate into gentle body movement types of exercises, which is what Qigong is.

"Crystal began having steady improvement to the extent that she returned to work, basically completely cured.

"Most people we've seen who've had this disorder work too hard, they don't rest efficiently, and they build up a deficiency in stimulating the body's ability to eliminate toxic substances. They build up toxicity.

"We see that when people began to meditate, chew their food more

slowly, do gentle exercise on a regular basis -- and that means never doing aggressive exercise -- and when they do gentle massage of the hand, foot, and ear, and do deep breathing exercises -- this contributes to producing less metabolic byproducts that are toxic, and to removing more toxic materials."⁵⁵

See Roger Jahnke, O.M.D., books, *Qigong: Awakening and Mastering the Medicine Within*, *The Self Applied Health Enhancement Methods*; tape, *Deeper Relaxation for Self Healing*, Health Action, 243 Pebble Beach, Santa Barbara, CA 93117; Dr. Yang Jwing-Ming, *Arthritis -- The Chinese Way of Healing and Prevention*, *The Root of Chinese Chi Kung: The Secrets of Chi Kung Training*, YMAA Publication Center, 38 Hyde Park Avenue, Jamaica Plain, Massachusetts 02130.

Master Jwing-Ming Yang

Because of our growing awareness and use of ancient Chinese methods for healing, we present this historical capsule demonstrating relationship of the healing arts of herbs, acupuncture, Qi Gong, massage, and so on:

Jwing-Ming Yang,³⁹ who has written a series of books clearly explaining this ancient Chinese knowledge, was born in Taiwan, Republic of China in 1946. He started his Gongfu/Wushu (Kung Fu/Wushu) training at age of fifteen under a Shaolin White Crane master Cheng Ging Gsao. He later studied Yang Style Taijiquan (or Tai Chi Chuan) under Master Kao Tao for three years. From Master Kao Tao, Dr. Yang learned the barehand Yang style form, Taiji breathing, and Qi (Chi) exercises.

When Jwing-Ming Yang was eighteen-years-of-age he entered Tamkang College in Taipei Hsien to study physics, and while there he studied Shaolin Long Fist (Chang Quan) with Master Li Mao-Ching, and advanced his Taiji training with Master Li. Later he practiced and studied together with a classmate, Mr. Wilson Chen "who was learning Taijiquan with one of the most famous masters in Taipei, Master Zhang Xiang-San."³⁹

Dr. Yang completed his master's degree in physics at the National Taiwan University, served in the Chinese Air Force, returned to Tamkang College to teach physics, and to continue his study under Master Li Mao-Ching. In 1974 Dr. Yang studied mechanical engineering at Purdue University (United States) where he founded a Chinese Kung Fu Re-

search club and also taught accredited courses in Taijiquan, also to be awarded his Ph.D. in 1978.

In Houston, TX, while working for Texas Instruments, Dr. Yang founded Yang's Shaolin Kung Fu Academy.

In Boston, where he moved, Dr. Yang founded Yang's Martial Arts Academy (YMAA), later giving up his engineering career to research, write and teach in Boston.

Besides extensive travel to many foreign countries, Dr. Yang has written twenty-four books and published twenty-one videotapes on Qigong and martial arts. There is little doubt that Dr. Yang can authoritatively blend western thinking with health/martial arts discoveries that are far, far older than Western civilization itself.

What is Qi (Chi)?

In Dr. Yang's description of historical Chinese views, Qi "is the energy or natural force which fills the universe," of which there are three general types: heavenly Qi, the forces which heavenly bodies exert on the earth, Earth Qi, which absorbs the Heaven Qi, and human Qi which is influenced by the other two.

The pervasive themes are "balance, harmony and interactive influence."

Perhaps one reason why ancient Chinese healing lore has taken so long to penetrate Western civilizations' thick skins is that emphasis is not upon solving a disease problem, but rather on restoring the balancing energy of vital life forces, the Qi forces, from which health then flows; that is, the result is that disease states disappear when the life force is rebalanced.

In Western terms, Qi is the body's bioelectricity whose strength, of course, is subject to "balance, harmony and interactive influence." This bioelectric field can be measured and manipulated through Qigong exercises, spiritual contemplation, emotional rebalancing, and thought. There is also a glimmer of hope that modern technology can also enhance the electromagnetic field effects of one's own bioelectric activity.

Historical Background of Qigong

Dr. Yang divides the history of Chinese Qigong into four periods:

- 2690 B.C. to 1154 B.C.: While acupuncture was not mentioned in Chinese writings dating back to 1766-1154 B.C., the *Jia Gu Wen* (*Oracle-Bone Scripture*), there is evidence that "stone probes" (Bian Shi) were used during the reign of the Yellow emperor from 2690-2590 B.C., and that these probes were being used to adjust Qi circula-

tion.

- Before 1122 B.C. to Han Dynasty 206 B.C.: *Yi Jing (Book of Changes)* was introduced before 1122 B.C., lasting until Buddhism and its meditation methods were imported from India, bringing Qigong practice and meditation into the second period, the religious Qigong era.

- 1122 B.C. to 934 B.C.: Breathing techniques were mentioned in Lao Zi's (Li Er) Classic on the *Virtue of the Dao (Tao Te Ching)*, stressing the way to obtain health was to "concentrate on Qi and achieve softness."

- 770 B.C. to 221 B.C.: *Historical Record (Shi Ji)* described more complete methods of breath training.

- 300 B.C. (approximately) Zhuang Zi, Daoist philosopher, described the relationship between health and the breath in *Nan Hua Jing*.

- 206 B.C. to 502-557 A.D.: Discovery that Qigong could be used for martial purposes. Thousands-of-years-old Buddhism imported to China from India. Buddhism became popular through emperor's influence. Since much of the training was aimed at obtaining Buddhahood, the principles were kept secret. Zhang Dao-Ling combined traditional Daoist principles with Buddhism, creating a religion called Dao Jiao, combining Daoism with Buddhism.

Tibetan training systems and methods were also imported, and absorbed. "Contemporary documents and Qigong styles show clearly that religious practitioners trained their Qi to a much deeper level, working with many internal functions of the body, and strove to obtain control of their bodies, minds, and spirits with the goal of escaping from the cycle of reincarnation."

During the 3rd century, Hua Tuo, a famous physician, used acupuncture for anesthesia in surgery.

Daoist Jun Qian used the movements of animals to create the *Wu Qin Xi (Five Animal Sports)*, "teaching people how to increase their Qi circulation through specific movements."

Physician Ge Hong used his mind "to lead and increase Qi."

During the period of 420 to 581 A.D. Tao Hong-Jing compiled "*Yang Shen Yan Ming Lu (Records of Nourishing the Body and Extending Life)*" which showed many Qigong techniques."

From 220 B.C. to 220 A.D. there are written references to (1) breathing to increase Qi circulation by Bian Que in *Classic on Disorders (Nan Jing)*; (2) the use of Qi and acupuncture to maintain good Qi flow by Zhang Zhong-Jing in *Jing Kui Yao Lue (Prescriptions from*

the Golden Chamber); (3) the relationship of nature's forces and Qi by Wei Bo-Yang in *Zhou Yi Can Tong Qi (A Comparative Study of the Zhou [dynasty] Book of Changes)*.

- 502-557 A.D. to 1911: Martial Qigong styles were created based upon Buddhist and Daoist Qigong. A Buddhist monk, Da Mo, former Indian prince, was invited to China to preach Buddhism. As the emperor did not like the monk, Dao Mo withdrew into a Shaolin Temple where he found the priests were weak and sickly. After nine years of seclusion, and consideration of the problem, he wrote two classics: *Yi Jin Jing (Muscle/Tendon Changing Classic)* and *Xi Sui Jing (Marrow/Brain Washing Classic)*.

According to Dr. Yang, "the *Muscle/Tendon Changing Classic* taught the priests how to gain health and change their physical bodies from weak to strong.

"The *Marrow/Brain Washing Classic* taught the priests how to use Qi to clean the bone marrow and strengthen the blood and immune system, as well as how to energize the brain and attain enlightenment."

The *Marrow/Brain Washing Classic* training was held in secret, passed only to a few disciples each generation, because it was harder to understand and practice.

After the priests used the muscle/tendon changing exercises, "they found that not only did they improve their health, but they also greatly increased their strength. When this training was integrated into the martial arts forms, it increased the effectiveness of their techniques.

"The Shaolin priests also created five animal styles of Gonfu which imitated the way different animals fight. The animals imitated were the tiger, leopard, dragon, snake, and crane.

- 581 A.D. to 907 A.D.: Chao Yuan-Fang compiled the *Zhu Bing Yuan Hou Lun (Thesis on the Origins and Symptoms of Various Diseases)* listing 260 different ways to increase the flow of Qi.

Sun Si-Mao described the method of "leading" Qi -- directing Qi to specific body parts -- in *Qian Jin Fang (Thousand Gold Prescriptions)* and also described Six Sounds to regulate Qi internal organs, the Six Sounds having already been in use by Buddhists and Daoists.

Sun Si-Mao introduced his Lao Zi's Massage Techniques in *Wai Tai Mi Yao (The Extra Important Secret)* which discussed use of breathing and herbal therapies for disorders of Qi circulation.

- 960 A.D. to 1279 A.D.: "Chang San-Feng is believed to have created Taijiquan (or Tai Chi Chuan). Taiji followed a different approach in its use of Qigong than did Shaolin. While Shaolin empha-

sized Wai Dan (External Elixir) Qigong exercises, Taiji emphasized Nei Dan (Internal Elixir) Qigong training. "External, here, means the limbs, as opposed to the torso which includes all vital organs. Internally means in the body instead of in the limbs." After thousands of years of searching for elixer, a hypothetical life-prolonging substance, elixer was found inside the body. "In other words, if you want to prolong your life, you must find the elixer in your body, and then learn to protect and nourish it."

". . . In 1026 A.D. the famous brass man of acupuncture was designed and built by Dr. Wang Wei-Yi." Before that time there was much disagreement about acupuncture theory, principles and techniques. Dr. Wang Wei-Yi also wrote *Tong Ren Yu Xue Zhen Jiu Tu (Illustration of the Brass Man Acupuncture and Moxibustion)*.

Dr. Wang Wei-Yi explained for the first time the relationship of the 12 organs and the 12 Qi channels, also systematically organizing acupuncture theory and principles. As the success of acupuncture spread, Dr. Wang also dissected the bodies of prisoners and added more information to the advance of Qigong and Chinese medicine, describing the circulation of Qi in the body.

From 1127-1279 A.D. Marshal Yue Fei created several internal Qigong exercises and martial arts. It is believed that he created the set of exercises applicable to medicine known as the "Eight Pieces of Brocade," to improve the health of soldiers. Marshal Yue Fei "is also known as the creator of the internal martial style Xing Yi."

Eagle style martial artists also claim that Yue Fei was the creator of their style.

- 960 A.D. to 1368 A.D.: Zhang An-Dao wrote *Yang Shen Jue (Life Nourishing Secrets)* discussing several Qigong practices.

Zhang Zi-He wrote *Ru Men Shi Shi (The Confucian Point of View)* describing "the use of Qigong to cure external injuries such as cuts and bruises."

In *Lan Shi Mi Cang (Secret Library of the Orchid Room)*, Li Guo describes Qigong and herbal remedies for internal disorders.

Ge Zhi Yu Lun (A Further Thesis of Complete Study), written by Zhu Dan-Xi, provides a theoretical explanation for the use of Qigong in curing disease.

From 1279 A.D. until 1911 A.D. many other Qigong styles were founded, and many documents related to Qigong were published.

- 1911 onward: "Chinese Qigong training was mixed with Qigong practices from India, Japan, and many other countries." Qigong prac-

tice entered a new era, as China became known by the remainder of the world. What had been taught secretly either by martial artists, or by religious organizations, found its way into the stream of the world's consciousness, and also people were able to compare Chinese Qigong to similar developments in India, Japan, Korea and the Middle East.

Categories of Qigong

Qigong practices aim at rebalancing Qi bioelectrical energy, maintaining its strong flow, maintaining health, healing when necessary, for spiritual enlightenment, and for fighting.

Theory of Qigong

- During the past twenty years, western medicine has gradually begun to accept the existence of Qi and its circulation in the human body. It is also a growing trend to accept that disease is an imbalance in the electrical flow of the body, such a concept corresponding rather well with the concept of Qi as developed several thousand years ago.

- Being the case, then all disease states can be conquered, or changed, by changing the flow of bioelectrical energy.³⁹

- According to Roger Jahnke, O.M.D., "Qi, in China, is not thought of as an energy the way we relate to it. The best definition that I've come up with is 'naturally occurring internal self-healing resource.' By this definition you're including physical as well as electromagnetic as well as chemicals, as well as whatever performs the functions."⁵⁵

- According to Dr. Yang,³⁹ "In order to use Qigong to maintain and improve your health you must know that there is Qi in your body, and you must understand how it circulates and what you can do to insure that the circulation is smooth and strong."

- There are two divisions of Qi: Managing Qi (Ying Qi), sometimes called "Nutritive Qi," and Guardian Qi (Wei Qi).

Managing Qi is energy that has been sent to the organs so that you can function. Guardian Qi has been sent to the surface of the body to protect you from negative influences such as the cold.

To keep yourself healthy, you must learn to manage these two types of Qi.

- Corresponding to the now well-known acupuncture meridians, the human body has twelve major channels through which Qi circulates. There are also eight vessels that store Qi. The twelve channels are like twelve electric lines, with capacitors for excess electrical storage located throughout the body.

- "When the Qi in the eight reservoirs is full and strong, the Qi in the rivers is strong and will be regulated efficiently. When stagnation

occurs in any of these twelve channels or rivers, the Qi which flows to the body's extremities and to the internal organs will be abnormal, and illness may develop."

- Apparently the function of the reservoirs are to replenish the flow in the twelve major channels that interconnect all bodily organs whenever Qi becomes low in various bodily parts.

- Factors necessary for proper creation and conduction of bioelectrical energy are (1) natural energy received by interaction with electromagnetic fields; (2) food and air; (3) the way we think, as thought creates the electromagnetic force that leads to Qi to energize emotion which energizes appropriate muscles to action; (4) exercise.

So, in Taiji Qigong, "the mind and the movements are two major sources of electromotive force."

- According to Dr. Yang, "Before you start your Qigong training, you must first understand the three treasures of life -- Jing (essence), Qi (internal energy), and Shen (spirit) -- as well as their relationship. If you lack this understanding, you are missing the root of Qigong training, as well as the basic idea of Qigong theory. The main goals of Qigong training are to learn how to retain your Jing (essence), strengthen and smooth your Qi flow, and enlighten your Shen (spirit). To reach these goals you must learn how to regulate the body (Tiao Shen), regulate the Qi (Tiao Qi), and regulate the Shen (Tiao Shen)."

- "Regulating the body includes understanding how to find and build the root of the body, as well as the root of the individual forms you are practicing. To build a firm root, you must know how to keep your center, how to balance your body, and most important of all, how to relax so that the Qi can flow."

- "Regulating the mind involves learning how to keep your mind calm, peaceful, and centered, so that you can judge situations objectively and lead Qi to the desired places. The mind is the main key to success in Qigong practice. "

- "To regulate your breathing, you must learn how to breathe so that your breathing and your mind mutually correspond and cooperate. When you breathe this way, your mind will be able to attain peace more quickly, and therefore concentrate more easily on leading the Qi."

- "Regulating the Qi is one of the ultimate goals of Qigong practice. In order to regulate your Qi effectively you must first have regulated your body, mind, and breathing. Only then will your mind be clear enough to sense how the Qi is distributed in your body, and un-

derstand how to adjust it."

For a complete description and details, see *Qigong for Arthritis*.

The Chinese Approach to Arthritis

Chinese physicians evaluate the imbalances of Qi -- or what Westerners call "bioelectricity" -- as well as by noting the actual physical symptoms. According to ancient Chinese lore, Qi becomes unbalanced before a disease or sickness appears. If the unbalance is not corrected, then physical damage results, because every cell in the body requires Qi to survive, and without its normal abundance, the cell functions improperly, or dies.

Chinese physicians, and their patients, try to correct the imbalance before it results in destruction to the cells, joints, and systems.

Chinese medicine does not differentiate between different forms of arthritis, as does the West, because they are all caused by an imbalance in the body's bioelectrical energy, which, in any case, must be corrected for the body to repair itself as far as it can do so after damage has resulted.

Restricting negative environmental exposures as well as proper diet are considered important in Chinese medicine, although the latter is often enhanced with a vast storage of data related to the use of herbs.

Dr. Yang lists these ways as means for treating arthritis:

- Prevent arthritis from happening, or from getting worse.
- Massage, when properly done, can improve Qi circulation in the joint area.
- Acupuncture can temporarily halt pain and also increase Qi circulation. Western physicians have also shown that it can strengthen the immune system.
- Herbal remedies are used to alleviate pain, increase Qi circulation, help healing of injuries, and speed up healing.
- Cavity Press (Dian Xue) is a "method of using the fingertips (especially the thumb tip) to press acupuncture cavities and certain other points (pressure points) on the body in order to manipulate the Qi circulation."

While it may take years to learn to use acupuncture properly, according to Dr. Jang Jwing-Ming, Cavity Press can be learned quickly and requires no equipment.

"In Cavity Press, stagnant Qi deep in the joint is led to the surface. This improves the Qi circulation in the joint area, and considerably reduces the pain. The use of cavity press to speed up the healing of injured joints is very common in the Chinese martial arts."

- Qigong exercises for arthritis have the main purpose of rebuilding the strength of the joint by improving Qi circulation. As long as there is a proper supply of Qi at the joints, they can be repaired and, in some cases, even be rebuilt.

"Practicing Qigong can not only heal arthritis or joint injury and rebuild the joint, it is also known to be very effective in strengthening the internal organs. Many illnesses, including some forms of arthritis, stem from abnormally functioning internal organs."

According to Roger Jahnke, O.M.D.,³⁹ "Qigong accelerates oxygen distribution in the body at a time when your muscles are not rapidly using it as they would be in aerobics or running. This enables cells to begin their repair work.

"Second, there is a tremendous benefit to the immune system. Qigong shifts the body into a state where the autonomic nervous system moves toward the parasympathetic-sympathetic balance, which then supports and enhances the activities of the immune system.

"Third, Qigong helps to turn on the body's 'garbage disposal system' known as the lymph, thereby eliminating toxins, metabolites, and pathogenic factors from the tissues." See *Lymph Detoxification and Lymph Drainage*, <http://www.arthritistrust.org>.

With a healthy flow of Qi circulation, internal organs will be healthy, the immune system will be strengthened, and the spirit will be at peace.

Reconstructive Therapy

Reconstructive Therapy (Prolotherapy or Sclerotherapy) can be very successful in alleviating, or completely solving various forms of Bursitis or Fibromyalgia. This therapy is a method of ascertaining which tendons or ligaments are stretched or torn, then injecting substances that cause the body to remedy the defect. See *Arthritis*, di Fabio and Prosch, M.R.; *Pain, Pain Go Away*, Walker, D.P.M., Faber, D.O., *Do What You Want to Do*, William Faber, D.O., John Parks Trowbridge, M.D., *Prolo Your Pain Away*, Ross A. Hauser, M.D., Marion A. Hauser, M.S., R.D.

The Case of Alberta Hardwick

Alberta Hardwick, 42-years-of-age, a pharmacist, had diffuse body aches, and even required a neck brace to get through the day. When Ross A. Hauser, M.D.,⁵² Caring Medical & Rehabilitation Services of Oak Park, Illinois conducted a physical examination, he found "exquisitely tender" Fibromyalgia points over the 18 characteristic positions. Other symptoms included numbness, stomach pain, stiffness, pain in the arms, temporomandibular joint (TMJ: jaw/hinge joint), legs,

lower back, neck, shoulders, and shoulder blades, and Alberta also suffered from non-restful sleep and difficulty in sleeping.

Alberta had been hospitalized for pain, and also had had several courses of physical therapy as well as acupuncture, none of which had granted her any significant relief.

Dr. Hauser administered prolotherapy (sclerotherapy, proliferative therapy, or reconstructive therapy) to her back, neck, shoulder blades, arms and jaw-hinge joint.

Within two months, Alberta felt overall better, her numbness less, and she no longer needed her neck brace. Dr. Hauser repeated the treatment.

Four months later Alberta was doing much better, and sleeping better. Her low back was good except after washing the floor, a great improvement. Before treatments, she could barely bend over let alone wash the floor.

Prolotherapy was done in the involved areas, and no further treatments have been needed. Alberta is doing well and enjoying life again.

The Case of Blanche Berry

Blanche Berry, 42-year-old beautician, had suffered significant hip pain. Ross A. Hauser, M.D. found her to have Bursitis (left trochantric).

Prolotherapy injections were done around the left hip, and when she returned a month later she reported that swimming and walking were a lot better.

Prolotherapy was done again on the left hip, and a month later Blanche noticed that she no longer had the hip pain. She stands and bends as a hairdresser about 28 hours per week, and has been doing great since.

Ross A Hauser, M.D., of Oak Park, Illinois, who has successfully treated thousands of patients in his private practice, and Marion Hauser, Registered Dietitian, also contribute to a charity clinic in Thebes, Illinois. "All services are free of charge." The clinic features treatment of chronic pain, nutrition, vitamins and minerals, intravenous therapies with hydrogen peroxide, and more. Services are by appointment only.

Beulah Land Natural Medicine Clinic is an Outreach Ministry of Thebes First Baptist Church, Thebes, Illinois and Harrison St. Bible Church, Oak Park, Illinois.

Reflexology

Reflexology was introduced into America by William Fitzgerald, M.D., a laryngologist at St. Francis Hospital in Connecticut, and later developed by Eunice Ingham, a physiotherapist.⁴

Dr. Fitzgerald based his work out of an earlier European process called "zone therapy," discovering that he could induce numbness and alleviate certain symptoms by applying finger pressure to specific points on the hands and mouth.⁴

Eunice Ingham mapped organ reflexes on the feet and developed techniques for creating a stimulating effect in those areas.

Reflexologists feel that a precise pressure applied to the correct points on the foot will correspond with an influence on internal organs and glands in the body. "Nerve endings in the feet have extensive inter-connection through the spinal cord and brain to all areas of the body," writes Ray Wunderlich, M.D. of Florida.⁴

Reflexology is practiced by nearly twenty-five thousand certified practitioners around the world, and more than 50,000 people have taken reflexology seminars.⁴

Applying reflexology techniques to the foot in the right location can stimulate the adrenal glands, releasing natural cortico-steroids, which can relieve the pain and inflammation of various forms of arthritis, according to Laura Norman, author of *Feet First: A Guide to Foot Reflexology*.²⁰

Each session should last 15 to 20 minutes and be done once a day.²⁰

Stress Relief

All dietary factors can be related to degree of stress. Stimulants and free-radical generators, such as caffeine, alcohol and tobacco, need to be as low as possible, preferably zero, according to Leon Chaitow, D.O.⁸

The muscles need to release their tensions, which might be achieved through massage, stretching, exercise, hydrotherapy, or better nutrition.

Hydrotherapy, a neutral temperature bath, can profoundly relax the nervous system.⁸

Using proper breathing methods can also help, as this leads to better circulation and oxygenation, and reduces feelings of anxiety.

Bodywork and massage treatment -- various forms -- and stretching movements -- yoga, T'ai chi, or muscle energy-type releases -- are almost certainly necessary if the problems are chronic.

Leon Chaitow, D.O. outlines in his book, *Fibromyalgia: What Causes It, How It Feels, and What to Do About It*, specific techniques that each patient can use to handle tender trigger points and relieve muscle strain.⁸

If one has trouble sleeping, several "natural" substances can be used. The amino-acid tryptophan, of course, is the best, but for what seems spurious reasons tryptophan has been removed from the American market by the FDA. Meanwhile, Dr. Chaitow suggests the use of chlorella and other blue-green algae. Drinking a mixture of one of these in the evening will provide as much tryptophan as would a few grams of full-spectrum amino acid powder or capsule.

Melatonin from plant sources, 2 to 3 grams before bedtime, will help induce sleep and relieve depression.

Arginine and ornithine, two other amino acids, may be taken for a period of two or three months, only, with a rest period before starting again to prevent imbalances of amino-acid body chemistry. These two are growth hormone precursors, and should never be taken by anyone who has not reached their physical maturity.

Ornithine is preferred with 2 grams taken in the morning and evening.

When arginine is taken, the dosage is double, or 4 grams taken in the morning and evening.

The amino acid DL-phenylalanine, 2 to 3 grams daily in divided doses between meals, has been shown to have painkilling potential.⁸

Always supplement the amino acids with vitamins A, C and E.⁸

There are many books and processes for reducing stress, and except for general principles outlined in *Arthritis*, di Fabio and Prosch, M.D., this foundation, each person must search, discover and try-out for themselves that mode of life-style which best fits their own unique personality and physical condition.

Universal Oral Vaccination

Early research with Rheumatoid Arthritis and "Rheumatism," involved staphylococcus- and streptococcus-killed organisms injected as antigens, the successful results thus strongly supporting the infectious nature of Rheumatoid Arthritis. As many forms of Rheumatoid Disease, or related dysfunctions, seem to have an infectious and/or allergenic component, such as Ankylosing Spondylitis, Candidiasis, Crohn's disease, Fibrositis, Fibromyalgia, food allergies, rhinitis, and so on, this form of protection may be not just all-inclusive, but also cheap and all-important.

Injecting known, specific allergens or antigens into the cistern (base of teat) of a cow or goat just prior to calving produces protective substances in the colostrum that are curative.

This form of treatment has been shown to be effective with a wide

variety of ailments including Rheumatoid Disease, Rheumatism, coughing, respiratory problems, sore throat, skin conditions, acne blemishes, upset stomach, cold and flu, diarrhea, and impetigo. (See *Universal Oral Vaccine*, this foundation.)

Summary

With the exception of some few treatments, we don't expect every described treatment to work with each person, and we don't expect each person to try every treatment. Medicine is not a science, but an art, and you, as patient, must read, learn, understand, and try this treatment or that, until you find those that apply to you.

While some treatments can be safely and effectively completed by you, the patient, others require the astute, educated assistance of a health professional. If you cannot find one near you, then you must travel to where a knowledgeable health professional exists.

In any case, we're sure that you can get well -- but it's you who must do the getting! The Arthritis Trust is more than willing to provide you with books, articles, physician referrals, or dentist referrals, as the case may be. And, we're equally willing to help your family doctor to learn, if s/he is willing.

We certainly wish you health, wellness, and good luck!!

References

1. *The Merck Manual of Diagnosis and Therapy*, 16th Edition, Merck, Sharp & Dohme Research Laboratories, Division of Merck & Co., Inc., Rahway, N.J., 1992.
2. *Textbook of Internal Medicine*, J.B. Lippincott Company, East Washington Square, Philadelphia, PA 19105, 1989.
3. Paul Davidson, M.D., *Are You Sure It's Arthritis?* Macmillan Publishing Company, 866 Third Avenue, New York, NY, 10022, 1985.
4. Burton Goldberg Group, *Alternative Medicine: The Definitive Guide*, Future Medicine Publishing Co., Puyallup, WA, 1994.
5. John Marion Ellis, M.D., *Free of Pain*, National Headquarters, Natural Food Associates, PO Box 210, Atlanta, Texas 75551, 1988.
6. William H. Philpott, M.D., Bio-Electro-Magnetics Institute, Institutional Review Board, 17171 S.E. 29, Choctaw, OK 73020.
7. Roberta Wilson, *Aromatherapy for Vibrant Health & Beauty*, Avery Publishing Group, Garden City Park, New York, 1995.
8. Leon Chaitow, D.O., *Fibromyalgia: What Causes It, How It Feels, and What to Do About It*, Thorsons, 1160 Battery Street, San Francisco, CA 94111-1213, 1995.
9. Alan R. Gaby, M.D., "Nutrient of the Month: Potassium-Magnesium Aspartate: A Special Supplement for Tired People," Nutrition

& Healing, c/o Publishers Mgt. Corp., PO Box 84909, Phoenix, AZ, 85071, October 1995.

10. Alan H. Pressman, D.C., Ph.D., "Metabolic Toxicity and Neuromuscular Pain, Joint Disorders, and Fibromyalgia," *Townsend Letter for Doctors & Patients*, 911 Tyler St., Port Townsend, WA 98368-6541, November 1995, p. 80-81.

11. *Journal of Internal Medicine*, 235:199, March 1994.

12. *Journal of Rheumatology*, 20:344, February 1993.

13. Martin Zucker, "Boswellia: An Ancient Herb Combats Arthritis," *The Natural Way*, June/July 1995.

14. Raul Vergini, M.D., *Magnesium Chloride Hexahydrate Therapy*, Supplement to the Art of Getting Well, The Arthritis Trust of America/ The Rheumatoid Disease Foundation, <http://www.arthritis-trust.org>; also published in *Townsend Letter for Doctors*, 911 Tyler Street, Port Townsend, WA 98368, November 1992, p. 992.

15. Nan Kathryn Fuchs, Ph.D., "Calcium Controversy," *The Natural Way*, April/May 1995, p. 12-13.

16. Alan Gaby, M.D., "Capsaicin Treatment for Fibromyalgia," *Townsend Letter for Doctors & Patients*, 911 Tyler St., Port Townsend, WA 98368-6541, October 1995, p. 19.

17. Robert C. Atkins, M.D., *Dr. Atkins Health Revolution: How Complementary Medicine Can Extend Your Life*, Houghton Mifflin Company, Boston, MA 1988.

18. Murray C. Sokoloff, M.D., "Foreward," *Arthritis Relief at Your Fingertips*, by Michael Reed Gach, Warner Books, New York, New York, 1989, p. viii.

19. Michael Reed Gach, "Arthritis and Nonarticular Rheumatism," *Acupressure's Potent Points: A Guide to Self-Care for Common Ailments*, Batam Books, 1990.

20. Laura Norman, Thomas Cowan, *Feet First: A Guide to Foot Reflexology*, Simon & Shuster, New York, New York.

21. M. Penny Levin, Ph.D., Acupuncture.Com; E-mail: AcuCom@Aol.com.

22. Personal interview with Warren Levin, M.D.

23. Personal letter from Richard A. Kunin, M.D.

24. David Squires, "Fibromyalgia -- David's Story," *A Resource Catalogue*, To Your Health, Inc., 11809 Nightingale Circle, Fountain Hills, Arizona 85268.

25. Kate Lorig, R.N., Dr. P.H., James F. Fries, M.D., *The Arthritis Helpbook*, Addison-Wesley Publishing Company, Third Edition, 1990,

23.

26. Dr. Tsu-Tsair, N.M.D., Ph.D., *Mineral Infrared Therapy*, Chi's Enterprises, Inc., 5465 E. Estate Ridge Rd., Anaheim, CA 92807, 1993.

27. J.B. Chapman, Ph.D., J.W. Cogswell, M.D.; revised D.S. Rawson, M.A., *Dr. Schuessler's Biochemistry*, Thorsons Publishing Group, Rochester, Vermont, 1986.

28. Leslie N. Johnston, D.V.M., "Fibromyalgia -- Rheumatoid Arthritis," *Townsend Letter for Doctors*, 911 Tyler St., Port Townsend, WA 98368-6541 August/September 1995, p. 93.

29. Internet: #: 60299 S2/Holistic Medicine; 26 October 1994 08:33:57; Sb: #59746- Rheumatoid Arthritis; Fm Pat Sos 75051, 1601; To: Barbara Havlena 74001, 2545; refers to "Medical Magnetism-- A Healing Force Coming of Age, Martin Zucker, *Lets Live* magazine, March 1993; "Magnetic therapy KO's Arthritis Agony," Jim O'Brien, *Your Health* magazine, April 6, 1993; "The Surprising Healing Power of Magnets," Jane Heimlich, *What Your Doctor won't Tell You*, April 1993; Dr. Bob Arnot, "Stop the Pain" series, *CBS This Morning*, February 9, 1993.

30. Sherry A. Rogers, M.D., "Real Relief From Fibromyalgia," *Women's Health Letter*, Vol. IV, No. 9, September 1995.

31. Harald Gaier, N.D., D.O. H.P., "Fibromyalgia," *Alternatives*, September 1995, p. 9; reported from *Br Homeopath J.* 1986; 75(3): 142-7; *Br Med J*, 1992; 305:1249-52; *Scandinavian J Rheumatol*, 1986; 15 (2): 174-8.

32. Dr. Andrew Lockie, *The Family Guide to Homeopathy*, Fireside, Rockefeller Center, 1230 Avenue of the Americas, New York, New York 10020, 1989.

33. Guy E. Abraham, M.D., Jorge D. Flechas, M.D., M.PH., "Management of Fibromyalgia: Rationale for the Use of Magnesium and Malic Acid," *Journal of Nutritional Medicine* (1992) 3, 49-59, p. 49.

34. Dr. Christine Northrup, "Overcoming Fibromyalgia," *Health Wisdom for Women*, Vol. 2, No. 11, 711 Montrose Road, Potomac, MD 20854-3394, May 1995.

35. Zoltan Rona, M.D., M.Sc., "Help For Fibromyalgia," *Alive*, #154, p. 23.

36. "We Spoke to Bonnie Prudden About Defrocking Fibromyalgia," *The Planned Parenthood women's Health Letter*, May 1995, Vol. 2, No. 3.

37. Debbie Carson, "Kombucha Tea," (reporting on Gunther W. Frank, *Kobucha*) in *Trans*, PO Box 121851, Nashville, TN 37212, Sum-

mer 1995, p. 14; Can be contacted at (615) 889-4701; also contact Elizabeth Baker, author of *The Uncook Book*, and others, PO Box 149, Indianola, WA 98342 (206) 297-2271.

38. Anne Ineson, *Cell Tech's Global Vision Hope, Health & Freedom*, 660 Bremen Road, Waldoboro, Maine 04572; (207) 832-5366; (800) 927-2527, independent distributor for Cell Tech.

39. Jwing-Ming Yang, *Arthritis -- The Chinese Way of Healing and Prevention*, YMAA Publication Center, Yang's Martial Arts Association (YMAA), 38 Hyde Park Avenue, Jamaica Plain, Massachusetts 02130, 1991.

40. "An Anti-Inflammatory Aid: Feverfew" Julie Nowak, *Health Points*, TyH Publications, 11809 Nightingale Circle, Fountain Hills, AZ 85268, 1995.

41. "About Fibromyalgia Syndrome," *Health Points*, TyH Publications, 11809 Nightingale Circle, Fountain Hills, AZ 85268, 1995.

42. "Arthritis," *Alternative Medicine Digest*, Future Medicine Publishing Co., Issue 8, 5009 Pacific Highway East, Suite 6, Fife, WA 98424, 1995.

43. Roger Jahnke, O.M.D., *Alternative Medicine Digest*, Future Medicine Publishing Co., Issue 9, 5009 Pacific Highway East, Suite 6, Fife, WA 98424, 1995.

44. Joseph G. Hattersley, July 14, 1995 to Burton Goldberg.

45. Personal communication with Harold Buttram, M.D.

46. Correspondence with Jorge A. Meneses, PO Box 2001, Lenox Hill Station, New York, NY 10021.

47. K.M. Lucero, "The Electro-Acuscope/Myopulse System: Impedance-Monitoring Microamperage Electrotherapy for Tissue Repair," *Rehab Management: The Journal of Therapy and Rehabilitation*, Volume 4, Number 3, April/May 1991.

48. Personal letter from Jerry Fisher, president, Electro-Medical Incorporated.

49. Agatha Thrash, M.D., Calvin Thrash, M.D., *Home Remedies*, Thrash Publications, Rt. 1, Box 273, Seale, Alabama 36875.

50. Dava Sobel, Arthur C. Klein, "Bee Venom," *Arthritis: What Works*, St. Martin's Press, 175 Fifth Avenue, New York, NY 10010, 1989; Also see *Alternative Medicine Digest*, Future Medicine Publishing, Inc., 5009 Pacific Highway East, Suite 6, Fife, WA 98424.

51. Personal correspondence with Paul A. Goldberg, M.P.H., D.C.

52. Personal correspondence from Ross A. Hauser, M.D.

53. Personal interview with Hector Solorzano del Rio, M.D., Ph.D.,

D.Sc.

54. *Desert Arthritis PakTM Instructional Booklet: Immunotherapy, Nature's Way of Fighting Arthritis*, Arthritis in Remission Ltd., A Division of B & G Marketing Group, Inc., 1232 Drexel Ct., N.E., Grand Rapid, MI 49505; (800)-624-6353.

55. Interview with Roger Jahnke, O.M.D.

56. "Intestinal Sluggishness," *Alternative Medicine Digest*, Issue 10, Future Medicine Publishing, Inc., 5009 Pacific Highway East, Suite 6, Fife, Washington 98424, January 1996, p. 24.

57. Sunshine Company, 223 W. 3325 N., North Ogden, Utah, 84414; (801) 782-5552.

58. Peter Smrz, M.D., "Complementary Treatment of Post- and Parainfectious Rheumatoid Disorders," *Biological Therapy*, Vol. XIV, No. 1, 1996, p. 156.

59. Adeena Robinson, *Iron: A Double Edged Sword*, Informasearch, 1995.

60. R. Paul St. Amand, M.D., *Fibromyalgia*, August 1996.