

WITH OUR COMPLEMENTS

The Journal of The Complementary Medical Association

Volume 36

Winter 2006

Price: £5.99

€ 8.99

\$10.99

Promoting Excellence in the Complementary Medicine and Integrated Healthcare Environment

Light and Colour

*Vibrational Energy Medicine
in the 21st Century*

By Dorothy Parker MSc.
Dip.C.Hyp. Master NLP, Dip CT

This article discusses the development of coloured light technology and practice implications for therapists in the 21st Century

Although we now live in the age of quantum physics our understanding of coloured light technology stems primarily from Newtonian physics and the energetic relationship of colour to specific frequencies of light. Over the last two hundred years this understanding has gradually evolved through pioneers such

(Continued on page 4)



The New Waters Hype or Not?

The purified, alkalising or "structured" waters. . . Are any of these actually superior to tap water and how could we tell?

The current interest in the properties of water and the benefit of drinking certain types of water is resulting in a number of very interesting theories related to the properties of water.

Some relate to the mineral content of water, some relate to the structure of water molecules and others are super

(Continued on page 5)

Hormone Health and a Clinical Tool That Promotes an Holistic Approach

By Alyssa Burns-Hill, MSc,
FRSH, MIHPE
CMA Hormone Health Expert

Hormones are a controversial subject that causes angst and confusion for women (in particular, but not exclusively) and pressure for solutions on doctors in general practice, gynaecology, endocrinology, psychiatry, psychology, oncology and even gerontology!

Confused about how many medical specialties can be involved with trying to resolve

(Continued on page 7)

Highlights In This Issue:

Light and Colour / New Waters / Hormonal Testing
CMA News
5HTP - Latest Research
Harp Therapy
Anti-Inflammatory Medication
A Lack of Research in Complementary Medicine?
Special Offers for CMA Members
The Trance of a Lifetime
Update on the "Open Letter"
Book Review
The Link Between Sugar and Pancreatic Cancer
Tea and Leukaemia and Cholesterol
Herpes - The Mind/Body Approach
Virtual Scanning
Introducing the CRS

1
2
3
5
8
10
13
14
15
17
18
20
22
23
24



A note from Jayney Goddard, President, Complementary Medical Association.

Welcome to the Autumn Winter edition of The CMA Journal. You may notice that the Journal has had something of a facelift. We have made a decision to change the format of our quarterly journal so that it becomes much more research orientated as opposed to being a "newsletter". One of the reasons for this is that complementary medicine seems to be under attack from various quarters allied to the pharmaceutical industry and one of the accusations that they constantly make is that complementary medicine is not based in science.

I feel very strongly that it is high time that we began to set the record straight and this is why this publication is becoming more of a technical journal than it previously was. So, we are looking for your help in submitting articles to us which illustrate how complementary medicine can be used successfully and we are particularly interested in case studies where there has been an official conventional medical diagnosis at the beginning of the case. This is a useful way of going about things because, as you know, very often when we report successfully treated cases, our results are pooh-poohed and we are told that the patient probably wasn't ill in the first place. Ideally, I would also like to see medical evidence of a resolution of the case. This needs to be a letter from the patient's doctor or consultant confirming that they no longer have the condition that they presented with. If you have any cases that match these criteria please do e-mail them to me as soon as you possibly can. I am beginning to collate a database of successfully treated cases and I already have a handful that illustrate that complementary medical approaches can be used, successfully, to treat a variety of diseases and conditions that conventional medicine cannot even begin to ameliorate. I believe that if we can make this database as widely available it will help to promote the professional, efficacious and viable nature of complementary medicine and encourage more people to seek complementary medical care when appropriate.

For the new look Journal, I also want you to submit fully referenced research papers for us to consider publishing. If you would like more information about our publishing guidelines these are available on The CMA website, The-CMA.Org.UK

Of course, we will also keep you properly up-to-date as to developments that directly affect you and your business as well. In addition, it is our intention to produce an e-newsletter in the New Year which will add to, sup-

port and enhance the content in this journal. Of course, if you would like to ensure that you receive the new e-newsletter, you will need to make certain that we have your up-to-date e-mail address. It has recently come to our attention that many members have changed their e-mail addresses and have not kept us informed. So, even if you think that we have an up-to-date e-mail address for you, e-mail us with your details just to be sure. The address to send this to is

Admin@The-CMA.Org.UK



Royal College of General Practitioners September 2006

Latest News

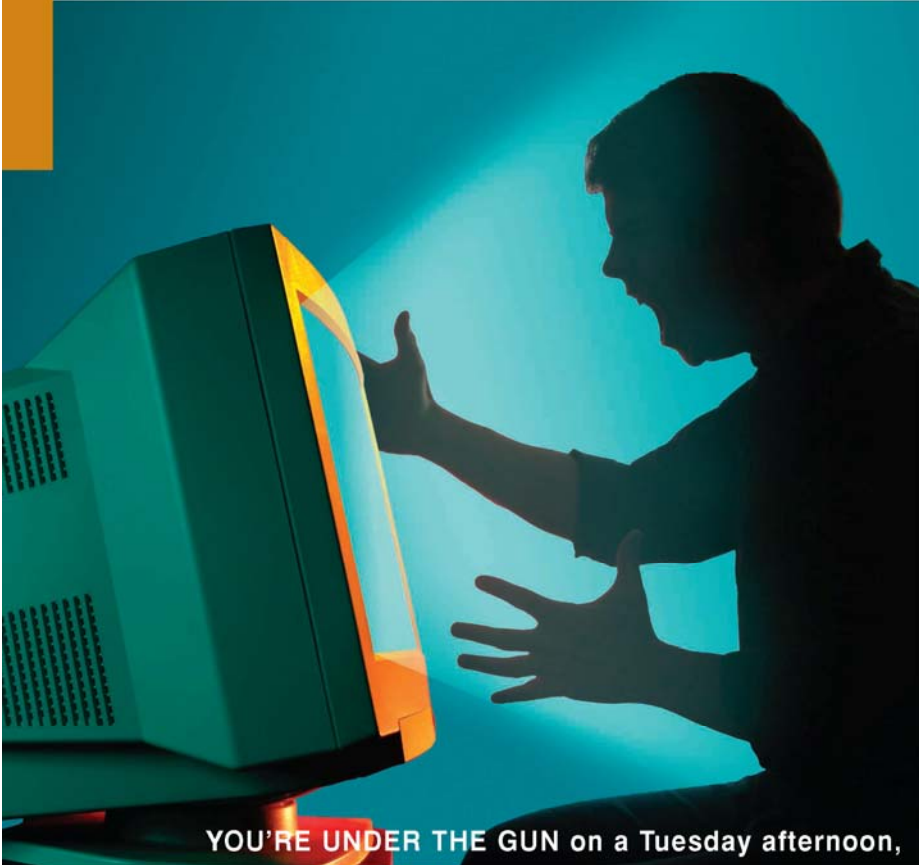
I spoke at various venues throughout the autumn, beginning with a lecture at the Royal College of General Practitioners in September. I spoke about diabetes and the amazing advances in the prevention of type 1 and 2 diabetes and also about how complementary medicine is leaps and bounds ahead of conventional medicine when it comes to treating the complications brought about by both forms of the disease. CMA Approved Supplier, AOR, kindly sponsored this talk.

Next came a trip to speak on Chronic Inflammatory Disease at the Natural Trade Show in Harrogate and then two talks (Professional Practice Development and *(This Article is Continued on Page 27)*)



The Graduate Institute Connecticut

Grab the CALMadvantage OVER OFFICE STRESS!



YOU'RE UNDER THE GUN on a Tuesday afternoon,

and you open up an important e-mail attachment to discover the file doesn't work on your computer. You start sweating, your heart races, and you fantasize about throwing your PC right through the window.

Sound familiar? The American Institute of Stress says that more than 110 million Americans take medication for stress each week, with about one-third of all U.S. workers reporting high levels of stress. More so than even home and family, work looms as the most stressful component in our daily lives.

THE SCOPE OF OFFICE STRESS

In a 1999 report, the National Institute for Occupational Safety and Health defined workplace stress as, "The harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker."

Paul J. Rosch, M.D., F.A.C.P., president of The American Institute of Stress, told *Healthy Living*, "Americans perceive they are under more stress now than ever before, and this is true for all demographic groups. It is also clear that job stress has escalated progressively over the past four decades."

The National Mental Health Association says work-related stress results in about one million missed days a year, and "untreated and mistreated mental illnesses cost the United States \$150 billion in lost productivity." The Association adds ominously that job stress is now linked to heart disease, lung ailments, suicide, and even cancer.

It's all enough to get one, well, stressed!

Long hours and scant vacation time create a host of stress-inducing problems, from poor diet and a lack of exercise, to severely disrupted sleep patterns. Experts agree that changing one's lifestyle and dietary habits is the surest way to de-stress and to lead a complete life, but such broad solutions aren't easily undertaken.

Thankfully, Advanced Nutritional Innovations' (ANI) CALMadvantage™ has arrived. This proprietary, all-natural herbal blend relieves stress and relaxes nerves, and it does it all without making you drowsy.

CALMADVANTAGE'S ALL-NATURAL BLEND

The 2003 Naturopathic Physician of the Year, Chris Meletis, N.D., formulated CALMadvantage by combining the non-drowsy, relaxing agent, L-theanine (more on that later), with 5-hydroxytryptophan (5-HTP) and methylsulfonylmethane (MSM).

Continued on Page 26

(Continued from page 1)

Use your skills to help London's homeless...

Every year St Mungo's helps more than 5000 homeless and vulnerable people with housing, employment, training and health.

We are looking for qualified and insured practitioners in complementary medicine to deliver treatments in our London based hostels.

Volunteers will receive training in working with homeless people as well as travel expenses and a meal allowance.

For more information phone Volunteer Services on:

0207 549 8246

or email:

[volunteerservices@
mungos.org](mailto:volunteerservices@mungos.org)

Homelessness, be a part of the solution

as Pleasanton 1876 Pancoast 1877 & Babbitt in 1878 followed by Dinsha Ghadali in 1920 who developed the 'Spectro-chrome Program' using colour tonation to the body. However, despite recorded success rates Ghadali's work was suppressed and discredited by the US government and he was forced to stop practising and after this coloured light therapy went underground in the US and research focussed on the health benefits of light through the eyes with Spitler's 'Syntonic Principle' and Dr John Ott's research in the 1950's into the ecology of light and the health benefits of full spectrum light which is used today for S.A.D. and other disorders.

With practice restrictions lifted, 'The Light Years Ahead' 1992 conference in the USA brought together contributors such as Dr Downing, Norman Shealy, Jacob Liberman, Dr Steven Vasquez and others working in the field of coloured light technology, and since then our understanding of light and colour has accelerated and we now have bio feed back machines which can measure and show the energetic state of chakras and the effect of practitioner intervention, and the latest development of photo dynamic therapy (PDT) which uses deep intensive laser light penetration with a coloured agent for cancer treatments.

With no restrictions on practice, coloured light technology using coloured light on the body continued to develop in the UK and this information became incorporated into some training modules but not all, consequently, some colour therapists practice from a knowledge base of both scientific and metaphysical principles whilst others work mainly on a metaphysical and esoteric basis and for these therapists keeping pace with the scientific aspects may not only seem daunting but unwelcome as they may prefer to work more intuitively. Also the cost of some technological equipment is beyond the reach of some practitioners. However with registration now a reality for complementary medicine I would suggest that if therapists want the professional recognition they deserve it is imperative to be seen to embrace both scientific and metaphysical principles. This can be done by using an integrated psychological approach without expensive coloured light technology and the next article will discuss the affordable therapeutic system I have developed for practitioners to move coloured light therapy into the 21st Century where it belongs.

References:

- 1 Quoted in Breiling Brian Light Years Ahead - The Illustrated Guide to Full Spectrum and Colored Light in Mindbody Healing Light Years Ahead Production (1996) ISBN 089087-762-9 USA
- 2 The Principles of Light and Colour Edwin D Babbitt Edited and Annotated by Faber Birren Citadel Press (1967)
- 3 ISBN 0-8065-0748-9
- 4 as 1
- 5 as 1
- 6 Ott John N. Health and Light 1973 Ariel Press ISBN 0-89804-098-1
- 7 as 1

(Continued from page 1)

processed waters with things taken out, added in or “energized” is some form or manner. At this stage it becomes a forum for debate and opinion and as such the following comments are my own thoughts on this matter.

Purified Water: In the strict sense, “purified” means water that has been treated to make it free from harmful bacteria and chemicals. In this case, providing that not all the minerals have been stripped out in the process of removing the harmful ones, then fine, it is a legitimate way to provide drinking water. However, purified in the sense that all the minerals have been removed to leave behind H₂O and nothing else is a different matter.

Water, by its nature really likes to absorb other elements. Therefore it will be at its most active when stripped down to its basic form. One of the most commonly occurring gases is Carbon Dioxide (CO₂). Water and CO₂ combine to form carbonic acid. The production of carbonic acid will reduce the pH of water, making the purified water acidic. Low pH water is going to be less beneficial to a person than a pH neutral or slightly alkaline water. There is also the likelihood that purified water will quickly absorb salts from the body thereby reducing the level of essential minerals needed.

Alkalisng Waters: According to current thought, it is preferred to imbibe water that is on the alkaline side of the pH scale i.e. higher than pH 7. It is thought that by drinking alkaline water, it will prevent an increase in stomach acidity. However, in a similar way to the purification of water, there is a serious question to be asked concerning the stability of water that has been altered by the addition of minerals that will increase alkalinity. If the mineral content of the water is not balanced, then there will be fairly quick reactions to establish stability once this water enters the body and it will either be through the liberation of the alkalizing mineral or through the absorption of minerals from the body. Therefore whilst drinking water that is alkaline may be good for you, it is important to make sure that the pH is not too alkaline and that the alkalizing agent used is stable enough in solution.

Structured Waters: This is the most controversial of the three, in that there are claims that water can reflect moods, energies and can store information. On the face of it, these are quite hard to accept and images of different ice crystals related to different circumstances are a long way short of conclusive evidence. Water is essentially inorganic. It is an assemblage of elements based around hydrogen and oxygen atoms that in combination can readily dissolve up to 50 grams of mineral, so it is very difficult to envisage water as having a mind or will of its own to reflect external emotional influences.

However, it is known that water, in its natural state will reflect the locally occurring energy stored in the rocks or from the earth's own magnetism. It is in this way that diviners feel the presence of water (or minerals for that matter) in the ground. The level to which water will be affected in this way will depend on the nature of the local geology and the mineral content of the water. The rock types that make up the earth and give up their minerals to be contained in water will give a unique signature to each natural source of water. Therefore, it could be said that water that has been in contact with the earth is reflecting in some way the earth's story and that it does in fact store information. In this respect, the integrity of a water source can be compromised by the presence of chemicals resulting from human activity. Take for example Nitrates. These occur in many drinking waters, including many bottled waters, but in most cases they are a direct representative of human activity having a negative effect on the water. Nitrates are just one example of a large number of contaminants related to human activity that can be present in

(Continued on page 6)

HARP THERAPY FOR CANCER PATIENTS

Cancer patients in Cardiff will be played harp music as they receive their chemotherapy after research showed the sound of the instrument eased pain.

Internationally reknowned harpist Bethan Hughes has been employed by Velindre Cancer Centre to play music to people being treated there. It follows research in America which showed that listening to the harp lowered the heart rate.

Ms Hughes, who is a trained harp-therapist, trained in the Harp Therapy programme in the USA – where Harp Therapy is used extensively and well researched. She has worked in hospitals and hospices in the US and is also working with troops from the armed forces who are suffering from post-traumatic stress in order to ease symptoms.

Harp therapy helps the patient's body relax whilst they're undergoing the treatments they're receiving and doctors and nurses feel that the benefits are very positive.

Ms Hughes says "I also worked in cancer hospitals and hospices in America so I know how advanced they are with harp therapy research over there. It would be nice to use what I've learnt in Wales. As an international performer, we are so used to being trained classically but with harp therapy we're trained in so many aspects - vibration frequency, resonance tones, and the medical and physical side of the strings and vibration levels of the harp. It definitely works. I'm actually using it with the UK and US troops on the front line and they're finding that the stress levels and post-traumatic stress levels are lowered."

Staff at Velindre are hoping that the sound of the harp playing will have a positive effect on patients.

Surveys before and after treatment to monitor how patients respond to the music and whether it reduces stress levels will be carried out as part of the therapy.

(Continued from page 5)

your drinking water, but within the allowable limits set by legislation.

When looking at water in relation to "new" waters in their various guises, it may be just as well to take a journey to a time when the need for water was a precarious part of every day life.

The human has the capacity to last for a matter of hours without water therefore our need for water is an integral part of our survival instinct.

There are very few people in the developed world today who would have any idea of what it would be like to be deprived of this essential component of our life, but take yourself to a place where there is no tap, bottled water or crystal clear spring round every corner and you will be approaching the state experienced by our forebears for the vast majority of our species existence. If you can comprehend this, then you will start to appreciate how powerful our in built mechanism to seek out water must be. In the 4.5 million years that represent our evolutionary existence, the vast majority of this time has been spent with an infinitely more desperate struggle to survive than we experience today. Our design and make up is conditioned for this way of life, a life far removed from the comforts of the modern world.

Is it the case that deep in our subconscious, there is an almost redundant aspect of our instinct that relates to our essential need for water? Could it be a reawakening of this instinct that is resurfacing to remind us of the importance of water?

In the urbanized municipal world of on tap water supplies, large companies tend to be responsible for the delivery of safe, clean drinking water. Governed by legislation that allows for the addition of chemicals and a degree of processing, the water we get delivered through the tap is, in most cases very different to the water we would crave for by instinct. We are conditioned to be revolted by substances that would be harmful to our bodies, obvious examples being rotten flesh or sour milk. In the same way are we being warned away from treated water that contains chlorine, or treated water that has an odd taste to it? The introduction of certain sterilizing agents and cleansing agents into drinking water may be within the allowable limits set by legislation but are we going to discover some long term effect of these additives that was never covered in the research that set these limits?

Perhaps it is more prudent to recognize the power of a deeper instinctive understanding of water within ourselves than to try and find a complicated alternative to what nature, untainted by human processes, is already providing for us.

Fíor Uisce Teo.
Tourmakeady
County Mayo
Ireland
Tel: ++ 353 949544906
www.fioruisce.com

Freshwinds . . .

is a charity in Birmingham offering complementary therapies to adults and children with life threatening and life limiting illnesses.

We are well recognised and respected for this work, as evidenced by the referrals we get from a variety of health care professionals / organisations.

We follow an Integrated Medicine model of care – safely combining the complementary therapies with the conventional treatments the person is already receiving.

We rely on qualified volunteer therapists to provide this valuable service. Patient care is co-ordinated by Medical Officers within the charity.

In return for their valued commitment, volunteer therapists have access to regular therapists meetings, which include a training/education component.

Sometimes we also organise workshops for the therapists to aid in their continued professional development. The therapists also find it a rewarding and developing experience working in a multidisciplinary team with other therapists and medical officers, sharing knowledge and enhancing skills.

If you would like to volunteer, please contact us for a volunteer application form:

Freshwinds, Prospect Hall, 12
College Walk, Selly Oak, Birmingham, B29 6LE
Tel: 0121 415 6670

(Continued from page 1)

hormone problems?

Hormones are not just restricted to the endocrine specialty of medicine. The physical, mental and emotional symptoms of hormone imbalance often find their way to the doors of CAM practitioners for help when medicine has failed or when people want more natural solutions.

Let's look at a tiny fraction of the evidence of their diversity of effect:

- Anxiety disorders can and do have a basis in hormonal imbalance as do depression and migraine, Archives of Internal Medicine (October, 2006).
- A link has been established between HRT (specifically synthetic oestrogen) and Alzheimer's Disease, Journal of Endocrinology (October, 2006). Whilst another shows hearing loss (September, 2006 Endocrinology News) as a recognised side effect of HRT.
- Stress hormones play a central role in the development and progression of Alzheimer's, Journal of Neuroscience (August 2006).
- Meanwhile, researchers in Oregon, USA (at the 36th annual meeting of the Society for Neuroscience, October, 2006), report that there *is* a link between the sex hormones and emotions.

Finally, I have to admit to being deeply saddened by the publication of another study in the October issue of the Journal of Clinical Psychiatry; researchers are recommending that women with moderate-to-severe PMS should be prescribed with low dose anti-depressants. (PMS is an aspect of hormonal imbalance.)

The important thing to remember is that synthetic hormones do not balance hormones, they cause more imbalance and anti-depressants merely mask symptoms. The tragedy of this story is that women are being affected in their 20s, 30s, 40s, 50s and even into their 60s. These types of health problems are not merely the result of a deficiency or an excess of one particular hormone. There are many factors that contribute to disease but, where hormonal involvement is suspected, imbalances can be a great place to start because they can also have a major impact on the person's experience of a health problem too.

Hormonal imbalances can be deceptive because they can give mixed messages, they can be inhibited by nutritional deficiencies or environmental toxins and they can be blocked from a cell receptor that is occupied; by cortisol, for example. These types of problems are not just limited to the obvious sex hormone connections either. Inflammatory Bowel Disease can induce high levels of cortisol and lead to symptoms of oestrogen dominance: tender breasts, water retention, bloating and mood swings amongst other things, which only add to the stress of the condition.

Hormone testing may not be a new concept to some of you, whilst others may be worried that they will actu-

ally find results useful enough in their work or, even whether they will be able to interpret them. Well, you don't need to be. If you get full reporting that includes the correlation of specific symptoms with lab results you can start to build an important picture and an objective context of the health problem, which can be acutely satisfying as you can be confident that these are not only addressing individual, and groups of, symptoms, but also underlying causes.

Are these tests accurate enough? You can be sure they are clinical quality and approved by the World Health Organisation ...

Saliva and blood spot testing are non or minimally invasive which opens testing up to anyone, and there is no need for a phlebotomist or the need to rush samples by courier to a processing lab. (Samples are provided in the privacy of your client's own home - no impact on your insurance!)

Testing of bio-available, or 'free', hormones allows for much more accurate and relevant reporting. Generally, less than 5% of our hormones are active and available to the body to use. If you are measuring total amounts, as in serum testing, any small discrepancy is going to be deemed clinically insignificant but if you are measuring the free element of the hormone you can have a much more accurate picture.

Detailed questionnaires about symptoms allow a real correlation between results and the individual. This is invaluable information for any doctor, practitioner or lay person to be able to see how laboratory results fit into the context of the person being tested, informing the compilation of a personalised natural approach to hormone balancing by any CAM practitioner.

It has been shown that having objective testing as part of your clinical practice it will improve understanding, confidence in your practice, client compliance and ultimately the outcomes!

Alyssa Burns-Hill, MSc, FRSH, MIHPE is the resident Hormone Health Specialist at Bio Vitality Limited, the Guernsey-based hormone health company and is The CMA Hormonal Health Expert.

Bio Vitality has a CMA CPD Approved Hormone Masterclass for CAM practitioners, which includes your own hormone testing.

Contact: www.bio-vitality.com,

Bio Vitality Ltd, P O Box 493, Guernsey, GY1 6BY Tel: +44 (0)1481 258225 or +44 (0)207 7193 6460

Email: admin@bio-vitality.com

Anti-Inflammatory Drugs—The Conventional Medical Options

The NSAID (NonSteroidal, Anti-Inflammatory Drug) is the most common drug for a variety of inflammatory conditions, and, as its name suggests, it is a pain-killer that also reduces swelling.

The best-known NSAID is aspirin, which, along with its derivatives, known as salicylates, can cause gastrointestinal problems, such as stomach bleeding and ulcers, a reaction common among all the NSAIDs.

These drugs mainly work by inhibiting the synthesis of prostaglandins, and thus suppress inflammation. (They also do a number of other things, such as interfere with enzyme production, the ramifications of which we don't understand.)

The problem is that the drugs don't just interfere with the prostaglandin, they block all formation, particularly at such high doses. Since this substance plays a major role in normal gastrointestinal function, not surprisingly, NSAIDs interfere with it. According to Drs Peter M. Brooks and Richard O. Day, two Australian rheumatologists: *"The gastrointestinal effects of NSAIDs include gastric erosion, peptic ulcer formation and perforation, major upper gastrointestinal haemorrhage, and inflammation and change in the permeability of the intestine and lower bowel."*

Brooks and Day estimate that the risks of being hospitalised due to gastrointestinal adverse effects are "seven times" that of patients not given the NSAIDs. "These results led these investigators to suggest that, in the United States, the syndrome of NSAID-associated gastropathy accounts for at least 2,600

deaths and 20,000 hospitalizations each year in patients with rheumatoid arthritis alone."

These statistics could be very conservative; the American drug regulator, the Food and Drug Administration (FDA), estimates that 200,000 cases of gastric bleeding occur each year, with 10,000 to 20,000 deaths.



In the UK, some 4,000 people die each year from taking NSAIDs—double the number of deaths from asthma.

Brooks and Day say that the elderly or those with a history of peptic ulcers are at particular risk of gastrointestinal complications, "including death". They go on to conclude that NSAIDs are the direct cause of 20 to 30 per cent of all cases of complications following peptic ulcers.

The FDA now places a warning in with each NSAID prescription: *"Serious gastrointestinal toxicity such as bleeding, ulceration and perforation can occur at any time, with*

or without warning symptoms, in patients treated chronically with NSAID therapy."

Besides ulcers, other studies have shown that ibuprofen can cause colitis; and indomethacin, naproxen and a sustained release preparation of ketoprofen may cause perforations of the colon. Ibuprofen has also been linked to deaths among asthmatics, and has caused severe stomach bleeding which has also been fatal, according to the Physicians' Desk Reference, the US's drugs reference bible. (*Similar to the British National Formulary – Ed.*)

NSAIDs have also been known to cause Parkinson's

(Continued on page 9)

(Continued from page 8)

disease, hair and fingernail loss, and damage to the liver and kidneys. Doctors from Beth Israel, Harvard Medical School and elsewhere reported seven cases of "significant hepatitis" and one death from using diclofenac sodium, an NSAID marketed as Voltaren. Hepatitis can develop several weeks after initiation of the drug and last four to six weeks after discontinuation. One death has been reported even after early withdrawal and three other deaths have been associated with this drug. It is not known whether this particular drug is more likely to cause hepatitis than any of the other NSAIDs.

The COX-2 inhibitors

To counter problems of stomach upsets with the NSAIDs, drug companies have devised two new drug families—the nonacetylated salicylates, and COX-2 (cyclo-oxygenase-2) inhibitors. The latter is designed to stop the release of cyclo-oxygenase 2, a chemical in the body that can cause inflammation.

The COX-2s have been, until recently, the preferred therapy for arthritis care. Two of the first to be marketed—Celebrex (celecoxib) and Vioxx (rofecoxib)—quickly became the most successful drugs in medical history, outstripping the demand even for Viagra.

Celebrex suffered a dramatic, but short-lived, dip in sales after 10 people who were taking the drug suddenly died. However, a causal link between the deaths and the drug was never established. And Vioxx has been voluntarily removed from the international market after a possible association to heart problems, even resulting in death. Alarmingly, a recent study revealed that the drug could cause an increased risk of heart attack and stroke if taken for even a short period.

This association is currently being tested in a series of class action cases throughout the United States. The settlements are likely to be the highest in commercial history.

In addition, one of the newer COX-2 drugs, Bextra (valdecoxib), has also been linked to life-threatening skin conditions, and to anaphylactic reactions.

Other anti-inflammatories

Other anti-inflammatories, which have become less popular with the rise of the NSAIDs, include gold,

methotrexate and sulfasalazine.

Methotrexate, which is fast becoming the treatment of choice in the US for rheumatoid arthritis, was developed as a cancer drug. It is one in a family of drugs called slow-acting anti-rheumatic drugs (SAARDs) or disease modifying anti-rheumatic drugs (DMARDs), which have been considered as second-line therapies, i.e. to be used if nothing else has worked.

Traditionally, they have been prescribed to patients with advanced rheumatoid arthritis to slow its progress. Rheumatologists are working on the theory that arthritis is a malfunction of the immune system; as such, they are using powerful immunosuppressants, cell-blockers and steroids to arrest the condition.

Favourite among the SAARDs always used to be gold, given either as an injection or in tablet form. But it is so toxic that about 35 per cent of patients have suffered side effects bad enough to stop the treatment. In fact, gold is considered so dangerous that many specialists are turning to methotrexate as a safer option. *(However, risks of using Methotrexate include lymphoma and other cancers – and if the patient has suffered from Epstein Barr Virus (Glandular Fever), the risk of developing cancers, including lymphomas, is greatly increased. My observation is that in the USA patients are questioned about his aspect of their health history – but not asked in the UK! - Ed.)*

Common among the side effects of most of the DMARDs are nausea, vomiting, abdominal pain and diarrhoea. Even after suffering these reactions, the patient may be no better off. Fortunately, with gold treatment at least, an intolerance can usually be quickly spotted when the patient develops mouth sores or rashes.

Specialists do not understand how DMARDs work—if and when they do—but accept they can be highly toxic and even life-threatening.

This article was prepared by What Doctors Don't Tell You, the research-based health journal for consumers and practitioners. An annual subscription is £49 for UK subscribers. More details on www.wddty.com or by telephoning 0870 444 9886. See the special offer for all CMA members elsewhere in the Journal.