



The Arthritis Trust

Dedicated To Eradicating Rheumatoid Disease From The Earth

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BORON AND ARTHRITIS

by Rex E. Newnham, Ph.D., D.O., N.D. (1986)
Part 1 of 3 Parts

Boron may have a significant and crucial role in the treatment of all forms of arthritis as well as osteoporosis. According to Rex E. Newnham, Ph.D., D.O., N.D.:

"In countries where there are minimum amounts of available boron in the soil there is much more arthritis. In most developed countries there are about 20% of people with some musculo-skeletal disease, which is generally arthritis. In places where there is more than usual boron in the soil there is much less arthritis.

"Jamaica and Mauritius have more than usual arthritis, and there is very little available boron in their soils. Most or all of the food and other crops show severe boron deficiency in these soils.

Soil or plant analyses in these countries support the visual signs of deficiency.

"Fiji is another tropical sugar producing country, and there the Indians have much more arthritis than the Fijians. The Indians eat mostly rice which is a monocotyledon plant, and these require much less boron than do the dicotyledons. The Fijians eat mostly starchy root vegetables, which are dicotyledons. Actual figures were not available.

"There is an area in Northern Thailand where there is a considerable boron deficiency, and Professor Jack Loneragan of Murdoch University is supervising work that will rehabilitate this soil. It has also been established from Thais who live in the USA that there is considerable arthritis in these parts of the country, but there has so far been no cooperation with the university or the Health Department in Bangkok. No visit is planned unless there can be some cooperation.

"Dr. Bridges-Webb recently completed a survey in southern Australia which showed that about 20% of the population suffered from a musculo-skeletal disease, and this is typical of the people in

the other Western cultures¹.

"Israel is an advanced country that has less than 0.5% arthritis, according to a survey conducted by Professor Bentwich¹². It is interesting to note that there are no known shortages of boron in their soils. The soils of the Jordan Valley even have excess boron, so much so that in places only the very tolerant date palm will grow.

"At Carnarvon in Western Australia there was 0.35 ppm of boron in the water supply. This was reduced to 0.2 ppm a few years ago because there was some toxicity to legume crops. In this tropical environment the transpiration rate is high so that all minerals are soon concentrated in the plant.

A survey was conducted there

in 1981 which revealed that there was only 1% arthritis in that community. It was even found that some people went there from 1000 miles away so as to enjoy the good climate and get rid of their arthritis. It was the good water more than the climate that was the important factor in their health. Similarly in New Zealand there is a place called Ngawha, where spa pools contain 300 ppm of boron. This is a well known curative pool for arthritics².

"Over 60 years ago Dr. Herbert, the government balneologist, or specialist on spa water treatment, recommended certain pools as beneficial for arthritis. All of these had a high boron content, but he did not know what the reasons for their curative properties were³. It is now being shown that it is the high boron content of the water. People used to bathe in these waters and they also drank some of the water.

"Professor O.L. Meyers recently supervised a survey in South Africa that showed how the Xhosa tribal people had 2% Rheumatoid Arthritis in their native state, but when the same people went to the



Joseph Mercola, D.O.

MERCOLA TIDBITS

from Joseph Mercola
<http://www.mercola.com>

40 million Arthritics Pay \$100 Billion Every Year in U.S. . . . on drugs and surgeries to treat these conditions when the bottom line is that drugs and surgery are both terrible options for most of these patients as they in no way, shape or form solve the problem. If the problem is caught prior to permanent irreversible joint damage neither therapy is needed. (12/10/03)

. . . residents in the United States were found to carry harmful levels of pesticides in their bodies, with children, women and Mexican Americans disproportionately exposed to the chemicals. (5/29/04)

At Least One-quarter of Americans Have Arthritis. . . at least 25 percent of Americans have arthritis or a related disease and another 20 percent are suffering from chronic pain and stiffness that could be caused by arthritis. (6/2/04)

Doctors are in fact the LEADING cause of death in this country. Not heart disease, not cancer -- doctors. In all fairness, doctors themselves are not to blame for all this. The entire modern health care system, however, is to blame for allowing, even promoting, so many unnecessary procedures, drugs and mishaps. (7/7/04)

Alternative Vs. Conventional; Why Don't Doctors Don't Get it! (7/21/04)

Finally -- FDA admits that all Anti-inflammatories may kill you! (1/5/05)

First it was Vioxx. Then it was Bextra. Now that Pfizer is under the microscope, it could be three strikes and cox-2 inhibitors are OUT! (1/8/05)

I cannot urge you strongly enough to read the recently published book that I am calling one of the most important health books of all time. *The Healing Sun* by Dr. Richard Hobday. If you have been brain washed by conventional medical wisdom into fearing the sun, this book will help you see "the light" about the value of proper sun exposure. (2/2/05)



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

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Arthritics with Osteoporosis

Anthony di Fabio

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Introduction

One in eight men and one in four women do now, or will suffer from, Osteoporosis -- according to Joseph Mercola, D.O., quoting the *Canadian Medical Journal* (Nov. 12, 2002, p. 167 -- see <http://www.mercola.com>).

According to John R. Lee, M.D., "one million, three hundred thousand fractures a year occur . . . annually." Mercola adds that the cost in recent years has grown to a fifteen billion dollar industry.

If you're one of those suffering from Osteoporosis, then you also have a greater risk of fracturing a bone, often a hip. That's a one in six chance of hip fracture for women, and that ratio is a greater ratio than the one in nine risk they have in suffering from breast cancer.

So, What is Osteoporosis?

Simply stated, your body has been replacing good, healthy bone tissue slower than it has been losing it. This has gone on until finally the stress of daily living -- perhaps a fall on the steps you've been walking up and down for forty years -- snaps the weakened bone. (See "Treatment & Prevention of Osteoporosis," Arthritis Trust of America, <http://www.arthritis-trust.org>, for more details.)

One of the chief problems with rheumatoid arthritis is that so many of them also develop Osteoporosis!

It was reported in 2000 by Dr. Glenn Haugeberg, of Diakonhjemmer Hospital in Oslo, Norway, and colleagues, measured bone density at a number of bone sites in rheumatoid arthritis sufferers, that the bone density in men and women both decreased significantly at all of the sites measured. In a general population one will find about 16% reduction in bone mass, whereas in the rheumatoid arthritis population measured they found 27.6% in the femoral neck, 31.6% in the total hip, and 19.6% in the spine (L2-4). (<http://rheumatology.medscape.com>; *MedPulse* 28-Apr-00- Medscape's Drug Info)

Calcium Crazy

Since 65% of our bones consist of some forms of calcium salts, the immediate -- and very simplistic assumption -- is that bone thinning is the result of calcium deficiency. The news media -- and many doctors -- will drive you crazy with this false theme that presumes that one should (a) drink lots of milk and eat more cheese and ice cream for calcium; or (b) take calcium supplements, usually some brand of antacids.

First off -- according to William Campbell Douglass, M.D. (<http://www.realhealthnews.com/dailydose/freecopy.html> for *Daily Dose*) -- once milk has been pasteurized the calcium compounds in it have been changed to a form that is no longer bio-available. That means your body can't use it.

You're wasting your money and hopes on something that just ain't there! (*The Milk of Human Kindness is Unkind*, W.C. Douglass, M.D.)

Secondly, the taking of calcium tablets is also an overly simplistic solution to what amounts to a very complex biological problem, and antacids won't do the job. To consider just a handful of thoughts derived from various alternative medical physicians who've specialized in nutrition: (1) never take calcium without an equal amount of magnesium, and (2) while it's true that calcium is calcium, of the many kinds of calcium/magnesium tablets/capsules on the market, only certain kinds are easily absorbable.

Depending upon how the absorption is measured, different calcium compounds come up on top. As a general rule, the chemically pure salt is absorbed better than the pharmaceutical mixtures, regardless of which type of calcium compound is used.

Some physicians recommend microcrystalline hydroxyapatite because it's easily absorbed, increases cortical bone density, arrests trabecular bone loss, and especially is absorbed easily by mal-absorbers.

Calcium/Magnesium citrates are very well absorbed even by those of poor digestion and reduces risk of kidney stones.

Calcium/Magnesium aspartate is well absorbed.

Calcium ascorbate (form of Vitamin C) is well absorbed and non acidic, also providing the usually much needed ascorbate (Vitamin C) radical.

Calcium/Magnesium lactate is well absorbed.

Calcium/Magnesium chelate is well absorbed.

Generally, stay away from calcium phosphates or carbonates, although some forms of absorption tests show that calcium carbonate, in pure form, performs very well. But calcium phosphate and calcium carbonate are usually -- but not always -- packaged as the lowest cost calcium you can buy -- and they're usually worth just what you pay for them.

The very best sources for Calcium/Magnesium are found in the vegetable kingdom. Calcium/Magnesium orotates -- derived from vegetables -- were found by many doctors to have superior qualities, but, unfortunately, the FDA took them off the market as an over-the-counter item. It must have begun to compete too heavily with the pharmaceutical monopolies.

Otherwise, go to the vegetables themselves: leafy greens, especially the kind you cook, such as broccoli.

Calcium is also available in beans, nuts, seeds, sea vegetables, fish with bones, soup with bones where one teaspoon of vinegar has been added, and so on.

The True Factors About Osteoporosis

Since more women than men suffer from Osteoporosis, especially after menopause, it's probably safe to assume that there's a hormonal factor. We'll

get back to that later.

According to Annemarie Colbin, founder and director of the Natural Gourmet Cookery School at the Institute for Food and Health in New York, and author of *Food and Healing*, only thirteen percent of Osteoporotic women suffer from deficiency of calcium. "The rest of the cases relate to lack of exercise, high protein diets, smoking, alcohol consumption, impairment of the intestine's ability to absorb calcium, and the use of corticosteroid drugs, . . ." such as those taken by arthritics.

Deficiency in calcium may very well arise from the draining of calcium from tissues (demineralization) which is not deposited properly due to lack of exercise.

Consider the plight of astronauts, for example. After a few weeks stay in orbit, out of the reach of gravity -- which causes us to work and/or exercise -- their bones are thinned and their muscles are weak.

Athletes generally have thicker, stronger bone than non-athletes.

Calcium can also be drained by the over-eating of foods that are protein and carbohydrate-rich, and that cause an acid condition in the body. This list can be extended to include salt, caffeine, vinegar, alcohol, sugar, grains, flour, citrus fruit, juices, nightshades (potato, tomato, eggplant, tobacco and peppers of all kinds).

Lack of calcium absorption can be caused by insufficient phosphorus or magnesium, lack of sunlight or vitamin D, inflammatory bowel disease, surgery of the intestinal tract, cirrhosis of the liver, and other conditions.

Dairy products are also high in protein, so, besides not providing calcium that is usable, it provides protein which helps to subtract calcium.

Supplementing Boron, as recommended by Rex Newnham, D.O., D.Sc., N.D., ("Boron and Arthritis," <http://www.arthritis-trust.org>) may very well improve the utilization of other important bone minerals. In "Effect of Dietary Boron on Mineral, Estrogen, and Testosterone Metabolism in Postmenopausal Women," (Presented in part the 1987 *Joint Meeting of the Minnesota and North Dakota Academies of Science*, Moorhead, Minnesota, April 24, 1987; FASEB: 0892-6638/87/0001-0394), 12 women between the ages of 48 and 82 housed in a metabolic unit were given 3 mg/day of boron supplements. This supplement markedly improved several measured indices of mineral metabolism of seven women who'd been on a low magnesium diet and five women consuming a diet adequate in magnesium.

Boron supplementation markedly reduced the urinary excretion of calcium and magnesium. "The findings suggest that supplementation of a low-boron diet with an amount commonly found in diets high

ARTHRITICS continued on next page

in fruits and vegetables induces changes in post-menopausal women consistent with the prevention of calcium loss and bone demineralization."

According to Alan Gaby, M.D., and Jonathan V. Wright, M.D. ("Treatment & Prevention of Osteoporosis," <http://www.arthritis-trust.org>), there are many minerals, some of them trace minerals, that the healthy bones require. Phosphorus, for example, is required, but too much can weaken bone.

A deficiency of important trace minerals is seldom considered when discussing Osteoporosis. The great myth that only calcium is required to strengthen bone is undermined by noting how weak the bone becomes when they lack these essential trace minerals.

Named by Drs. Gaby and Wright as important supplements, besides the right kind of Calcium, and the solving of other possible health problems, are the following: Vitamin K, Vitamin D, Magnesium, Manganese, Folic Acid, Boron, Strontium, Silicon, Pyridoxine (Vitamin B₆), Zinc, Copper, and Vitamin C.

Prescription or over-the-counter drugs can also weaken bone, as can birth control pills, excessive salt consumption, excessive sugar consumption, and -- please don't forget -- the fluoride poison that is so generously dumped in our drinking water and throughout our toothpaste.

What About Pharmaceutical Drugs Designed to Strengthen Bones?

We could discuss each of them one by one, including the many adverse reactions buried in the small print in the package inserts, but to summarize, the trouble with them is that none of them come anywhere near to solving the cause of the Osteoporosis. They directly interfere with the body's natural processes. The underlying cause of the Osteoporosis still exists while the drugs unnaturally suppress the body's responses to these underlying causes, and many of them initiate or hasten bone loss.

Depo-Provera Contraception Injections, glucocorticoid medications (prednisone, prednisolone, dexamethasone, and cortisone), chemotherapy drugs for prostate and breast cancers, and selective serotonin reuptake inhibitors antidepressants (SSRIs)

Arthritics who take glucocorticoid medications for more than three months run a serious risk of Osteoporosis. Androgen deprived prostate cancer victims are also at risk.

For the big pharmaceutical companies there are billions to be made by scamming you, just as they do with virtually everything else they promote. An unpatentable, easy to remedy solution is not going to be advertised by them, and certainly not by our overly generous and compromised watchdog agency, the Food and Drug Administration.

Simply put, your Osteoporosis is not caused by

a deficiency in any kind of patented medicine!

What About Hormonal Supplements?

Deficiency in calcitonin, a thyroid synthesized hormone, doesn't seem to be heavily involved because there doesn't seem to be more than an insignificant difference between those women who've had a thyroidectomy and those who haven't.

Parathyroid hormone has been extensively investigated, and doesn't seem to be a major factor.

The adrenal glands produce glucocorticoid which is known to inhibit intestinal calcium absorption and increase calcium urinary excretion. Thus excess cortisone -- prednisone and other forms of glucocorticoids -- will lower serum calcium and induce a parathyroid response to replace the lost calcium with that of bone stores, thus weakening the bone structure. Also normal repair processes can be inhibited by cortisone. Excess cortisone, therefore, is a potential factor in causing Osteoporosis.

Since more women than men suffer from Osteoporosis, especially after menopause, the assumption is credible that there's a strong hormonal component to Osteoporosis causes. Faulty medical opinion has been almost universal that estrogen deficiency is the primary causative factor. Therefore, estrogen replacement therapy has been advocated frequently.

There are several problems with this simplistic assumption. The first problem is that what traditional medical doctors call "estrogen" replacement therapy is not!

More than 20 years ago Jonathan V. Wright, M.D. told his patients and readers why conventional 'Hormone Replacement Therapy' was a recipe for disaster. And he pioneered the only sane solution. (See Dr. Wright's "Good And Bad Estrogen - Proper Hormone Replacement Therapy," <http://www.arthritis-trust.org>.)

According to William Campbell Douglass, M.D.:

"Millions of women might have been spared needless suffering And many lives might have been saved -- if drug firms hadn't drowned out Dr. Wright's message in a sea of advertising. Here's what they conveniently left out of all those celebrity TV commercials:

(a) "HUSH UP #1: The Hormonal Replacement Therapy advertised on TV and used by researchers in the recent Women's Health Initiative study does not replace human hormones with anything resembling human hormones.

(b) "HUSH UP #2 : Standard Hormonal Replacement Therapy uses molecules never before found in human bodies. In fact, the best-selling 'Hormonal Replacement Therapy' contains horse hormones extracted from horse urine.

(c) "HUSH UP #3. When you flood your body with molecular gunk that nature never intended to be there, damage is virtually guaranteed. You may

as well pour molasses into your car's gas tank.

"At this point, some patients ask 'But aren't horse hormones natural?' Sure they are, and they're fine for mares. But do you wear a saddle? Let's look at what's actually in this stuff:

"Prempro[®], the substance tested by the Women's Health Initiative, consists of two different drugs - Premarin[®] and Provera[®]. The main ingredient in Premarin is a horse hormone called equilin. Nature never put a speck of equilin in any human woman, and for excellent reason.

"Its effects on your uterine lining are 1,000 times stronger than human estrogen. No wonder it increases your cancer risk!

"Yet it's the best-selling drug of our time!

"The second component in Prempro is called Provera and it's not progesterone. It's an artificial molecule patented in the 1940s and it's not even natural to horses. No wonder it's proven hazardous to your heart!"

The second observation is that the argument in favor of replacing estrogen might be appropriate if the proper ratio of HUMAN estrogen were to be used (proper proportions of Estrone, Estradiol, and Estriol), as per Jonathan V. Wright, M.D. (See Dr. Wright's "Good And Bad Estrogen - Proper Hormone Replacement Therapy," <http://www.arthritis-trust.org>.)

A third comment from many alternative physicians is that the argument in favor of replacing estrogen can be weighed just as strongly for progesterone.

According to John R. Lee, M.D. ("Osteoporosis Reversal the Role of Progesterone," *International Clinical Nutrition Review*, July 1990, Vol. 10, No. 3., p. 384). Progesterone "Treatment resulted in progressive increase in bone mineral density and, more importantly, definite clinical improvement as evidenced by pain relief, height stabilization, increased physical activity, and fracture prevention. The benefits achieved were found to be independent of age."

So What Are Arthritics Doing Wrong to Deserve Osteoporosis?

Obviously --

Besides the damage resulting from the taking of traditional symptom-relieving medicines such as prednisone or cortisone, non-steroidal inflammatory drugs, methotrexate, and so on -- and the insanity that points everyone toward calcium (much of which is bioavailable) the public --and especially the arthritic -- has not been steered toward proper supplements, foods, or hormonal replacement.

Consider the accepted standard of treatment for arthritics!

Is it any wonder Dr. Glenn Haugeberg, of Diakonhjemmer Hospital in Oslo, Norway and colleagues found that more arthritics suffer from Osteoporosis than the general population?!

big cities, they soon developed the prevalence for arthritis as was shown by the rest of the city population⁴. This is assumed to be about 20%. An experiment was devised to give the reason for these rather startling figures.

"In 1985 efforts were made to collect samples of mealies or maize or corn from the native gardens and from commercial farms.

"It took until 1986 to collect all the required samples. The Xhosa people live in Transkei, and

day is sufficient to maintain good health without arthritis. In 1967 Ploquin published an article 'Boron in Foodstuffs'⁵ and he shows how the boron content of some common foods will vary from 1 to 150 ppm, depending on the variety and the soil, but especially the fertilizer treatment of the soil. Some of the old crushed rock fertilizers had sufficient boron, but the newer synthetic types contain none. Crops will remove from 30 to 300 g of boron per hectare (1 hectare = 2.471 acres). Grains remove the least while fruit trees and Cruciferae remove

boron daily, probably less than 1 mg.

"Ploquin does show that those who drink half a litre of wine each day will take in much more boron, but that is more of a European habit, and those who eat much fast food or take-away foods and junk foods will have much less.

"In 1979 there was a report of Dr. Rex E. Newnham claiming that 'Boron Beats Arthritis'⁶. It was the first paper linking boron with arthritis and much work has been done since then. It is very interesting that boron compounds in concentrations as low as 0.0005M will inhibit bacteriophages and protozoa, this was reported by Zittle in 1951⁷. Other micro-organisms are destroyed by higher concentration. This [may] give a reason for the success of boron supplements in alleviating rheumatoid arthritis. Nielsen has shown that boron seems to be able to effect calcium and magnesium metabolism in the rat¹⁰. This agrees with Loughman's work in which he showed that boron acted as a membrane catalyst to allow other ions to pass into the cell¹¹. On this basis boron will allow ATP (adenosine tri-phosphate) to enter cells of worn-out cartilage or collagen, so as to give energy for cell division, and thus to repair tissues, and so to overcome the effect of arthritis.

"There is increasing evidence that boron is an essential trace element for both man and animal. It does influence calcium and magnesium metabolism, and this is possibly through the parathyroid gland¹⁰. It does alleviate and seems to cure arthritis either by acting [against whatever organism may cause Rheumatoid Diseases] and/or as a membrane catalyst that permits repair of damaged cartilage and collagen.

"It has been shown by Professor Jeffries, an orthopaedic surgeon at Otago Hospital, New Zealand, that patients who had been taking the boron supplement had harder bones than the normal arthritic patient. This supports the work of Nielsen that boron does influence calcium metabolism. We must get more evidence on this and then it will probably be shown that lack of boron is one of the main causes of osteoporosis."

Dr. Newnham's hypothesis is making headway via physicians and vitamin research organizations. His Osteo-traceTM, B-Alive, or Bone Salts tablets have also helped the elderly, in Still's Disease, Juvenile Arthritis, and Lupus, especially in its severe form of Systemic Lupus Erythematosus. Infants do require a reduced dose of 1/4 to 1/2 tablet twice daily. [Newnham can be reached at Cracoe House Cottage, Cracoe, Shipton, North Yorkshire, England BD23 6LB: Ed.]

Since Dr. Newnham brought attention to our need for Boron, many other supplement companies furnish the product.

Analysis of Mealies From Various Sources

Origin of Sample	%P	%Mg	%K	parts per million							According to Rex E. Newnham, Ph.D., D.O., N.D.
				Fe	Al	B	Na	Zn	Ca	Mn	
Transkei-native	1.33	0.54	1.32	70	46	5.0	51	99	96	17	Legend: P = Phosphorus Mg = Magnesium K = Potassium Fe = Iron Al = Aluminium B = Boron Na = Sodium Zn = Zinc Ca = Calcium Mn = Manganese
Transkei-native	1.32	0.53	1.33	76	61	4.5	53	87	208	29	
Seed from Harry Thomas, Durban	0.30	0.12	0.30	30	9	3.1	150	21	56	7	
Popcorn seed, Mistri's	0.34	0.15	0.29	44	16	1.25	115	29	67	12	
Organic Farm, E. Transvaal	0.32	0.12	0.33	26	4	1.25	41	18	52	5	
Transkei, 1	0.29	0.14	0.32	39	10	1.10	128	22	45	6	
Alpheus 2	0.23	0.094	0.28	26	4	0.95	97	22	23	4	
Crushed Maize, Seel Special	0.21	0.080	0.25	20	5	0.60	34	14	42	5	
Maize Meal, Induna Special	0.17	0.069	0.19	17	4	0.50	104	13	27	4	
Maize Meal, White, Diamond, Enriched	0.23	0.087	0.29	16	3	0.55	32	14	25	3	
Maize Flour, Mistri's	0.24	0.095	0.28	17	2	0.75	21	15	25	4	
Maize Meal, Nyala Super, Enriched	0.13	0.051	0.16	8	3	0.40	106	9	20	2	

These values are based on the dry sample, after drying at 110°C.

Table I

one cannot just go there and get cobs of mealies. A pharmacist from Uitenhage tried and failed to get any on his first effort. Later he did get some, from some sort of stall. A Xhosa man from Durban who goes home to Transkei every month got some samples grown from truly native gardens. These were analysed by Professor Verbeek in the Department of Chemistry, University of Natal in Pietermaritzburg, (Republic of South Africa)¹.

"See Table I, Analysis of Mealies From Various Sources. Of the four samples shown in Table I and collected in Transkei, the first two came from land that had never had chemicals added, it was truly a native garden. Information about the last two from Transkei is being obtained. Transkei is the traditional home for the Xhosa tribe.

"This table supports the hypothesis that was made four years ago in Aberdeen in which the boron intake of national groups was estimated on the grounds of observation of deficiency symptoms of foodstuff and on what analysis had been done. This is shown in the following table⁶: See Table II, Daily Boron Levels in Food, by National Groups. From this table it is seen that 5-6 mg of boron each

the most. Most commercial crops are grown with fertilizer, and this means the minimum of boron, but those grown on gardens that have never had fertilizer, but to which all wastes are returned, have the most. The South African work shows this very well.

"Ploquin did produce the following table III. Three additional columns have been added which will give nearer to the actual quantity consumed by the average person in America, England or Australia, New Zealand or South Africa in 1986⁵. See Table III, Ideal Amounts of Foodstuffs Consumed per Week

"The revised daily intake of boron is below 2 mg as is consumed by some people in the English speaking countries. Most ingest only 1-2 mg daily. There are large numbers of people who eat what is often called junk foods, with well over the average for sugar, hamburger type meat meals, fried meat and eggs. Most of their calories come from sugar and fat with no fruit or vegetables. As fruit accounts for 65% of the revised boron intake, and fresh fruit and vegetables for 72% of Ploquin's figure, people who eat this junk food will ingest less than 2 mg

SEE BORON TABLES on next page

Daily Boron Levels in Food, by National Groups

Country & Criteria	Estimated Daily Intake	% Having Arthritis	Remarks	
Jamaica Old wild analysis & personal inspection of crops	<1mg	70%	Grossly insufficient. Every crop had deficiencies	According to Rex E. Newnham, Ph.D., D.O., N.D.
Maarilius Analysis of sugar cane leaf inspection of crops	<1mg	50%	Grossly insufficient. Most crops had deficiencies	
U.S.A., England, New Zealand, Australia Analysis of school meals Arthritis surveys	1-2mg	20%	Insufficient boron, most older people have arthritis	Legend mg = milligram
South Africa Xhosa tribe in Transkei Xhosa and others in 1-2mg the fig cases	3-5mg	3-4% 20%	Based on Meyer Similar to U.S.A.	
India Indians have much Arthritis Tijans, 50% Arthritis	1-1.5mg 3-5mg	20-30%	They eat much rice They eat most vegetables	
Caribbean, West Australia Govt. Research Station Personal survey	6-10mg	1%	Due to high boron in water supply. Adequate	
Israel Information from Volcani Institute & a survey	3-8mg	1%	Adequate	
Ngawha, New Zealand Information from the Green Council	> 10mg	60%	Few people live here but arthritis go there to get rid of arthritis	

Table II

Ideal Amounts of Foodstuffs Consumed per Week

Commodity	Amount		Average Boron mg/Kg		Total Boron mg		
	1967	1986	1967	1986	1967	1986	
Milk	2.5L	2.5L	0.2	0.2	0.5	0.5	According to Rex E. Newnham, Ph.D., D.O., N.D. Legend: mg/Kg = milligram per kilogram L = Liter
Cheese	0.35K	0.35K	1.0	1.0	0.35	0.35	
Meat	0.7Kg	0.7Kg	0.5	0.5	0.35	0.35	
Fish	0.2Kg	0.05Kg	2.0	2.0	0.40	0.10 (1)	
Eggs	0.14Kg	0.14Kg	0.014	0.014	0.002	0.002	
Butter	0.1Kg	0.1Kg	0.01	0.01	0.001	0.001	
Edible Fats	0.1Kg	0.1Kg	0.01	0.01	0.001	0.001	
Oil	0.1Kg	0.1Kg	0.02	0.02	0.002	0.002	
Bread	2.8Kg	1.4Kg	1.0	1.0	2.8	1.4	
Rice, Pastry	0.25Kg	0.25Kg	4.0	2.0	1.0	0.5 (2)	
Potatoes	2.0Kg	2.0Kg	1.5	0.75	3.0	1.5 (3)	
Dry Vegetable	0.2Kg	0.2Kg	10	2.0	2.0	0.4 (4)	
Dry Fruits	0.05Kg	0.01Kg	10	2.0	0.5	0.1 (4)	
Sugar	0.28Kg	1.1Kg	0	0	0	0 (5)	
Jams	0.15Kg	0.15Kg	15	5	2.25	0.75 (6)	
Chocolate	0.07Kg	0.07Kg	0.1	0.1	0.007	0.007	
Fresh Vegies	2.0Kg	2.0Kg	10	2	20	4.0 (7)	
Fresh Fruits	1.0Kg	0.50Kg	16	8	16	4.0	
Totals					49.163	13.963	

(1) Few people, except those who live near the coast eat fish more than once in 2 or 3 weeks. The fish diet is halved.

(2) Rice is now invariably white rice, and this is very low in all trace elements. Fisher quotes cereals as having 0.6-2.3 ppm boron, so Ploquin's figure is halved.

(3) Most people discard the potato skin which has more mineral than all the rest. Even if they are cooked in their skins, most people discard the cooking water, and this has 90% of the minerals of the potato.

(4) Few people eat any dried fruit or vegetables, possibly a few sultanas in a cake. Ploquin's figures are cut to 20%.

(5) Present average sugar consumption is 130 pounds or 54 Kg per year, or 1.1Kg per week. Some people, especially teenagers, will eat 3 times this amount, but some do not eat any. The average is taken for this table.

(6) In the 1980's most commercial jams contain very little fruit and much filler, often a gelatine type of compound. There is just enough fruit for a few raspberry seeds (more often tomato seeds) to be seen and some colour. The boron content is reduced.

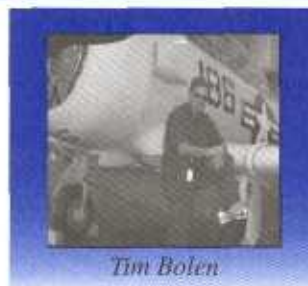
(7) Most people boil their vegetables with added salt, and then the cooking water is discarded, this discards 90% of the mineral content of those vegetables.

(8) Many people eat no fresh fruit, and others only sometimes. As more fertilizer is used by the grower the boron content is also less.

(9) The 1967 figures are from Ploquin's and the 1986 figures are more suited to U.S. conditions in 1986.

Table III

ADDRESSING ISSUES



Tim Bolen

Tim Bolen is a Crisis Management Consultant, and a Consumer Advocate, in the Health Care Industry.
[See <http://www.arthritis-trust.org/> "Recommended Health Publications/Bolen Report" in "Links" section.]

"Facts" are undeniable. They speak louder than simple words. The old adage "actions speak louder than words," is never more true, than in this indictment of the American Health Care System.

In legal jargon, what has happened with this report, is that the elusive, movable, medical definition of "Standard of Care," has been set in concrete -- with facts. Simply, it is the "Standard of Care" in the United States to allow 115,000 American citizens to die, within the system, of "bedsores" every year. It is the "Standard of Care" in the United States to allow 108,800 American citizens to die, within the system, of "malnutrition" every year. It is the "Standard of Care" in the United States to allow 199,000 American citizens to die, within the system, of "outpatient adverse reaction to drugs" every year. It is the "Standard of Care" in the United States to allow 88,000 American citizens to die, within the system, of "infection" every year. [Millions of Health Freedom Fighters - Newsletter: Wisconsin: The Vander Heyden Case; May 31, 2004]

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LETTERS TO THE EDITOR

I read your "Memoriam" for Jack M. Blount, M.D. [Winter 2004], and was intrigued by his skirmish with the Mississippi Medical Board. Considering the tremendous number of physicians who've lost their license because they sought after correcting causes rather than just treating symptoms with drugs, Dr. Blount seems to have gotten by lightly.

Can you tell us more about the situation, and what they held against him?

Dr. J.W.

The following letter sent to the board February 28, 1983 together with books and papers prior to Dr. Blount's trial should answer your questions.

Attn: Drs. Woody D. Davis, Robert B. Townes, Jr., W.W. Walley, Gilbert R. Mason, Charles R. Jenkins, R. Faser Triplett, Matthew J. Page, John F. Lucas, Jr., George D. Purvis, Frank J. Morgan;

Mississippi State Board of Medical Licensure

Felix J. Underwood Building

2423 North State Street

Jackson, MS 39216

February 28, 1983

Honorable Board Member:

I've just learned that you've called Dr. Jack M. Blount, Jr. before your Board for a hearing March 17, 1983. I hope and pray that you will consider this unsolicited letter with due respect and serious mein -.

I come to you in three capacities:

1. I am a patient who had rheumatoid arthritis that has been completely arrested by use of free prescriptions given to me by Dr. Jack M. Blount. Without his help I am convinced that I would have been more seriously crippled by now and/or dead or dying.

2. I am the author of the enclosed book *Rheumatoid Diseases Cured at Last* by Anthony di Fabio - my birth name. [Free copy available at <http://www.arthritis-trust.org>. Ed.]

3. I am the founder and Executive Director/Secretary of *The Roger Wyburn-Mason & Jack M. Blount Foundation for Eradication of Rheumatoid Disease*, whose Board Members can be seen along the left margin of this letter.

My academic background is mathematics, chemistry, physics, and psychology. I once held a half million dollar grant from the prestigious National Science Foundation, as a Project Director, in conjunction with work at Stanford University. I've taught at all levels of college, and I've worked at high levels of the military complex, and for private industry, but always in a professional and technical capacity requiring serious objectivity. I am familiar with statistical experimental designs, and rigorous requirements of proof, especially in the complex medical arts. I can assure you that I used Dr. Jack M. Blount's "gift" of prescriptions for my rheumatoid arthritis with a great deal of skepticism -.

Unfortunately, there was simply no other hope

at the time, according to the best rheumatologists, and I must try what seemed at first glance a claim of flamboyancy and perhaps even the coloration of fraud and deception.

To my great surprise and delight, within a matter of weeks pyrexia disappeared, severe depression and swelling was gone, and I again looked forward to life.

To go from 10-12 aspirin substitutes a day to none within six weeks (after four years of hell) was, in itself, a modern miracle, not to mention the fact that my fingers stopped conforing, and that I was again alive!

Dr. Jack M. Blount, if anything, understated his knowledge of curing or bringing to remission rheumatoid arthritis by means of application of Professor Roger Wyburn-Mason's life work.

When beneficial changes occurred so rapidly I determined to further investigate how this could be - that a little country doctor could bring to halt that which the most fully trained rheumatologist could not - and for which the prestigious Arthritis Foundation proclaimed daily (by means of free TV and Radio time) there simply was no cure - that tens of thousands of small children and at least one out of eight Americans must suffer sooner or later before their death.

I began by studying medical literature at Vanderbilt Medical Library finding, to my surprise, that the current prevailing opinion of the etiology of rheumatoid disease is that it is caused by an unknown microorganism. Dr. Blount had simply pointed out that Professor Roger Wyburn-Mason of London, England claimed to have isolated the responsible organism, an amoeba, and that anti-amoebics would bring about the remission. [We've since learned that many other factors are involved, as well as additional microorganisms. Ed.]

I obtained a copy of Professor Roger Wyburn-Mason's book *The Causation of Rheumatoid Disease and Many Human Cancers*, reading it in complete detail, medical dictionary in hand. My background as a scientist in other fields permitted me at least to evaluate the amount of detail of Professor Wyburn-Mason's work, its consistency, and the nature of his conservative arguments. I was strongly impressed with this 479 page work that must have taken Professor Wyburn-Mason years of dedication.

I later wrote to people in Australia, South Africa, England, Denmark, Switzerland, Germany, Canada, and many places in the United States, learning that Professor Wyburn-Mason's massive work (at \$125.00 a copy) had been freely given to various rheumatologists and organizations (Arthritis Foundation) as long ago as five years, and has to this day been successfully ignored by all parties.

I visited Dr. Jack M. Blount and got to know him well. He is neither flamboyant nor a man of fraud, but rather a man of great integrity who has himself risen from a literal death-bed to resume practice. He is a man who knows the terrible suffering of

RA, and how little his fellow practitioners can and/or will do to help. He is a person who has great compassion for others who suffer, and he is determined with every ounce of his considerable energy to bring the word to other sufferers - to not wait the ten or twenty years that might ensue before others take note of Wyburn-Mason's grand work. I have personal knowledge that Dr. Jack M. Blount, at great expense to himself, distributed a large number of Professor Roger Wyburn-Mason's research reports to medical school libraries and hospital libraries so that other physicians, such as yourself, would have access to the same research material, and could thereby come to similar conclusions about rheumatoid disease.

This is not the action of a man seeking to deceive and defraud!

I also interviewed many of Dr. Blount's patients before he saw them. Without exception they were in his office not because of Dr. Blount's claims, but because of what they saw happen to their neighbors, friends, and relatives. I say this again - Without exception!

Finally, during the course of my detailed investigations, I learned that Professor Roger Wyburn-Mason's 1960's discoveries [or claim] about the *Limax amoeba* were first made in 1922 by Kofoid and Swezy, two University of California zoologists, and buried in a zoology journal, hardly a place that rheumatologists would look for a cause of rheumatoid disease.

My investigations led to writing the enclosed book, (designed to be purchased by an RA patient, but to also be brought to the family physician) and to the founding of the "The Rheumatoid Disease Foundation", as shown on this letterhead.

I have personal knowledge that Dr. Jack Blount has freely shared his knowledge with every single physician who has contacted him. He has not sought to have physicians send patients to him, but rather has always sought to have the family physician treat his own patient. Nonetheless, from the time Dr. Blount began his struggle to bring Wyburn-Mason's work to attention of specialists and physicians, he has found that unless he provides the requisite prescriptions himself to inquiring patients, customary professional response is to ignore his advice, leaving the rheumatoid victim without hope, all filled with pain, and soon to be twisted and grotesque. During the interim, Dr. Blount's solution was to provide at no charge, prescriptions to those who inquired and could not come to him, or could not get their family physician to so prescribe.

This is hardly a man set to deceive and defraud!

In my personal case, my family physician, Dr. Eugene S. Wolcott, being impressed with my recovery, and unknown to me, did try Dr. Blount's methods on other RA patients. He was so gratified with results he has without reservation joined our Board, as you'll note from this letterhead.

LETTERS continued on next page

LETTERS TO THE EDITOR

As Executive Director/Secretary of *The Roger Wyburn-Mason and Jack M. Blount Foundation for Eradication of Rheumatoid Disease*, I am almost weekly asked for referrals to other physicians who will use "Dr. Blount's" methods. To cover the vacuum that Dr. Blount has attempted to fill through his free prescriptions, The Foundation, has recently canvassed physicians who are known to use anti-amoebics for treatment of rheumatoid disease, and who are willing to accept patients referred by this Foundation. Preliminary results of this survey are shown in the attachment to this letter. Some physicians listed therein have also given me permission to use their name and address in the next edition of my book *Rheumatoid Diseases Cured at Last*.

Your actions are very important to Dr. Blount and to many suffering people. Please take the time to read my book enclosed. Note Dr. Jack Blount's story on Chapter II, and my story on Chapter III. Testimonials aside, please note the many successive case histories beginning on page 41, and the ease by which Roger Wyburn-Mason's results are replicated by others, *one of the primary essentials underpinning the scientific method*.

In particular, also please read the chapter on page 75 entitled "Is It Ethical to Deny the Sick?"

A quack or fraud is a person "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.

"Suppose . . . 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 is precisely what most physicians and rheumatologists now do for rheumatoid arthritis patients. They know that the standard treatment does not work, does not save lives, does not stop the disease, pain, disfigurement --

Yet many rheumatologists and some members of the Arthritis Foundation do everything in their power to stop the patient from seeking help elsewhere, where somehow, somewhere, help might be available.

The patient may wind up broke and his family in debt.

"But this is not quackery, of course."

What of the physician who gives his knowledge away freely, encourages one and all to investigate -- to try -- to learn for self -- who provides the basic tools and research data to all who ask --?

"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."

In the face of tens of thousands of alleged "cures" to rheumatoid disease, I respectfully submit that if you are to judge Dr. Jack M. Blount, Jr. according to the best principles of the United States and Mississippi constitutions -- that is, a fair and objective hearing -- you will be obligated to also study Professor Roger Wyburn-Mason's research work, which, I'm sure, Dr. Blount or other Foundation members will be most happy to provide to you. *After all, if Dr. Blount is telling the truth, and is actually healing people, and not even charging in a large number of cases, he is fulfilling his oath in a most admirable manner.* If he is not telling the truth, then your detailed objective investigations will bear witness, and action can ethically commence.

I am also a professional writer, having been published in a number of hardcover and paperbacks. I've read the complaint against Dr. Jack M. Blount with great care, and have again reviewed the statement which Dr. Blount distributes to every enquirer, presumably the object of the complaint before you. As a professional writer I cannot in any sense discern any flamboyance in his statements, nor any fraud.

I have, however, heard the same claims made against Dr. Jack M. Blount by jealous rheumatologists and representatives of the Arthritis Foundation, people who, at the same time, admitted to *no knowledge of Wyburn-Mason's work, or of Dr. Blount's results.* Indeed, the basic heart of the complaint before you smacks heavily of words and phrases used often to slander this fine Mississippi physician.

As to the matter of giving prescriptions without charge to those who suffer RA, and apparently cannot receive help elsewhere, there is the matter for your consideration of the question of whether or not it is ethical for a licensed physician to deny the sick, when he knows he has a sure remedy? What would you do? As a physician, under like circumstances? Deny your oath to humanity, and let the sickness stand? Or bend every which way to bring about health in your fellow man?

Of course, if your Medical Board has on file with the Secretary of State of the State of Mississippi authenticated rules and regulations which specifically prohibit the giving away of prescriptions to those who've been unseen, then Dr. Blount is guilty of infraction of this regulation, and the matter should be brought to his attention.

But: Fraud? Flamboyant? Dishonorable? Unethical?

Hardly!

Again I pray that you will take the time to study Dr. Blount's defense carefully. I believe you will be delighted and surprised that the aetiology and treatment for rheumatoid disease has at last been uncovered, and that it has been a Mississippi doctor who has fought against many odds to bring the knowledge to everyone.

As for me, I will be most happy to testify before your Board on behalf of Dr. Blount in any

of my capacities. I have in The Foundation office many letters from those who've been treated by Dr. Blount, praising him highly. He has not seen these letters, but I'm sure his office is also filled with similar ones. In any case, they can also be made available to you.

Thank you for reading this, and carefully thinking it all through.

Perry A. Chapdelaine, Sr.

Executive Director/Secretary

Copies Enclosed:

Rheumatoid Diseases Cured at Last by Anthony di Fabio

Foundation anti-amoebic referral letter
Charter and By-Laws of *The Roger*

Wyburn-Mason & Jack M. Blount Foundation for Eradication of Rheumatoid Disease
The Causation of Rheumatoid Disease and Many Human Cancers by Roger Wyburn-Mason, M.D., Ph.D.

Hello:

I am very pleased and grateful with all of you because of this knowledge

I am a doctor from Cali, Columbia. Since some months I have tried your antiamebian treatment on arthritis reumatoid, osteoarthritis and polymyositis with amazing results.

I had written an article on this subject in Spanish to give my patients here in Cali.

After reviewing this subject I realized besides Limax infection, mycoplasma is another hidden epidemic. Do you have further information on this?

Some doctors know your treatment through me in this city.

How may I be included in your doctor lists.

Best Regards:

Alejandro Fernandez

Thanks for your letter and congratulations on your success! More information is available on mycoplasma in the "Articles" section of our website, and also through some of the links on our "Links" page.

You may sign up as one of our referral physicians by going to our website at <http://www.arthritisrust.org>. Thence to "Physicians" and there you'll find a "Physician Sign-up Sheet." This sheet must be filled out, signed and mailed to us via snail-mail.

I am 79 years old. In 1985 I came down with Rheumatoid Arthritis diagnosed by a medical doctor.

I went with alternative treatment using antibiotics with satisfactory results. Along the way I went to a doctor who was going to cure me. Without asking him what his treatment was, I went along with his under-the-tongue crystals.

Well, it was a disaster with my Rheumatoid

LETTERS continued on 8

Arthritis coming on like a tornado. I finally asked him what he had given me. The worst one was mercury. So I was very sick for four years, gradually easing off.

About a year ago I sent for a bottle of colloidal silver. About a month after the colloidal silver arrived I took two tablespoons. To my joy and surprise, four hours later I was totally free of Rheumatoid Arthritis. All swelling and pain was gone.

I did take two more tablespoons three months later, and none since. I haven't had any return of Rheumatoid Arthritis in eleven months, so I thank God for colloidal silver and the good results I've had.

Just thought I'd let you know,

H.N.

Congratulations!

You've learned something that I learned more than 20 years ago, that Rheumatoid Arthritis has a serious microorganism component. If this were not true with most of us, then the colloidal silver would not have helped.

At the risk of stumbling badly, I'm going to second-guess what happened in your case:

When your Rheumatoid Disease returned you were again infected with some microorganism that your tissues were quite sensitive to. The "alternative" medical doctor you attended more than likely used a homeopathic remedy with several different designations, one of which was "mercury."

Homeopathy, unlike allopathy, seeks to find a substance that will create similar symptoms to your disease condition, but it does so by using extremely weak solutions. In the "mercury" vial, there was no molecule of mercury in the "sub-lingual" (under-the-tongue) trial remedy. But, it did contain the "energetics," the energy signature of the mercury. Your body apparently responded to this energy signature by killing off massive quantities of the invading organism that was causing your Rheumatoid Disease symptoms.

Your homeopathic physician should have monitored you more closely, and increased the "mercury" signal in the homeopathic remedy. Why? Because the weaker the signal, the stronger the result. In your case, the signal resulted in a reaction greater than your body could easily tolerate; and, further, you had not been advised of this phenomena, so you became scared. [See "The Herxheimer Effect" at <http://www.arthritis-trust.org>]

What you went through was the beginning of a Herxheimer effect, a very good sign, because, as your body cleaned out the toxins and other damaging products, you'd have again been well.

Back to colloidal silver!

Yours is the first case reported to me where colloidal silver brought about a remission of Rheumatoid Arthritis. However, based on the microorganism theory of this disease, it is not unreasonable to find a particular germ killer that is aimed at a particular set of microorganisms that causes your tissues to react with Rheumatoid Arthritis.

I am puzzled, however, that in the killing of whatever germs you had that were causing

your problems that it didn't also bring about a Herxheimer, just as the homeopathic treatment had done.

There is, of course, one other possibility. Since at least 1/3 of Rheumatoid Arthritis patients suddenly go into a state of remission, it might have been your time to do so. Rheumatoid Arthritis, with some folks, has many ups and downs. Regardless of what you did, it might have been your turn to have an "up" period.

I was rather surprised to read the main article of your Spring 2004 newsletter which told of the many antibiotics that have been used in trying to help rheumatoid disease, and how these had to be used for years to be effective.

Surely my work that has involved the trace mineral boron has done more to overcome the real problem. Small quantities of boron in the blood will destroy the mycoplasmas and other similar producers of disease that have been circulating in the body. This is a better and safer way to try to treat the disease, but the article did not mention boron. The very fact that countries where there is little boron in the soil such as Jamaica and Mauritius have very high numbers of people who have arthritis, while those places where there is more than the average amount of boron in the soil have little or no arthritis, such as Israel and the far north of Australia.

My work has dealt with all forms of arthritis and not just with rheumatoid arthritis. I am enclosing a copy of my latest book *Beating Arthritis and Beating Osteoporosis* so that you can read all about it. It could be well worth while to publish an article that told of how boron will help to cure so much arthritis.

It might even be worthwhile to try to get some of the Osteo-Trace [multi-vitamin with boron] made in America and I enclose a copy of the label so that you can ask some firm to make the product. . . .

Over the forty years since I have been using

boron over a million people from all around the world have been able to benefit from this work.

I hope that more people will be able to benefit from this work in America and that The Arthritis Trust will become well known right through the country.

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

You must have missed some of our earlier newsletters. If so, the back issues are available on our website at <http://www.arthritis-trust.org>. If you don't have a computer, let me know and I'll send you however many back issues that you missed, as you've long been one of our chief advisors.

Note that these back issues attempt to cover the many causes of arthritis, and have gone into some detail regarding both the Roger Wyburn-Mason, M.D., Ph.D. method and the Thomas McPherson Brown, M.D. method. In the Fall 2004 issue we will present the Jonathan Wright, M.D. "natural" method, and then we'll be featuring your method. After that, assuming permission, we'll present The Arthritis Help Center solutions.

Please also remember that we featured your boron treatment in an earlier newsletter, that we have a full article of it displayed on our website, and that we also submitted it to Townsend Letter for Doctors and Patients, where it was published.

I couldn't help but notice that England has stupidly conformed to the European-pharmaceutical-company "harmonization" laws which abolished easy access to nutrients and vitamin supplements, probably making it impossible to get your OsteoTrace there any longer. Unless those of us in the U.S. fight implementation of this German pharmaceutically-inspired Codex Alimentarius "uniformity" rule, we'll be next in line for this horrible, greedy, cruel, senseless, evil act of stupidity.

The Codex Alimentarius Commission, dating back to 1963, is jointly sponsored by the United Nations Food and Agriculture Organization (FAO) and the World Health Organization (WHO) of the United Nations. "Codex Alimentarius" means "food code." It seeks to protect the health of consumers, ensure fair practices internationally, and to co-ordinate all international food standards. According to Paul Anthony Taylor ["EU Bracing for Codex' Supplements Grab," International Council for Health Freedom, Vol. VIII: 2, Fall 2004, p. 37] "... with exception of co-ordinating international food standards work Codex doesn't do any of the things that it was set up to do. The health of consumers is not being produced by the work Codex, and the international trade in food is anything but fair.

It's set to control the availability of vitamins and minerals by passing a variation on the "extraordinarily restrictive European Union/Food Supplements Directive as the blueprint for the global regulation of food supplements."

These establish upper limits for sale of vitamins, minerals and nutrients that are so low as to be pathetically laughable, requiring a physician's prescription for anything above that limit. Thus, health food stores have already disappeared in some European Union countries.

BEQUESTS

Plan Us Into Your Future

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

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

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

All contributions to The Arthritis Trust of America® are tax deductible to the full extent allowed by law.

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