

arthritis factsheet

This information is taken from *The Arthritis Manual*, published by What Doctors Don't Tell You. For more information on safer, scientifically proven alternatives to combat arthritis, order online at www.wddty.com/arthritis or call 0870 444 9886

1. Acupuncture

Because of its analgesic effects, acupuncture is widely used for arthritis. Although clinical trials are thin on the ground, most research studies are generally positive. Dramatic results were reported by Scandinavian doctors in osteoarthritis that was so severe as to be scheduled for surgery. Despite such advanced cases, monthly acupuncture was found to relieve as much as 80 per cent of the pain. Doctors at the Princess Margaret Hospital in Swindon who studied patients with advanced osteoarthritis of the hip found similar benefits. Six half-hour acupuncture sessions eased the pain and improved mobility for up to eight weeks after treatment.

Another study showed that acupuncture is at least as effective as diazepam for relieving the pain of osteoarthritis. Similar results were found in one study of patients with fibromyalgia.

Results have been mixed, though. In one study, 40 patients with osteoarthritis were randomly assigned to two groups. One received acupuncture at genuine points, the other at placebo points. Both groups showed improvement in tenderness and the subjective assessment of pain. This finding has been repeated elsewhere, although some analysts remain sceptical.

One technique sometimes used by acupuncturists specialising in arthritis is to put bee venom on the end of the needles before insertion. Recent experiments on arthritic rats confirmed the value of this approach.

2. A herbal remedy made from the Yucca plant has been shown to be helpful in easing the symptoms of RA. In an American study involving Desert Pride Herbal Food Tablets (containing Yucca plant saponin extract), 149 RA patients were given either the Yucca saponin extract or placebo for one week to 15 months. At the end of the trial, 61 per cent had less pain, swelling and stiffness compared with 22 per cent of those taking the placebo. Some improved within days or weeks whereas some took several months or more.

3. A herbal based on Boswellia was tested on over 40 osteoarthritis patients in a double-blind trial, with highly significant effects on pain and joint mobility.

4. Devil's claw (Harpagophytum procumbens) is a herb native to Africa that has a long history in the treatment of arthritis, and there is some evidence that it may be a useful treatment as an anti-inflammatory. In a separate study, 250 men and women with pain in the lower back, knee or hip took two tablets of a standardized Devil's claw extract three times a day for eight weeks, which provided 60 mg of harpagoside a day. Improvements were noted in up to 70 per cent of participants, although it was more effective for hip and knee pains, than for back pain.

However, side effects were relatively common in the trial, with 11.6 per cent reporting effects such as gastrointestinal upset, nausea, vomiting, and allergic rash. In all, 10 patients had to discontinue treatment. In one experimental study over 60 days, 86 per cent of patients noted decreased morning stiffness.

Improvement was reported after just eight days on the treatment and continued gradually. Another study also showed positive results. Devil's claw is thought to work by inhibiting the release of molecules that promote inflammation. It has been found to be more effective than placebo and as effective as the drug rofecoxib (Vioxx).

5. Feverfew (Tanacetum parthenium) has a long history as a remedy for rheumatoid arthritis. It has been shown to inhibit the release of blood vessel-dilating substances and inhibit the production of inflammatory substances. Most of the research, however, has been confined to in vitro and animal studies. Select the best quality that you can, since many commercial preparations vary in the amount of feverfew's active component, parthenolide, contained within them. In about 10 per cent of individuals, chewing the leaves can result in ulcerations of the mouth and swelling of the lips and tongue.

6. Homoeopathy

In a double-blind trial, 23 patients with rheumatoid arthritis took first-line anti-inflammatory treatment plus homoeopathy, while a similar group of 23 took first-line anti-inflammatory treatment plus placebo. There was a significant improvement in subjective pain, stiffness and grip strength in the homoeopathy group and, perhaps most importantly, there were no side effects observed.

7. A proprietary homoeopathic preparation, Rheumaselect, was tested on patients with rheumatoid arthritis against a placebo, over a 12-week period in

a randomised double-blind, controlled trial. Although both groups improved, the improvement was more marked in the Rheumaselect group.

8. Paloondo, a plant found in Mexico and Southern California, was used by the Aztecs for inflammatory rheumatoid-arthritic conditions and has been found to be useful for RA in homoeopathic potencies. Euretina and Paloondon-Dragees, two patented medicines made in Austria and licensed in the European Union, have shown evidence of success.

Paloondon-Dragees has undergone a placebo-controlled Hahnemannian proving—the basic homoeopathic experiment in which a remedy is tested to determine whether it can produce the symptoms it is meant to cure—and was indeed found to produce arthromuscular rheumatism.

9. Cetyl myristoleate (CMO)

CMO, or cetyl myristoleate, is one of the great new hopes for most types of arthritis, other than osteoarthritis. It is meant to be particularly beneficial in treating cases of rheumatoid arthritis and in the fairly rare condition, psoriatic arthritis. CMO is made up of fatty acids and oils, which can be derived from fish or animal fat. CMO is a component of the unsaturated fatty acid cis-9-tetradecanoic acid, more commonly known as myristoleic acid. It is a part of our bodies, present in sebum, the oily secretion of our skin. It even covers our bodies as newborns and so eases our passage out into the world.

As such, it is viewed in the USA as a food supplement, and has not needed a license from the FDA. Dr Len Sands, director of the San Diego International Immunological Centre, is one of the chief advocates of CMO, although it was discovered by Dr Harry W. Diehl, a scientist at the US National Institutes of Health who'd embarked on a crusade to find a cure for arthritis.

Diehl, a specialist in sugar chemistry who had helped to isolate more than 500 types of compounds, had been best known for his ability to synthesise a type of sugar used to prepare the oral polio vaccine. In the 1940s, prompted by the plight of a neighbour who was crippled and incapacitated by rheumatoid arthritis, Dr Diehl decided to use his knowledge to find if any natural substance protected people from arthritis.

Before long, Diehl made a discovery about Swiss albino mice similar to that made later about sharks and cancer: for some reason, mice just didn't seem to get arthritis. Even when Diehl attempted to experimentally induce arthritis in this variety of laboratory mice, he wasn't able to do it. He then embarked on many years of study to find out what it was about these mice that made them virtually immune to arthritis.

After years of what he termed 'chemical sleuthing', he isolated CMO. This substance, which had never been identified before, is abundant in the blood of mice and was the factor, he postulated, that protected them against arthritis.

To test his theory, Dr Diehl isolated CMO from Swiss albino mice. When he injected the substance into rats, he found that he could completely prevent them from developing arthritis (ordinarily easily induced by injecting them with Freund's adjuvant, a kind of mycobacteria that causes arthritis in rats and other rodents). By comparison, injections of cetyl oleate, a similar oil, gave less protection, and cetyl myristate and cetyl elaidate, a relation of cetyl

oleate, were completely ineffective. Rats in the control group injected with Freund's adjuvant and not given CMO quickly developed swelling in the legs.

Diehl found that cetyl myristoleate worked best when injected directly into an inflamed joint.

Of course, whatever Diehl discovered about rats and mice couldn't automatically be applied to humans. It appeared that cetyl myristoleate had some ability to correct the immune dysfunction behind many cases of arthritis, but Diehl didn't understand the mechanism and wasn't certain that the same mechanism was present in people. He could make no claims for CMO until he tried it in humans.

In 1977, Dr Diehl produced and patented a method for making synthetic cetyl myristoleate, but could not interest any drug companies in producing and marketing his discovery. His ideas languished until the early 1990s, the folklore goes, when Diehl himself began to suffer from osteoarthritis. Diehl then tried out his own synthetic product on himself and it cured his arthritis. Over the last decade, reports of Diehl's successes on friends and family spread through the alternative medicine community like scrubfire, the result of which is that CMO has established a firm reputation as the latest magic bullet for arthritis.

Diehl's discovery has largely been supported by anecdotal reports although, in 1997, a Mexican doctor called Humberto Siemandi, the primary research administrator at the Hospital SM in Baja California, published a report of a large multicentre study conducted under the auspices of the Joint European Hospital Studies programme. The study, designed by rheumatologists and biostatisticians, randomly assigned 431 patients with moderate-to-severe arthritis from a number of hospitals into three groups: one would receive cetyl myristoleate; another cetyl myristoleate plus glucosamine hydrochloride, sea cucumber and hydrolysed cartilage, all products purported to fight arthritis and build cartilage; and the third a placebo.

The study's results are impressive. After 32 weeks, the two groups given cetyl myristoleate treatment showed significant improvement compared with the placebo group in the prevention of arthritic episodes. The same results had not been achieved with other standard orthodox arthritis therapies. Most impressive of all, the relief offered with CMO appeared to be long term.

The best results were achieved by the group taking the complex of CMO plus glucosamine, sea cucumber and hydrolysed cartilage.

This group achieved an 87 per cent response rate compared with 63 per cent of the patients taking CMO alone and only 15 per cent of those in the placebo group. The greater success seen in the CMO complex group would suggest that more than one factor may be involved in preventing all the complicated autoimmune mechanisms that cause arthritis.

One basic concern we have about the CMO craze is that no one has any real idea of how CMO works. Some claim that it's an immunomodulator which acts against the memory T cells in the immune system that attack your joints and 'corrects' this immunological error.

Writing in the Townsend Letter for Doctors and Patients, authors Charles Cochran and Raymond Dent suggest that CMO is a mediator of prostaglandin formation and metabolism. It's also been postulated that cetyl myristoleate somehow cranks up the production of immunoglobulins, and series 1 and 3

prostaglandins. Cochran and Dent say that CMO appears to share characteristics of the essential fatty acids linoleic and alpha-linolenic acids, but has stronger and longer-lasting effects, and is somehow able to correct a long-term deficiency in a short time.

Because of this, you don't have to take the substance for very long. Cochran claims that most people only need about 12-15g in total taken over a month, although much depends on how much joint cartilage damage you have because of chronic inflammation.

However, when taking CMO, it's wise to abstain from alcohol as it can interfere with your body's uptake of the fatty acid. Cochran and Dent recommend that you take CMO with other EFAs: 2-3g per day of omega-3 fish oils or 2 tbsp of flaxseed oil plus 300-500 mg daily of vitamin E. It's also wise to include at least 1500 mg of glucosamine sulphate per day to help rebuild damaged cartilage (3-6 g for one month, reduced to 1500 mg daily for a further three months in severe cases). They also suggest 500 mg of glucosamine daily as long-term maintenance.

9. KOSMED (and SCENAR)

KOSMED and SCENAR originates from over 40 years of development.

The original concept for the underlying technology arose from a study of the eastern concept of "contact zonal therapy" and eventually involved more than 100 doctors and scientists at a leading Russian radio-engineering institute. They are both now in increasingly wide-spread use.

KOSMED is currently being evaluated in clinical trials in the UK in order independently to prove the efficacy ascribed to the system. Until these clinical re-evaluations have been completed, KOSMED makes no claims to heal anything, other than to being an effective tool in the reduction and elimination of many types of pain. UK KOSMED practitioners do however continuously report remarkable beneficial effects arising from "pain" treatments.

At first glance, the KOSMED device looks like a mobile phone. The device is powered by a small battery and emits a series of variable sounds during a treatment session. Small impulses applied to the human body, in appropriate patterns and places, stimulate the body to activate, or re-activate, its self-recovery programmes. The body's so-called c-fibres (which make up 70% of the body's nerve fibres) carry the tiny electrical impulses which encourage the body to produce from its internal pharmacy of neuropeptides those appropriate to the particular pathological process. The KOSMED device also communicates via the body's autonomic nervous system and the meridian system (familiar to acupuncturists).

A bio-feedback loop is set up between the body and the treating KOSMED device—a constantly changing exchange of signals from the device not only influences the body's internal functions, but in turn adjusts the device itself, via feedback from the progressively stimulated body. No consecutive signals between body and device are therefore ever the same. This makes the KOSMED treatment programme truly dynamic as it continually adjusts to the patient's body at different times and in different physiological states.

The KOSMED treatment system has been shown to provide pain relief, accelerate the resolution of pathological processes, diminish symptoms and reduce inflammation. The effects appear to be fast, intense and long lasting.

Treatments not only tackle the presenting symptoms, they generally assist in improving the body state.