



The Arthritis Trust

Dedicated to Eradicating Rheumatoid Disease From the Earth

Published by The Arthritis Trust

Copyright 1998

All Rights Reserved by Authors

Fall 1998

Although the following article refers to mammograms, the arthritic is frequently exposed to X-rays by orthopedic surgeons, chiropractors, and rheumatologists that are unnecessary, and, in the long-run, may be quite hazardous to health. The physician -- and you -- already know that you've got joint damage. The question is not so often "How much joint damage do I have?" but rather, "How can I halt the progress, and repair the damage?"

Although avoiding all X-rays may be impossible, one might question first as to whether or not the X-ray being demanded has a truly useful function for achieving wellness -- other than satisfying a physician's curiosity, or protecting the physician from possible mal-practice litigation, or satisfying an unthinking medical insurance mechanism.

JUST HOW SAFE ARE MAMMOGRAMS?

By Bill Sturgeon

In 1895, physics professor Wilhelm Roetgen announced his discovery of X-rays. Within a month, Roentgen devised, performed and published the basics of X-ray production and potential applications. He didn't know about the cumulative nature of tissue damage they caused in people.

In 1896, Thomas Edison's assistant, Clarence Dully, was developing an X-ray light bulb. His hands ulcerated so badly from X-ray exposure that Edison terminated the project. By then more than 1,000 journal papers and 49 books had been published on X-rays, and every major medical center in the U.S. had an X-ray machine -- the technology had spread like wildfire.

By 1900, we knew that X-rays were deadly as well as beneficial. Authorities established an occupational exposure limit of 10 rads a day. This level was thought to be safe.

In 1925, it was acknowledged that a safe dose could be had by reducing this level by 99 percent, or to less than 50 rads per year, and that was thought to be safe.

In 1936, the occupational X-ray dose was again lowered to 25 rads per year; this, too, was then thought to be safe.

In 1950 the established "safe" dose was again lowered -- to 5 rads per year. While this is still thought safe by some, others now talk of dropping it to 1.5 rads per year.

During the early 1960's, mammograms delivered between 10 and 35 rads to the breasts. This dose was thought to be safe. During the 1970's when the major mammographic screening programs were launched, the mammographic dose ranged from 1 to 5 rads. This was thought to be safe. Now, the maximum dose allowed by the U.S. FDA is 0.3 rads. This is currently thought to be safe. Current mammograms deliver 0.2 to 0.3 rads. According to my ongoing research into scientific literature on the subject, I am convinced that it will cause breast cancer in some women. The question is, "How many?"

From the inception of our experience with penetrating radiation, we have established safe exposure levels based upon cautious rationale rather than data. Our experience was simply too limited to realize the decades-delayed negative health consequences of X-rays. With each and every revelation given us by new data -- as it emerges with time -- we have found that what we thought to be safe was, in fact, causing harm.

(continued on page 4)

ARTHRITIS/RHEUMATISM: THE FORGOTTEN PATIENTS

The Rheumatic Disease Patient in the Doctors Office

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

PART THREE (OF FOUR PARTS)

The patient with R.D. inevitably becomes distressed and depressed under standard medical care. Turning to their Allopathic Physician [traditional] they are told that there "is no cure and that they will have to learn to live with the disease... but that they can rely on the medical physician for drugs to suppress symptoms while allowing the disease to progress." The patient may turn to the American Arthritis Foundation, and be encouraged to join an Arthritis Foundation support group. The tone is supportive, but the message is the same, "learn to live with your condition and accept it as one that will continue to worsen with time."

Every patient should understand that The Arthritis Foundation raises millions of dollars annually for research to "Find A Cure For Arthritis" but year after year comes up empty handed. Their inability to find a "cure" for arthritis is because there never will be a single cure for arthritis/rheumatism. There are multiple etiological [causative] factors responsible in different people.

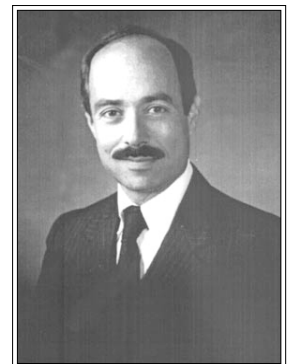
It is difficult to impress upon the patient suffering from rheumatic disease that the Medical Rheumatologist will not be able to halt the disease progression. To those patients I have had over the years that have come to me after years of going to the Medical Rheumatologist (and have received gold shots, corticosteroids, and other toxic, drugs) they know what I speak of. They not only are not improved, but find their condition exacerbated by the toxic side effects of the drugs they have taken. Gold shots, methotrexate, prednisone and other corticosteroids, aspirin and other NSAIDS (Non-steroidal anti-inflammatory drugs) cannot be of benefit when they:

- 1) Are toxic. They would not be given to a healthy person due to their toxicity, so why give them to a sick individual?
- 2) Do not address the causal factors involved with the disease.
- 3) Aggravate physiological mechanisms involved with contributing to the disease state, e.g. corticosteroids increase intestinal permeability which allows foreign materials (antigens) to enter into the bloodstream and create inflammatory responses.¹
- 4) Divert the attention of the patient and doctor away from seeking causal factors and allow symptom suppression to become the modus operandi while the patient sinks farther into disease.

In light of the above, my suggestions for the Rheumatic Disease Patient:

RECOMENDATION ONE: CHANGE FOCUS FROM SYMPTOM SUPPRESSION TO IDENTIFICATION OF DISEASE ETIOLOGY [CAUSATION].

(continued on page 2)



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

Arthritis/Rheumatism: The Forgotten Patients

(continued from page 1)

The patient must change the direction of their thought away from symptom suppression (e.g. drugs) towards identification of and correction of causes. This includes the patient running from health food store to herbologist to acupuncturist, to homeopath etc. seeking a cure for their problems. While the "remedies" received from these individuals may be less toxic than standard drugs, their aim remains symptom suppression rather than identification and correction of causes. My office commonly receives inquiries from patients with arthritic/rheumatic complaints who ask: Does Dr. Goldberg give herbs, homeopathic agents, etc.? The answer is that while I do not criticize judicial application of these methods, they do not address causal factors and that is essential. Without knowledge of cause we are like a ship at sea without a rudder and will float endlessly in circles never reaching our port.

To speak of a "cure" for Arthritis and Rheumatism (R.D.'s) implies that there is a single factor involved with all R.D.'s. Each of us is biochemically unique and requires different factors for recovery.

Two years ago I received a call from a lady in Kentucky. She knew a patient of mine, a man who had Rheumatic Disease, with similar symptoms that this lady had for many years. Working diligently with me he had made a successful recovery. The lady pumped this gentleman for every detail of his care program including dietary factors, allergens the patient was told to avoid exercises he was instructed to do, tests that had been conducted on him, etc. The lady related to me that she had religiously followed exactly the program that my patient had followed, but unlike the good results he obtained, her efforts had proven futile. Was there any chance that she could get better? I replied that what helped my former patient might have little to do with her own case, even if their symptoms were similar. Two patients may be identical in symptoms, *yet be dramatically different regarding the causes of their problems*. Dr. Roger Williams termed this "Biochemical Individuality."² In this regard, standard medical care of rheumatic diseases fails not only by treating symptoms rather than causes, but also because treatments do not take into account biochemical individuality between patients. The result is that medical care of arthritic patients involves mere temporary symptom suppression while allowing underlying problems to progress unimpeded.

RECOMMENDATION TWO: UNDERSTAND THAT YOUR CASE OF R.D. IS UNIQUE AND REQUIRES AN INDIVIDUALIZED APPROACH.

I understand the R.D. patient's desperation at grabbing at each new remedy that comes down the road, each miracle drug and potion, is looked upon with the hope that *this one* might finally be the answer. *Patience* among *patients* is short for good reason. Due to its very painful nature and its tendency to completely incapacitate the sufferer, rheumatic diseases are some of the most serious and most dreaded disease of human beings. Affecting joints, muscles, connective tissue, and often viscera, the pain is often so severe and persistent that it can rapidly destroy all peace of mind and calmness and prevent any moments of tranquility, even at rest and during sleep. It is difficult for those who have not had R.D. to appreciate this. These diseases, however, are rarely built overnight, rather they are the outgrowth of genetic predisposition combined with the environmental factors/personal habits to foster their development.

Recovery may require many months, even years in more advanced cases, and requires consistent effort on the part of the patient. The amount of time needed for recovery will depend upon the amount of vitality remaining. Severe cases of many years duration, who have taken large amounts of drugs such as corticosteroids, methotrexate, and gold can expect their recoveries to be longer and greater effort to be required. Younger patients whose disease is only beginning to evolve, who have greater vitality, and have taken less drug medications, can expect quicker recoveries.

The duration of a particular case involves not only the time the

patient has had joint or muscular symptoms, but how long it has been since their health was vibrant. Many do not know how to measure health. To be healthy means to have sustained energy levels that are not erratic, to have sound digestion and an absence of gas, diarrhea, constipation, bloating, discomfort before, during or after meals, etc. To be healthy means to be even tempered, to fall asleep quickly at night and arise refreshed in the morning. To be healthy means to have no need to rely on stimulants such as coffee, cigarettes, barbiturates, overeating, soft drinks, alcohol, sweets, etc., to get through the day. Many of my patients only recognize how poor their health has been *after recovering and experiencing renewed vibrant health*. Awakening refreshed, having a good temperament, absence of aches and pains, no more headaches and stiffness, excellently functioning bowels and digestive tracts, no need to seek out stimulants... in other words, re-discovering the vitality and joy of good health.

It is important to recognize that recovery from the R.D.s means restoration of good health, not simply the absence of arthritic/rheumatic symptoms. It serves no purpose to focus our attention on the stiff joints and painful soft tissues and treat these alone... our focus must be on the health of the entire body! The glands, the digestive tract, the immune system etc., all must be brought back to a high level of health if recovery is to be expected and sustained. Without the health of the body as a whole, the R.D. symptoms will remain and progress.

RECOMMENDATIONS THREE AND FOUR: ADDRESS THE RHEUMATIC DISEASE AS A CONDITION OF THE ENTIRE BODY... ...A CONDITION WHICH TOOK TIME TO DEVELOP AND WILL TAKE PATIENCE AND EFFORT TO REVERSE.

Causes sometimes given for R.D.s include genetics, foci of infec-

(continued on page 5)

Published quarterly by the Board of Directors

BOARD MEMBERS

Canada & United States of America:

Frederick H. Binford, M.A., Treasurer

Nancy Huggins, Assistant Treasurer

Carol Blount, R.N., President

Jack M. Blount, M.D.

Chairman and Chief Medical Advisor

Perry A. Chapdelaine, Sr., M.A.

Executive Director/Secretary

Harold Hunter, M.S., Vice Chairman

Paul Jaconello, M.D.

Republic of South Africa: L.A. Birnie (C.E.O.)

P.O. Box 5571, Durban, 4000 Kwa Zulu Natal

(031) 368-1917 • Phone (From U.S.) 011-27-31-368-1917

The Arthritis Trust of America, California

J.D. Allen, Executive Director

9800 Topanga Blvd., Chatsworth, CA 91311 • 818-998-6520

The Arthritis Trust of America is a project of The Roger Wyburn-Mason & Jack M. Blount Foundation for the Eradication of Rheumatoid Disease

Tax Exemption approved by the The Republic of South Africa, Revenue Canada Taxation & The United States Internal Revenue Service.

Chartered in Canada, Republic of South Africa & the State of Tennessee, U.S.A.

Editor-in-Chief: Perry A. Chapdelaine, Sr.
Fax/phone: 615-799-1002

Internet: <http://www.arthritis-trust.org>
E-mail: administration@arthritis-trust.org

Letters To Your Editor

I'm enclosing two [sweepstakes] ticket [returns] sent today and a donation of \$7.00 as indicated on each ticket, or \$14.00.

I would also like to thank you for the literature provided. I notice in your list of doctors interested in alternative treatments is found Julian Whitaker, M.D. who promotes use of barley green (a natural complete food) and Herbal Blend which is another natural food product that cleans the bowels very effectively without the resulting dependence or lessening of bowel muscle to clear itself.

Different brand names depend on which company manufactures them.

I have been using them for a relatively short time, 4-8 weeks, but already feel some benefits and small changes in my body. I'm convinced that one year from now I will have benefited greatly from their continued use. A slight lessening of pain is one much appreciated relief, and also so is improved sleep patterns, as I've had these problems for almost 40 years, getting progressively worse under treatment by traditional NSAIDS [Non-steroidal anti-inflammatory drugs], and prednisone [cortisone]therapy. It is very heartening to feel these benefits in such a short time. I no longer take any form of NSAIDS, but getting off of prednisone is more complicated, and, of course, one needs your doctors' cooperation to do so. Other health problems initiated the prednisone, and regular blood tests are required, so medical attention is still necessary, and, indeed, recommended by Dr. Whitaker.

He is one of the growing number of doctors who try to find the source of disease rather than merely attempting to relieve the symptoms.

It's refreshing to know there is a book such as your *Arthritis* by di Fabio and Dr. Prosch.

Keep up the good work despite disparaging remarks from the majority (as yet) of medical personnel who only accept drug company's solutions.

M.K., Kingston, Ontario

Your sweepstake program is designed to help us find more arthritics without cost, which it is successfully doing.

Many thanks for your support, and also for validating several of our referral doctors. Julian Whitaker, M.D. is also editor of a fine newsletter, also the largest distributed in North America, titled Health & Healing. It can be ordered from Phillips Publishing, Inc., 7811 Montrose Road, Potomac, MD 20854, phone (301) 424-3700.

Thank you very much for sending me your Anthony di Fabio/Gus J. Prosch, M.D. book on *Arthritis*.

As an American living in Canada, it is good to see you now have the Arthritis Trust of Canada.

We so appreciate all your hard work, and concern for humanity.

E.M., Waubashene, Ontario

I try two capsules three times per day with meals. Cayenne, pure herb powder. Swiss cayenne is very good for me.

E.V., Toronto, Ontario

Have you ever heard how gelatine and lecithin help with arthritis?

My sister-in-law was really bad and getting worse when a "natural" doctor started her on a diet plus gelatine and lecithin. Her improvement was incredible so much so that I also started as my hands were getting stiff and sore -- especially after physical work.

Within a couple of days the pain and stiffness were gone!!!

It seems so simple it's hard to believe.

Tablespoon of gelatine and 1200 mg of lecithin?

The items are so natural and simple that they don't or shouldn't do any harm.

G.S., Scarborough, Ontario

Congratulations to all those who are self-helped by their own dietary approaches. As with any dietary items, if that's what was lacking in your body, then taking it will surely fulfill the nutritional requirement, a truism, indeed.

We caution everyone, however, to note two things: (1) As everyone is ge-

*netically different, and suffering from different deficiencies, don't expect one person's successful approach to cure everyone; (2) There are often other factors that should be looked at besides dietary, although certainly a most important and basic approach. See both our book *Arthritis* (di Fabio and Prosch), and the George Kelly, N.D. article in this newsletter "Blood Type and Its Influence on Diet."*

FAIR WARNING: *The next article has little to do with arthritis, but a whole lot to do with humor, a necessary component for wellness. It is not a*

(continued on page 4)

Just How Safe Are Mammograms?

(continued from page 1)

Dr. John Gofman, writing in *Preventing Breast Cancer*, 1995, informs us that about 3/4 of our current breast cancers are being caused by earlier ionizing radiation, primarily from medical sources. His group examined radiation exposures that took place prior to mammographic screening efforts so he does not include mammograms in his study, but it does impact the question: "Should the 40-something-year-old woman have mammograms?"

Nobody can tell you that any specific radiation dose is safe for you. This is strictly a matter of your personal past history, as radiation damage is cumulative in your body. What it can now safely tolerate depends upon how many mammograms, dental X-rays, or radio-therapy you have been exposed to over your entire lifetime.

X-Ray Dose Scale in Rads, Rems, or Roentgens

1,000,000	Kills germs on foods.
100,000	Prevents potatoes from sprouting.
10,000	Will kill humans within hours; 5,000 is apportioned over six weeks of radiation therapy.
1,000	600 will kill humans in two months; 300 will kill half of the people exposed to it.
100	35 was 1960's maximum mammogram screening dose (a screening dose is considered two exposures per breast); 20 was shoe fitter foot dose, 1940's - 1950's.
10	Single dose of 7.35 before age 20 doubles your risk of early onset breast cancer (John Gofman); 5 is maximum annual dose for industrial workers; 3 was 1970's average mammogram screening dose; 2 is mammogram screening dose (ACS pamphlet, 1997).
1	0.3 is maximum mammogram screening dose (current FDA guidelines).
0.1	Annual dose from earth's background radiation; 0.097 is dose from Scripps/Lybrand mammogram machine, 1997 current state of art; 0.020 is diagnostic chest X-ray dose.
0.01	0.005 is ten-hour airline flight.

Copyright 1997, Bill Sturgeon, Petrolia, CA

Bill Sturgeon manufactures medical devices under FDA license, and is also writing a book on this issue. He can be addressed at Sturgeon Engineering Company, 598 Innovation Road, Petrolia, CA 95558-9503.

Permission to publish granted by Bill Sturgeon. This article also published in *Sr. News*, Senior Resource Center, 1910 California Street, Eureka, CA 95501.

Letters To Your Editor

(continued from page 3)

fabricated article but a serious piece actually printed in an important law book. The reference will help you or your attorney to find it.

Plaintiff would not be granted leave to proceed in forma pauperis in civil rights action against Satan and his servants, who allegedly placed deliberate obstacles in plaintiff's path and caused his downfall, in view of questions of personal jurisdiction over defendant, propriety of class action, and plaintiff's failure to include instructions for directions as to service of process. U.S. ex rel. Mayo v. Satan and his Staff, D.C.Pa. 1971, 54 F.R.D. 282.

Canadian Library Grant Gifts

One hundred and sixty-five Ontario libraries responded to this Foundation's library grants award announced in the Spring 1998 newsletter!

About 60% chose one or all of seven leading alternative health periodicals, and one or all of 10 alternative medicine books. An extremely large number of libraries chose everything offered, writing that their book buying budget had been tightened up and that there was an ever increasing demand for accurate knowledge of alternative/complementary/holistic medicine.

We're so pleased with the results of this grant, having so well satisfied libraries and library patrons in the expenditure of more than \$30,000 Canadian, that we intend to make similar grants in the United States.

We're also pleased that every one of the periodicals and books were provided by publishers at discount prices, thus stretching out our meagre budget.

Ontario libraries responding with a special thank you, to date, are:

Anderson Centre for Information Resources, Loyalist College, Belleville: "Many people are now looking into alternative medicine, are curious and looking for information to see how it might impact on their lives. The books you have sent... will be widely used by staff, students and the community at large... [The] book [*Alternative Medicine: The Definitive Guide*] will provide the reader, who is now looking and asking questions relating to alternative medicine, on how it impacts to the well being, good health and the treatment of illnesses."

Bibliothèque Municipale, Fauquier: [after thanks]... If you ever have some books in French, we would be interested in receiving them."

Elizabethtown Public Library, Elizabethtown: "Your... book *Alternative Medicine: The Definitive Guide* [was] a welcome addition to our two small rural libraries. Already the book has been well received and read by our patrons."

Oakland Township Public Library, Scotland: "Having a limited budget we certainly appreciate any assistance that we can receive to help supplement our collection."

Oshawa Public Library, Oshawa: "We will be putting [*Alternative Medicine: The Definitive Guide*] in our reference collection, and I'm sure our library patrons will find it very useful."

Port Colborne Public Library, Port Colborne: "We do not have any of the publications listed. We would like you to send all of the above. Port Colborne has a high ratio of elderly citizens, this topic is always in demand."

Powassan and District Union Library, Powassan

Saint Catherines Public Library, St. Catherines

Saint Thomas Public Library, St. Thomas: "Thank you for the complimentary copy of *Alternative Medicine: The Definitive Guide*... It will be a valuable addition to our collection and greatly appreciated by our users."

Simco Public Library, Simcoe: "I would like to thank you for your recent donation of the publication *Alternative Medicine: The Definitive Guide*."

The Chippewas of Rama First Nation Public Library, Rama: "I have selected all of the books and periodicals listed on the attached Publications Request form. It will be an honour to add these natural and alternative treatments for preventing and treating arthritis to our library collection. Thank you for considering First Nation for your Library Grants Program. We will publish this information in our newsletter as soon as our patrons can access this unique collection."

Wainfleet Township Public Library, Wainfleet

Whitby Public Library, Whitby: "That was very nice of you to give them to us and know they will be put to good use by our patrons. [Also] thank you for the donation of *Alternative Medicine: The Definitive Guide*... This book is a welcomed edition to our collection, and I know will be greatly appreciated by our patrons."

The most popular book requested was this Foundation's 350 page paperback book, *Arthritis: About Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis* written by di Fabio and Dr. Prosch. A virtually even runner-up was *Alternative Medicine: The Definitive Guide*, a hardcover encyclopaedic reference book, written by 380 physicians and which covers almost every kind of natural medicine in a very easy to read presentation. *Alternative Medicine: The Definitive Guide* conceived and published by Burton Goldberg, also received the greatest number of "thank you" responses.

Both books are available from us at \$10 (US) and \$60 (US) donation, respectively.

Blood Type and Its Influence on Diet

By George Kelly, N.D.

During the course of this foundation, we've run into many different diets recommended or advised for the arthritic. Indeed, as the "Letters To Your Editor" column testifies from time to time, our lay readers also have favorite recommendations.

As an arthritic, or one who is interested in arthritis wellness programs, we're all of us bombarded with diets from every kind of knowledgeable physician and friend, many of whom have demonstrated great success with their patients. In our most recent book (*Arthritis: About Osteoarthritis and Rheumatoid Diseases, Including Rheumatoid Arthritis; de Fabio and Prosch, M.D.*), we emphasize three kinds of general diets: (1) to solve Candidiasis; (2) to solve food allergies; (3) for arthritics generally, the so-called caveman diet with emphasis on fresh fruit, vegetables, whole grains, nuts and certain kinds of proteins and essential fatty acids; that is, we emphasize that one should eat as close to the diet of our primitive ancestors as possible.

We could write several newsletters completely filled with successful diet recommendations, but obviously most important one of all are those recommendations laid down by the Price-Pottenger Nutrition Foundation, P.O. Box 2614, La Mesa, CA 91943-2614. They have a ton or so of valuable

research findings by former physicians/scientists Price and Pottenger. (You can order their book, *Nourishing Traditions* by Connelly and Enig \$25, from us.)

Here below, summarized by George Kelly, N.D., is another important aspect to diet now being followed by many of our physicians. It seems that Peter J. D'Adamo, N.D., following clues laid down by his physician father before him, has been able to demonstrate some scientific basis to the necessity of right diet being based on each of our blood types.

Eat Right 4 Your Type by Peter J. D'Adamo is well worth buying and reading. It's ISBN is 0-399-14255-X. You can order it through any book store or through the internet world wide web via amazon.com or barnes&noble.com (Drs. Kelly and D'Adamo can be reached at 56 Lafayette Place, Suite C, Greenwich, CT 06830.)

The basic premise for this article is that if you use your blood type as a guide for the daily selection of foods, you will be healthier, you will reach your ideal body weight, and you just might slow the aging process.

With the abundance of diet plans available, an obvious question to ask is, "Which diet should I choose to follow?" The truth is we can no more choose the right diet than we can our hair or eye color. It has already been chosen for us, and the secret of it lies in an aspect of our genetic blueprint known as

(continued on page 7)

Arthritis/Rheumatism: The Forgotten Patients

(continued from page 2)

tion, abscessed teeth and sinuses, etc. While these may be contributing factors, only genetics among these plays a focal role. It is a serious error to assume, however, as I have heard from patients, that since their mother or grandfather or other family member had R.D. that they also are destined to suffer and that there is nothing that can be done about it. Genetics plays a role in the development of R.D.s but it must be given the right conditions to actualize itself. We all have genetic weaknesses and strengths. Whether or not we manifest these weaknesses depends on the environment that we provide for ourselves. Commonly R.D.s (as with other problems such as cardiovascular diseases) manifest themselves repeatedly in the same families, because the living habits in those families (eating, emoting, sleeping etc.) is passed on from one generation to the next.

RECOMMENDATION FIVE: WHILE GENETICS PLAYS AN IMPORTANT ROLE IN R.D.S, IT DOES NOT DOOM US TO ILLNESS. IT IS A CONTRIBUTING FACTOR THAT BECOMES MANIFESTED WHEN OUR HABITS AND ENVIRONMENT ALLOW IT.

We cannot control our genetics, we can exert control, however, over whether those genetic factors have the opportunity to express themselves. The body can get ill -- but only under the right conditions. The body can get well... but also, only under the right conditions. What conditions? Our air, water, diet, emotions, activities, significant others, occupations, sexual expression, spiritual outlook, rest, sleep patterns, mental poise, the amount of sunshine we receive, etc. It seems that these are too simple for most persons to consider. Natural Hygienist Dr. Herbert Shelton once remarked wisely:

*"Today pure air, water, sleep, rest, proper diet for the patient, fasting, etc., are all too simple, too unpretentious, and too lacking in great financial profit for the doctor to be put in the forefront of treating disease."*³

These fundamental hygienic factors always are fundamental to recovery from rheumatoid diseases. Doctors and patients commonly give these so little thought, as playing a role in their health problems that they are ignored. We are so close to ourselves that we often do not see how our own habits are making us ill. A doctor who will act as teacher and guide is invaluable in helping us explore how we became ill and the road back to health.

RECOMMENDATION SIX: ADDRESS HYGIENIC FACTORS. FIND A DOCTOR WHO UNDERSTANDS THE ROLE OF NATURAL HYGIENE. ONE WHO WILL GIVE YOU THE TIME TO HELP ISOLATE INDIVIDUAL HYGIENIC FACTORS IN YOUR CASE AND THEN COOPERATE WITH HIM/HER.

I am sometimes asked which hygienic factor i.e. lack of emotional calm, lack of clean air, poor diet, overeating, lack of sleep, etc., plays the most important role in the development of R.D.s. They are all important, but some have been more abused in one patient than with another. For one patient overeating has been a major factor. For another it has been overwork and too little sleep, for another a lack of sunshine, for another an unhappy marital situation that has been festering for ten or twenty years. Certainly arthritic/rheumatic disease conditions that have been created by poor hygiene over many years will not respond by suppressing the human body with drugs, stimulants, or depressants. They will only respond by the rational application of the hygienic factors whose lack of, or excess of, have created the illness initially. The R.D. sufferer must discontinue all harmful habits, learn his/her limitations and respect them. Even healthy habits indulged to excess will produce disease.

The majority of patients with R.D. that I have been called upon to care for have been sick for years. They have had months to years of the usual forms of treatment including drugs, herbs, immune suppressants, gold shots, corticosteroids, etc. Sometimes they have had the removal of body tissues such as glands or foci of infection and

gressively worse under such forms of treatment. They have been in great pain, and sometimes have become deformed. Why? *The primary causes of their suffering have been neglected.* The patient must ask: Was my disease caused by a lack of gold or prednisone, or methotrexate? If not, how can taking these toxic immune suppressing materials do anything but foster the progression of the disease?

Seek out a doctor with an appreciation of hygienic factors and sort out what the causes of the illness were, and what tasks must be undertaken to resolve the problems.-

The patient must then be very patient. Particularly for long standing cases and/or in those cases where the patient has taken a large amount of drugs, the patient needs to appreciate that recovery can be a rocky road. *There will likely be periods of discomfort as the body's innate healing abilities are wakened under the care of an experienced, hygienically oriented, natural practitioner.* During the first few weeks of care in particular, the patient may have periods of acute pain. For those who follow through the healing crises that may occur, improvement will follow, often dramatic improvement. For those who falter and return to their symptom suppressing drugs, they may have some transient symptom relief but doom themselves to a continuing downward spiral of health and ongoing deterioration.

RECOMMENDATION SEVEN: DO SPECIFIC LABORATORY TESTING TO IDENTIFY SPECIFIC ETIOLOGICAL [CAUSATIVE] FACTORS

Specific individual steps must be taken (in addition to hygienic measures) to expedite and insure recovery. To make this determination, specific laboratory tests are required. These tests must be oriented towards causal determinations, not merely to name symptoms. Many standard medical tests do not help the patient; rather their purpose is to allow the doctor a basis upon which to name the symptoms. *Examples of laboratory testing that may be useful for the R. D. patient include:*

- 1) **Allergy Testing** for IgE and IgG4 antibodies. This uncovers foods that the patient is allergic to and which should be eliminated from the diet. These food allergens may have a significant bearing on arthritic problems and overall health.
- 2) **Intestinal Permeability Study.** To determine if the intestinal membrane is allowing foreign antigens to permeate the gut into the bloodstream and initiate an inflammatory reaction.
- 3) **Sedimentation Rate.** An inexpensive blood test that allows the doctor and patient to objectively monitor patient progress. If improvement is not forthcoming in a reasonable period of time the patient and doctor should make alterations in the treatment plan.
- 4) **Stool Microbiology and Parasitology.** Microorganisms may play a contributory role (but rarely causal) in the development of some R.D. conditions and these should be identified and addressed.
- 5) **Mineral Analysis.** Done through blood or hair, the patient is screened for toxic minerals such as lead, mercury, arsenic, etc., as well as nutrient mineral levels.

Other tests may be appropriate such as amino acid levels, liver function tests, etc., depending on the case. These tests will be of little value unless the doctor has the knowledge to properly interpret them and the patient is willing to take the appropriate steps, as indicated by the tests, to improve their condition.

Seek out a doctor who will work with you in understanding and implementing your health care program.

Your doctor should have as many of the following qualifications as possible:

- 1) *Be a primary health care practitioner, i.e. Doctor of Chiropractic, Allopathy or Osteopathy.* Doctors of Chiropractic are more likely to work with the body rather than through methods of symptom suppression in addition to being able to pro-

(continued on page 6)

Arthritis/Rheumatism: The Forgotten Patients

(continued from page 5)

- of Allopathy or Osteopathy -- even though they may claim to work with patients naturally -- has undergone years of pharmaceutical indoctrination in their training that frequently results with the patient taking pharmaceutical agents.
- 2) **Be thoroughly grounded in Natural Hygiene and Nutrition in all aspects.** The doctor must understand how the nervous system, diet, stress, digestion, absorption, assimilation, immune factors, sunshine, pure water, etc., all interact.
 - 3) Have as much experience as possible in working with patients with R.D. When a doctor first graduates, in reality that is when s/he begins to learn. The more experience your doctor has in working with patients the more likely he or she will be able to help you.
 - 4) If your doctor is affiliated with traditional, medically affiliated organizations e.g. the American Arthritis Foundation, The American Medical Association, or the American Dietetic Association all which historically have viewed arthritic conditions as "incurable" and not associated with diet, hygiene, or other factors that the patient can control, look elsewhere.
 - 5) It is of benefit to locate a doctor who has *experience in fasting patients*. In many cases a period of fasting is initially needed to help patients recover. The doctor should have spent three to six months or longer working in a fasting institution and gaining experience there. Barring this, the doctor should be able to refer you to another doctor who is experienced in fasting supervision.
 - 6) The doctor should be up to date in preventive/ metabolic laboratory testing.
 - 7) The doctor should spend adequate time with you. Your initial office visit should be a minimum of forty five minutes to an hour and subsequent visits should be scheduled for fifteen to twenty minutes each so all aspects of your care can be adequately covered.
 - 8) Doctors who have had personal experience with R.D. either themselves or with a parent, spouse or child, are likely to be especially insightful in understanding patients with these conditions and best able to help them.

The more of these qualifications your doctor has, the greater the chance of your being helped. It is important also that you feel comfortable with the doctor personally so as to establish a satisfactory doctor/patient rapport.

RECOMMENDATION NINE: BE OF GOOD CHEER YOU WORKED YOUR WAY INTO THIS CONDITION. WITH RIGHT EFFORT AND RIGHT GUIDANCE YOU CAN WORK YOUR WAY OUT.

Recovery from chronic rheumatoid diseases like other chronic ailments is a gradual process out of a state of poor health and into a state of biochemical balance. "Chief among the requirements of recovery is a willingness and determination to carry out all instructions. Those who cheat and who balk at restrictions are less likely to achieve the return of good health".⁴

This writer was ill for many years before making his way back to good health. I was handicapped by not having a good doctor to work with initially, and had to learn much on my own. Likewise, many of my patients have suffered for years simply because they had been told that their condition was lifelong and had accepted that self-fulfilling prophecy. With proper identification of causal factors and sincere effort on the part of the patient, recovery can occur. Two case histories will help to illustrate how even severe cases can often be turned around.

CASE HISTORIES

Case History One:

A forty five year old female, the wife of a Doctor of Chiropractic presented herself at my office. She had suffered from Rheumatoid Arthritis for over 14 years and was getting progressively worse. Chi-

ropractic care had helped her only temporarily, and she was finding it difficult to get around and had begun using a walker. Her knees, ankles, hands, and shoulders were particularly painful with redness and swelling. She had gone to a Medical Rheumatologist who put her on prednisone and methotrexate, an immune suppressant. She had tried various herbal remedies, colonics, homeopathics, and acupuncture without results. The drugs left her in greater distress, with liver inflammation from the methotrexate and dependency on the prednisone. She had tried drinking copious amounts of carrot juice to "clean out her system" but had not noticed any improvement in her condition.

Laboratory Testing: Lab testing revealed a sedimentation rate in excess of 90 (normal being under twenty). Standard blood chemistries showed the patient to be anemic with elevated liver enzymes, likely due to the methotrexate usage. Allergy testing revealed multiple food allergies. Stool cultures exhibited abnormal bacteria flora. Dietary analysis showed excessive carbohydrates intake, and low B Vitamin intake. The patient's heavy metal indices were elevated (lead and aluminum.)

Program of Care: The patient was placed on a reduced carbohydrate diet with ample amounts of steamed non-starchy vegetables, along with supplemental amino acids as per her test results. After a period of four weeks, the patient was put on a hypoallergenic liquid diet for a period of eight days. This was repeated three times with periods of careful eating in between. Food allergens were removed from the diet. Sources of the heavy metals in her system were identified and appropriate steps were taken to remove them from her system. Chiropractic care was continued simultaneously along with individualized stretching and deep breathing exercises (Hatha Yoga Instruction). Careful attention was given to hygienic factors such as sleep and rest.

Outcome: For the first three weeks the patient complained bitterly about periodic exacerbations of symptoms and increased fatigue, likely due to the withdrawal of food allergens. By the fifth week the patient's sedimentation rate had dropped to 40 and she had a dramatic reduction in pain and stiffness. Today, two and a half years later the patient's sedimentation rate is normal, her energy level is high and she engages in swimming and walking on a regular basis. She complains of no more pain in her knees, shoulders, or ankles and only very mild occasional stiffness her hands. She had two additional periods of symptoms when she deviated from her individualized health regimen (getting too little rest and deviating from her prescribed dietary.) Now fully convinced of the value of following the natural course of living laid out for her, she has remained well and leads an active lifestyle.

Discussion: This case is illustrative of a number of factors seen with patients: First, the futility and damage suffered through drug medications. Second, the endless searching many patients go through in seeking an elusive cure with herbs, homeopathics, etc., only to ultimately be disappointed. Thirdly, the need for a complete healing program aimed at specifically addressing problems identified by laboratory testing and case history, and the necessity for proper hygienic care of the patient.

Case History Number Two:

A fifty two year old female presented with generalized fatigue and a seven year history of joint and muscle pains. She had been under Chiropractic Care for the past five years and had been referred by her D.C. to my office, since the fatigue and discomforts were getting progressively worse. She was taking a "Chinese Herbal Formula" which had been recommended to her by a "herbalist." She related that when she first began to use it (about six months earlier) that there had been dramatic reduction in her discomforts. With each passing week she had to increase the amount of the "herbal compound" to receive the same effects. Eventually all her symptoms not only returned, but were worse than they had been previously even with large doses of the remedy.

Examination revealed that she was underweight and had poor

(continued on page 7)

Arthritis/Rheumatism: The Forgotten Patients

(continued from page 6)

muscle tone. She complained of frequent indigestion with excessive gas.

A standard blood chemistry, sedimentation rate, and amino acid profile were done on the patient's blood. A computerization was done on the diet. The sedimentation rate was at 48, and the amino acid profile showed low levels of five of the essential amino acids accompanied by low levels of several of the non-essential ones. The patient's dietary was only minimally adequate, meeting essential dietary allowances with no room for stress factors that increase nutritional needs.

Program of Care: Along with a continuation of her Chiropractic Care, the patient was put on an individualized program to improve digestive function and restore the levels of amino acids in her blood. She was urged to take more time for rest and sleep. She was encouraged to discontinue the "Chinese Herbal Formula" she was taking. Upon withdrawal from this formula, the patient had a severe exacerbation of her symptoms with tremendous discomforts including severe joint and muscle pains. Investigation of the formula revealed it to contain corticosteroid compounds. This explained why the patient's symptoms had initially improved as well as why a discontinuation of them brought on severe symptoms. The patient's diet was improved to eliminate refined food stuffs, increase essential nutrients, and avoid

foods which the patient had tested positive to in regards to hypersensitivities. Steps were taken to improve the patient's digestive capacity by resting the gut for a period of about a week, and training the patient in regards to her eating behaviors.

Outcome: Following the withdrawal symptoms occasioned by discontinuing the herbal formula, the patient began to experience a gradual improvement in her symptoms and an increase in her energy levels. As her digestion improved she felt stronger and the joint and muscle pains began to dissipate. Checking her sedimentation rate two months later, it had returned to normal. A check of her amino acid levels three months later found that they had returned to normal levels. A year and a half later the patient had improved by "90%" (by her own assessment). She states that while she had some ups and downs during the first six months, she has now stabilized and enjoys sustained improvement in energy levels and in decreased pain.

Discussion: While taken with good intentions, many so called "natural remedies" on the market contain dangerous materials in them. Patients should always be cautious of any "remedy" they take that results in almost "overnight relief" for problems that have been chronic in nature. Quick relief of chronic symptoms does not come from real healing of the body, it is rather more likely to occur from drug-like

(continued on page 8)

Blood Type and Its Influence on Diet

(continued from page 4)

our blood type. Accordingly, there are no absolute right or wrong lifestyles or diets: there are only right or wrong choices based on each individual's genetic code.

Anthropologists have speculated that blood types historically evolved due to changes in diet, culture, and social conditions. Due to these differing environmental factors, each blood type has particular strengths and limitations. When these tendencies are known and diet is modified to maximize an individual's genetic strengths, it becomes easier to maintain health. So, the first critical component of the blood type diet revolves around the question of which foods your blood type ancestors had available, and thrived upon.

A second critical component of the blood type diet is the idea that some foods might contain substances with opposing blood type activity. Every life form has unique antigens that form part of their chemical signature. Similarly, each blood type possesses an antigen with a unique chemical structure. [Antigens are substances which induce the formation of antibodies, and may be introduced from outside or inside the body.] Blood type antigens are ubiquitous throughout the body and are among the most powerful antigens involved in the process of identification of "friend or foe". When the body senses foreign antigens, antibodies are generated which defend the body against the invaders. The "anti-other-blood" type antibodies are among the strongest antibodies in our immune system. For example blood type A contains the A antigen on cells and correspondingly produces an antibody against blood group B. Blood type B, on the other hand, has the opposite configuration, with a B antigen on cells and production of antibodies against blood type A. Blood type O produces antibodies against the A antigen and the B antigen, while blood type AB produces no anti-BO blood group activity.

In the case of an inappropriate blood transfusion, these antibodies can generate a life threatening reaction; however, little attention has been shown to these antibodies in other contexts. Fortunately (or unfortunately) many foods have components which might look similar enough to an opposing blood group antigen to generate a mild antibody response. For example, the antibody created by blood type A looks for anything that is B-like, and B-like substances contain a sugar known as galactosamine. So eating foods which contain this sugar might provoke an unwanted immune response.

The last major piece of the blood type puzzle has to do with dietary proteins known as lecithins. It has long been recognized that some foods are capable of causing the cells of a certain blood type to agglutinate [clump

together] while having no impact on cells of another blood type. While other foods will actually indiscriminately agglutinate cells of all blood types. These reactions are dependent upon the interaction of human cells with specific lectins found in food.

A lectin can simplistically be defined (note: the actual definition is more complicated) as any compound found in nature, usually diverse protein structures, which can interact with surface antigens found on the body's cells, causing them to agglutinate. Following ingestion of food containing a detrimental lectin, a chemical reaction can occur between the food you eat and your blood or tissues because of lecithins.

As a general rule, blood type O thrives on animal protein and tends to experience a great deal of health problems when they eat a lot of grains and beans. Some specific foods to avoid include wheat, corn, dairy, cauliflower and oranges.

Type A individuals thrive on a vegetarian diet. Considered to have evolved as a primary blood type to deal with the historical challenges associated with farming and cultivation, blood type A individuals typically do not have the digestive capacity to deal with large quantities of animal protein, but can metabolize a wide range of grains and beans effectively. Soy, lentils, buckwheat, some fish, and plenty of vegetables energizes these individuals.

Blood type B is considered to be the nomad and has the greatest range of food choices. This blood type typically thrives on most dairy products, and does well on meats like lamb and venison. Although individuals with this blood type have the most dietary flexibility, certain common foods such as chicken and corn can be very aggravating.

Blood type AB represents a merging of Types A and B; blending strengths and weaknesses of these two blood types. Like Type B, AB's require meat protein; but, because of their A-like sensitive digestive tract and naturally low stomach acid, AB's need smaller and less frequent portions. Because of the enigmatic blend of the A and B blood types, type AB individuals tend to have health challenges if they consume foods that are detrimental to either type A's or type B's.

A fuller explanation of the role of blood types and health, as well as comprehensive recommendations of foods to include and omit from your diet based upon your blood type, can be found in the book EAT RIGHT 4 YOUR TYPE published by Putnam. Information on blood type and diet can also be accessed at Peter J. D'Adamo's, N.D., web-site at www.dadmo.com.

Arthritis/Rheumatism: The Forgotten Patients

(continued from page 7)

properties of whatever is taken. Because a material is natural does not make it good for us... many drugs are natural in origin also! This patient exemplified the importance of having good digestion so vital nutrients can be gained from our foods and toxic byproducts are not generated resulting in inflammatory responses. When this patient's digestion improved, amino acids, fatty acids, minerals and other nutrients became available to her tissues for repair and healing while inflammatory compounds entering into her bloodstream became reduced. Her low levels of amino acids were not so much due to a dietary deficiency as they were to a problem in her body's ability to break down protein into amino acids. With depressed amino acids, digestive enzymes to break food down could not be supplied and a vicious circle of degeneration was perpetuated. Resolution of impaired digestion is often a key factor in the patients getting well.

Conclusion and Summary: Recovery from R.D. is a gradual process out of an imbalanced metabolic state into one which is renewed and harmonious. This takes effort and patience on the part of both patient and doctor and careful consideration of the patients biochemistry. Drugs and other quick fixes that do not take into account etiological factors nor biochemical individuality will not be successful and leave the patient in a worse state than when they started. All body systems interact and the health of the entire body must be addressed. In addition to individual factors, good hygiene is fundamental. The road back to health may be bumpy initially, but with a determined patient and competent, experienced doctor, recovery in almost all cases is possible. I have experienced it myself and seen it in hundreds of patients.

References:

- 1 Goldberg, P.A., M.P.H., D.C. - "Arthritis/Rheumatism Sufferers: The Forgotten Patients". *Part I: Today's Chiropractic*, March/April 1994.
- 2 Goldberg, P.A., M.P.H., D.C. - "Arthritis/ Rheumatism Sufferers: The Forgotten Patients". *Part II: Today's Chiropractic*, November/December 1994.
- 3 Williams, Roger J. Ph.D., - *Nutrition Against Disease*. Bantam Books 1971.
- 4 Shelton, Herbert, D.C.: "Arthritis: Two Years or Twenty Eight", from the book *Fasting Can Save Your Life* p. 122, 1964. Published by the American Natural Hygiene Society.
- 4 Ibid, page 124.

HOW TO RECEIVE OUR...

PHYSICIAN & SCIENTIST ADVISORY LIST

Send a legal size, self-addressed, stamped envelope to The Arthritis Trust of America, P.O. Box 8949, Topeka, KS 66608-8949, and ask for our latest Physician and Scientist Advisory list.

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

Letter from Dr. Paul Goldberg

You are most gracious to not only print my articles but to write an editorial [Spring 1998] that presents me in so favorable a light. I am honored by your kind words and deeply gratified to see an editorial that states so succinctly the superficial manner in which Rheumatic Disease patients are treated, even by so called "alternative practitioners." Somehow the public has been lured to believe that simply because a practitioner is not a medical physician that they must be "natural" and "alternative." Your editorial, in a short space, makes clear that that is not always the case and that indeed most practitioners *regardless of their degrees or modes of treatment*, still treat symptoms. In truth, most ride on the back of nature, relying on the body's ability to correct itself of most of its ills (despite the practitioners meddling) with the practitioner then taking credit.

As you know, it is with the Rheumatic Disease patient that the body has lost its edge and is not able to bring itself back to balance. Here are the challenging cases. The application of Natural Hygienic measures alone will usually bring many chronically ill patients back to good health without any heroic measures, but with the R.D. patient this alone may not suffice, particularly with older persons as you wisely pointed out to me once. In light of this, any practitioner who can lead the legions of R.D. patients back to good health will be capable of mastering most degenerative afflictions of the population.

Regarding your editorial about how those who have been ill often having the greatest insights and dedication... one of the most common questions I get from students is "I want to practice just like you do, so which degrees should I get? I should get an M.P.H. degree like you have and a Bachelors degree in Nutrition, right?"

I understand their hunger for more information since they are taught at Life College that the Chiropractic Subluxation is the "cause of all disease." I cringe, however, in their thinking that real insights can come from degree programs. I have gotten to the point where I sometimes say to them, "get good and sick, stay that way for ten years, and during the entire period search as hard as you can for answers. Study exhaustively, pray and meditate endlessly, experiment intensively, and search nature thoroughly. Then when you think you know it all be prepared to find out you were mistaken and be prepared to start all over again. Begin by examining natural laws and natural hygiene and prepare for unloading things you have been taught and facing many frustrations."

Thank you again for allowing my participation.

With Best Regards

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

In Part 4, *Dr. Goldberg answers questions*. While we can't promise that all questions can or will be answered, we'll be happy to submit yours to him for review, especially if you can mail them immediately on receiving this newsletter.

Inquiries should be addressed to Dr. Goldberg at his practice at: 3672 Memorial Parkway, Kennesaw, GA 30342 or E-mail: paulgoldberg@usa.net.

About the Author:

Dr. Paul A. Goldberg is a graduate of Bowling Green State University (B.A.), Life College (B.S.), The University of Texas Medical Center, Graduate School of Public Health (M.P.H.), and Life Chiropractic College (D.C.). He is a former health director of the Natural Hygiene Institute, and was employed by the State of Illinois as an Epidemiologist. For the past eighteen years he has been on the full time faculty of Life College where he is a Professor of Clinical Nutrition and Gastroenterology. Dr. Goldberg maintains a private clinical practice in Marietta, Georgia where he combines the practice of Chiropractic, Clinical Nutrition and Natural Hygiene. His primary clinical interests, which he addresses via a Nutritional/Biochemical/Hygienic perspective, are disorders of the gastrointestinal tract, arthritic/rheumatic disorders, and chronic fatigue syndromes. **For professional appointment, write Dr. Goldberg at his practice at: 3672 Memorial Parkway, Kennesaw, GA 30342 or call (813) 822-3612, or E-mail: paulgoldberg@usa.net.**