

MEDICAL GENOCIDE

PART ELEVEN

The Arthritis Foundation, which collects millions of dollars every year, has repeatedly refused to seriously consider an inexpensive method of controlling this disease.

THE CRIPPLING OF AMERICA

BY GARY NULL

At a time when the guardians of medical orthodoxy are stepping up repression against dissidents, a new phenomenon is beginning to emerge. Suddenly, serious criticism of accepted, long-established medical practices is blossoming from *within* the medical establishment.

For years, the alternative health movement has charged that conventional medicine deals inadequately with the issue of prevention, suppresses information about alternative treatments, and refuses to take responsibility for iatrogenic illnesses—those caused by medical treatment itself.

This position has been supported by occasional lone voices from within the establishment: Cardiologist Thomas Preston, M.D., who criticized coronary-bypass surgery in the *Atlantic Monthly*; pediatrician Robert Mendelsohn, whose series of best-selling

books, including *Confessions of a Medical Heretic*, criticize traditional practices and trace their origins to material interests; and obstetrician Tom Brewer, who crusaded single-handedly for many years against low-salt, low-calorie diets for pregnant women.

But now—just when the American Medical Association is pushing for legislation against so-called quackery; when medical societies are pursuing chelation therapists in ethics hearings and in courts all over the country; when pioneering cancer researchers like Dr. Emanuel Revici face persecution and loss of their licenses; when, in short, the medical establishment is desperately trying to close the door on alternative therapies and treatment modalities—a loud chorus of critical voices is arising from within the establishment itself. The situation is no longer that of the oc-

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casual disillusioned medic blowing the whistle on an outmoded traditional practice. The number of well-credentialed people speaking out is now greater than at any other time. At last, the public is being given an opportunity to find out exactly what kind of trouble medicine is in.

For example, a leading surgeon who spent 51 years in the Cleveland Clinic's Department of Surgery is raising serious questions about various types of conventional surgery. A former editor of the *Journal of the American Medical Association* is questioning the value, accuracy, and safety of many frequently performed medical tests, and numerous articles that question frauds in science and medicine have been published in respected medical journals.

This series introduces six of these vocal dissidents, each of whom was interviewed in depth to produce these articles. Leading critics of medical orthodoxy—some from positions of prestige and power within the establishment and others who have managed to survive outside it despite the pressures brought to bear against alternative practitioners—speak out on the crisis in medicine and what can be done about it.

Future articles in the series will include discussions of heart disease, cancer, unnecessary surgery and medical tests, women's health, the wanton promotion of dangerous drugs, and other issues. This first article is based on the controversial arthritis treatment advocated by Marshall Mandell, M.D., an establishment-trained allergist who has turned to clinical ecology.

The Arthritis Foundation proclaims that arthritis is incurable and loudly denounces any physician who practices clinical ecology, metabolic nutrition, orthomolecular medicine, or who prescribes food supplements, detoxification programs, or rotary diets to uncover food allergies.

One could accept the argument that such therapies are questionable if there were no established criteria for measuring changes in arthritic joints, or if the therapists were unqualified. But what can be said of a board-certified specialist with impeccable academic and clinical credentials who has taught, published, and presented information to his peers for a quarter-century; who has cumulative experience treating tens of thousands of patients by these methods; and whose field includes hundreds of medical professionals with similar credentials?

To deny the individual and collective experience of these scientists is itself unscientific. Such denials can be understood only by considering the following argument: For the arthritis establishment to acknowledge that diet or food sensitivities might play a role in causing or treating arthritis would establish a precedent, allowing a forum for the theory to be demonstrated as fact.

There are over a hundred forms of ar-

thritis, as the Arthritis Foundation is quick to point out—a smoke screen behind which they hide the inadequacies of the traditional methods of treatment.

Rheumatoid arthritis and osteoarthritis are the most common forms. Six to eight million people in this country suffer from it. The disorder is a lifelong course of pain and progressive disability. Around ten to 20 percent are bedridden.

About half of rheumatoid arthritis cases can be controlled by symptom-suppressing drugs, but that doesn't eliminate the disease. During the course of the illness, there are periods in which it quiets down. The traditional physician calls these remissions. Rheumatologists and the Arthritis Foundation offer no explanation for remission—or for flare-ups—except to say that these are characteristic of the illness.

In contrast, there is no question that clinical ecologists can turn rheumatoid arthritis around, slow it down, and "cure" it by identifying and manipulating the underlying factors that trigger it.

The other common form of arthritis, osteoarthritis, isn't actually an inflammation, as the word *arthritis* suggests; rather, it's a degenerative illness involving a breakdown of the internal structure of joints through use and other factors, known and unknown. We know that allergies and nutrition play an important role. People who have osteoarthritis can greatly benefit from an investigation of dietary and environmental factors, including air pollutants and chemicals that contaminate our food and water supply.

One of the methods that proves these factors are important is the spring-water fast, conducted in a controlled environment—usually in a hospital, although it can be done satisfactorily at home. By using pure spring water in place of ordinary tap water, a person can eliminate chlorine, fluorides, pesticides, and industrial waste from his diet. The next method is control of the patient's domestic environment. Chemical pollution of indoor air is prevented by prohibiting the use of waxes, polishes, and disinfectants in maintaining the hospital room or the home. The patient is protected against these and other indoor pollutants, such as insecticide sprays, laundry detergents, chlorine bleach, and toxic glues, that we have come to accept as part of our normal way of living. Paints, gasoline, and lawn and garden chemicals, which are frequently stored in garages, can affect people sleeping in adjacent rooms. Building materials also present a hazard, especially those that contain formaldehyde, which is found in plywood and particle board and is used extensively for paneling and carpeting.

If we can protect a person for four to six days from these chemicals, the number of ailments that can be ameliorated or completely cleared up is amazing. These simple ecological measures have been termed "comprehensive environ-

mental control" by Dr. Theron G. Randolph of Chicago.

Comprehensive environmental control—most easily achieved in a specially designed hospital unit—is our working model. However, most people do not need to go to a hospital to find out what dietary and environmental factors cause their flare-ups or perpetuate their chronic illness. They need only be tested by exposing them to these various substances and by ridding their homes of as many chemicals as possible. This procedure enables arthritis to be stopped 80 to 85 percent of the time.

By fasting patients in a clinical-ecology hospital unit, we find that within four or five days many arthritis patients are pain-free or are able to move limbs that were greatly restricted before they came into the hospital.

Once arthritis symptoms clear, they tend to flare up again as a result of the patient's eating particular foods. Foods that cause these symptoms can be determined by feeding single foods as test meals to each patient. If an arthritis attack can be triggered within, in many instances, one to four hours after a meal of two bowls of some breakfast cereals, a causal link can then be established. The same connection can be made with other common foods.

Critics who contend that clinical ecology leads to food fears are merely raising a smoke screen. Their arguments are frequently semantic, for instance: "We don't know whether it's allergy or intolerance." But it doesn't matter what the problem is called. This method of diagnosis and treatment enables us to control the disease and eliminate symptoms. An arthritis patient might also have asthma, colitis, migraine, or multiple sclerosis, all of whose symptoms may also be reproduced by food tests. Thus, someone who seeks clinical-ecology treatment for arthritis may also learn how to control other chronic health problems that are caused by unrecognized, unsuspected, and often misinterpreted allergies or allergy-like sensitivities.

At the end of a hospital investigation, after symptoms have been cleared up as well as reproduced by specific substances in that person's diet or environment, the patient is then sent home with a program in which the major offenders are eliminated. The patient can see that his condition can be turned on or off.

The Arthritis Foundation has ignored several studies that document the efficacy of clinical ecology. One of these involved arthritis sufferers at hospitals in North Carolina, Chicago, and Dallas. Patients were admitted to each hospital with confirmed diagnoses of rheumatoid arthritis of the hands as well as other joints. At the end of five days of controlled-environment fasting, 87 percent of them were either greatly improved or completely well. When foods were reintroduced one at a time, there were flare-ups

of each patient's typical arthritis symptoms. All the usual studies for rheumatoid arthritis were done; laboratory measurements were taken of handgrip strength, joint pain, and the circumference of the arthritic joints. These measurements conclusively showed that numerous significant changes had occurred during food-provoked flare-ups (which lasted only a few hours because each of the arthritis-causing foods was eaten by the patient just once).

At the end of the study, statisticians carefully analyzed the evidence. They found that the changes correlated with the ingestion of specific substances—different but consistent for each patient—and that they could be reproduced reliably once each patient's offending substances were identified. Changes in joint size, grip strength, and pain level could not have been coincidental. The results of this study were sent to the Arthritis Foundation in 1982. It never published the report.

It is a tragedy that the Arthritis Foundation, which collected \$36.2 million in 1985, has repeatedly refused to look into this area. The foundation describes arthritis as an incurable disease of unknown cause. It suggests psychological treatment to help arthritics adjust to lifelong suffering, and says that through drugs and supervision by an arthritis specialist the disease can be controlled. It has been shown that arthritis sufferers can be helped without risking the serious side effects of drug therapy.

We can only speculate on the motives of the Arthritis Foundation. Perhaps it's afraid its fund-raising would be affected if it could be shown that arthritis sufferers do not need new drugs but a comprehensive investigation of their diet, eating habits, nutritional status, and overall environment. The foundation would certainly lose the financial support of pharmaceutical sponsors.

Whatever its motives, the Arthritis Foundation has consistently refused to send a medically qualified expert to accurately observe and report on what happens to a group of arthritis patients involved in the simple and highly effective program developed by Dr. Theron Randolph. Their cooperation in such an investigation would show that this disease can be stopped, with partial or complete remission occurring in less than a week. The Arthritis Foundation has often been invited to send its best specialists to inspect hospital units such as Dr. Randolph's in Chicago. If it did so, it would find that eight out of ten people who arrive in a crippled state feel much better or completely restored within four to seven days. It would be impossible for it to attribute these results to "spontaneous remission"—their usual way of dismissing clinical-ecology results.

The Arthritis Foundation does not have the right to approach the public for funds unless it investigates the effectiveness of

all methods with which competent members of the healing professions have reported clinical success. It should not ignore the reports of such physicians and their patients with the excuse that the evidence is anecdotal. Furthermore, it should not insist upon controls when every human being is biologically unique and can serve as the best control of his own illness: Each patient's previous pre-treatment condition must be compared to his condition after ecologically and nutritionally oriented treatment has been employed. If one factor can predictably and consistently produce the same symptoms in an individual, it's difficult to see the value of a separate control group.

The issue here is censorship based on financial concerns and, perhaps, the emotional repercussions for doctors who have spent years concentrating on drug therapies. Perhaps these doctors feel threatened, both psychologically and financially, by the idea that their knowledge is unnecessary for many patients.

The Arthritis Foundation, the Pharmaceutical Advertising Counsel, the Food and Drug Administration, the Federal Trade Commission, and the Post Office Inspection Division have been issuing pamphlets and literature denying the relationship between food and arthritis and condemning metabolic nutrition and clinical ecology by name. Unfortunately, the American College of Allergists and, to a greater extent, the American Academy of Allergy have taken similar positions. These organizations are blatantly denying facts that have been scientifically proved and documented.

There is no final answer for all arthritis sufferers. Private physicians do not have the resources to do the kind of research that would be necessary to learn how to help the 15 percent who don't respond to clinical ecology. The Arthritis Foundation does. It is looking into immunology to try to understand why arthritis occurs, which is good, but it is ignoring already productive avenues. It's hard to see why. The March of Dimes survived when polio was vanquished; it just shifted its focus to birth defects. Surely the Arthritis Foundation could make a similar transition.

The Arthritis Foundation does not stand alone in its neglect. The National Multiple Sclerosis Society, United Cerebral Palsy, the Lupus Foundation, and others are equally protective toward the diseases they currently monopolize. These charitable nonprofit organizations stubbornly refuse to approach the illnesses they think they own with open minds, or to keep the best interests of the afflicted individual as their major objective. Meanwhile, important breakthroughs are being ignored, leaving millions of trusting and hopeful people in ignorance.

Traditional rheumatologists deny that allergy has anything to do with arthritis, yet they themselves admit that the immune system—which is intimately involved with allergies—is related to ar-

thritis. They are willing to poison people's bodies with potent toxic drugs, such as cyclophosphamide, also known as Cytoxan, a synthetic anticancer drug related to the nitrogen mustards, or with azathioprine, also known as Imuran, which suppresses the immune system and carries with it the risk of inducing cancer and lowering the patient's resistance to infection.

An elaborate technique, plasmapheresis, costs thousands of dollars and involves treatment of the arthritic patient's blood in an attempt to remove antibodies. This technique is highly regarded by the establishment, surrounded as it is by an aura of technology and science. But elaborate techniques are neither necessary nor curative for the 85 percent of arthritis patients who can be helped by simple, natural measures.

A natural treatment is far safer than drug therapies. One arthritis drug has caused a number of deaths in elderly people. Other commonly prescribed arthritis medications can damage the liver or cause intestinal hemorrhages, among other problems. Patients given drugs that suppress inflammation but do not correct the underlying problem, like Prednisone or other cortisone-like drugs, may face very serious, long-term side effects; these drugs can interfere with the healing of fractures, cause fluid retention, aggravate stomach ulcers and diabetes, and cause psychiatric disorders. Even aspirin, frequently prescribed in high doses for arthritis early in the illness, can cause severe irritation of the stomach and intestine, intestinal bleeding, vertigo, and ringing of the ears. Nervous system reactions, too, may occur from certain arthritis drugs. One frequently used drug, butazolidan, an anti-inflammatory agent, may damage the bone marrow, where our blood cells are produced, and may cause a severe and dangerous form of skin disease, called exfoliative dermatitis. Penicillamine is also toxic and can damage the kidneys and the bone marrow.

In England, where financial considerations seem to have less effect on medical journals than here, *Lancet*, a publication respected throughout the world, published findings that stated that people with arthritis show low levels of vitamin C and pantothenic acid. A number of rheumatoid arthritics with low levels of these nutrients improved or went into remission when treated with vitamin C and pantothenic acid.

Dr. William Kaufman conducted a long-term study of the beneficial effects of vitamin B₃. He showed that B₃ in the form of niacinamide, given from three to six times a day, was very effective for many arthritis patients. His work was ignored. Since no one can patent niacinamide and anyone can produce it, the drug industry can't afford to invest in research on its effects. If a drug company's scientist were to report to its stockholders, "We just spent five million dollars proving, beyond

a doubt, that the following vitamins are highly beneficial to people with rheumatoid arthritis," they would demand that he be fired immediately. He would have spent \$5 million of their money supporting the use of substances that are readily available, very inexpensive, and cannot be patented; there would be no way for the company to recoup their investment in this type of research. The stockholders want him to find an antibiotic that can be sold for a dollar a pill.

This is why our government should support this kind of research. We're never going to achieve what's possible with nutrition unless qualified biochemists are fully supported in this area.

Dr. Marshall Mandell is a pediatric allergist who taught at New York Medical College. He is a fellow of the Academy of Orthomolecular Medicine, the International Academy of Preventive Medicine, and the International College of Applied Nutrition. He is also the author of several medical books.

When Dr. Mandell first started provocative symptom-duplicating tests—in which patients' symptoms were reproduced by giving them extracts of foods and various chemicals—he had been treating people primarily for respiratory and skin allergies such as hay fever, asthma, and hives. To his surprise, the treatment reproduced not only sneezes and wheezes, but muscle and joint pains, headaches, and a wide range of other familiar symptoms. "My patients' reactions to the substances I tested on them—ordinary foods and common household chemicals, as well as the pollens, molds, and other inhalants better known as allergens—educated me to the true impact of our diet and the environment on our physical and mental health. Several hundred colleagues in the field of clinical ecology have shared similar experiences. Over the years, it has been repeatedly confirmed that arthritic symptoms are just one of many types of allergy problems—as Dr. Theron Randolph had originally taught me."

For years, Dr. Mandell eliminated an amazingly wide range of symptoms by getting patients to change their diet and environment. He also visited Dr. Randolph at his now-defunct Chicago hospital unit and watched case after case of arthritis clear up when patients fasted, and flare up again immediately following provocative feeding tests.

These outstanding results convinced Dr. Mandell that it would be worthwhile to conduct the first double-blind study of the significance of allergy in arthritis. A double-blind study is supposed to be scientifically pure and acceptable to everyone. Working with Dr. Anthony Conte, of Beaver, Pennsylvania, he studied about 40 previously diagnosed rheumatoid arthritis patients. Arthritis symptoms flared up in over 85 percent of these cases as a result of challenges with anonymous food, airborne allergens, and various

chemical substances.

When the study was completed, the code was broken and it was discovered to which substances each patient had been reacting. One woman's worst reaction, it turned out, had been to milk. Within minutes of being given milk, all of her joint pains—which Dr. Conte had under control with medications—had flared up. She was shocked: Her hip was so painful she couldn't move. Dr. Conte, too, was surprised. Here was a patient whose arthritis was, in the traditional sense, under excellent control. Yet her usual symptoms appeared minutes after he tested her with a standard allergy extract prepared from cow's milk.

Doctors Mandell and Conte were able to show with their study that common foods are capable of producing arthritis. Traditional allergists don't know how to diagnose arthritic allergic reactions because skin tests and other laboratory tests are not accurate enough—there's an 80 percent error rate in food testing, and the tests do not indicate which symptoms a particular food is causing in a given individual. Only provocative testing can provide this information.

Because they don't have a good, highly reliable technique for diagnosing it, traditional allergists think food allergies aren't important. Or some of them will use a simple and ineffective elimination diet, in which spices, nuts, chocolate, fish, and eggs are avoided; if a person doesn't get better, they say the person isn't allergic.

Unfortunately, the overwhelming majority of traditional allergists are uninformed and closed-minded about the significance of food allergies and the serious physical and mental disorders they cause. The American College of Allergists and the American Academy of Allergy consider their diagnostic measures more scientific than Mandell and Conte's because these medical organizations refuse to call a disease an allergy unless it can be shown how the immune system is involved. They refuse to examine clinical experience.

To confirm this strange close-mindedness, Dr. Mandell sent out letters with stamped return envelopes to 90 rheumatologists in the northeastern United States. He stated that he was investigating the connection between allergy and arthritis and would not charge any patients they referred to him who volunteered for the study, nor would the referring rheumatologists' treatments be changed in any way.

Mandell received six replies out of 90; three said they were not interested. One of the rheumatologists sent a patient whom Mandell and Conte tested using a single-blind technique, in which the patient is not told what the test material is until after the test is completed. This woman had typical arthritic swelling of the fingers of one hand. Within minutes of being tested with pork extract, she had a dramatic flare-up.

The same thing happened when she was retested on two other occasions. To confirm his test results, Mandell insisted she test herself for a pork allergy at home. She abstained from pork for five days to clear it from her system. When she then ate it, she again experienced a flare-up.

She reported the results of the tests to her rheumatologist, whom Mandell believed was an open-minded individual. "I was surprised and terribly disappointed by his response. He said to her, 'I don't believe it. There are no controls.' But as I told the patient, the best possible control is the testing and retesting of the patient. When it clearly shows that the results are reproducible and that the condition can be relieved by applying the results of testing, we are then in a position to compare the patient's previous condition with the improved state of health based on treatment determined by that patient's testing."

In another case, a woman was so crippled by arthritis her husband had to lift her in order to put her in the bathtub or carry her upstairs. She fasted on her own, and her arthritis cleared up. When she told her rheumatologist about her remarkable recovery—that she could get in and out of the tub, climb the stairs, perform daily chores around the house, even go out dancing—the rheumatologist very seriously replied, "Madam, I congratulate you. You have just had a spontaneous remission." He wouldn't give one inch. He said the only thing he knew about arthritis was that there were sometimes very welcome but completely unexplained remissions. He couldn't face the reality that in five days she had deliberately produced her "spontaneous remission" herself and, by eating different foods or avoiding others, was able to bring on her arthritis or keep it under complete control at will.

Mandell is able to produce a patient's characteristic, long-term physical and/or mental symptoms in his office by placing a few drops of food extracts and other substances under the tongue. The many thin-walled capillaries there rapidly absorb the substances in the solution, which enter the patient's circulatory system immediately.

Beef extract was placed under the tongue of a Connecticut doctor, who didn't know what substance was being tested. After eight minutes, the doctor experienced difficulty walking. This experiment was videotaped and has been shown on the BBC-TV program "Horizons: A Science Documentary" and, more recently, on the Phil Donahue show. Mandell continued the experiment by having the doctor eat beef, or take beef extract, in the evening. The doctor found that when he would try to get out of bed the following morning, he would be stiff and had to limp, due to extreme pain in his knees and ankle joints, for an hour or so. He would repeatedly eat beef at night to prove to himself that it was the reason

why he could not walk without discomfort the following morning.

Another case was also reported on television. When Dr. Mandell appeared on the Cleveland-area NBC television program "Interfeud," the Arthritis Foundation was invited to send a representative. They said they were not interested. After hearing what Dr. Mandell had to say on the air, they demanded equal time, and Mandell was flown out to debate a local rheumatologist and the regional director of the Arthritis Foundation. They were shocked to find that Mandell was not as young as they had expected, and even more surprised to see him carrying the Arthritis Foundation's own book, which he praised as a fine reference source for arthritis and the methods commonly used to treat it.

After the Arthritis Foundation representative and the local rheumatologist stated their position that arthritis was not connected with food allergies, the phone lines were opened to viewers. One woman called in and said she had arthritis, and that her doctor had prescribed a series

of the usual drugs. Each one of the prescriptions had failed to help her condition and, in addition, had caused undesirable side effects.

She said she had heard Mandell on the previous program and had bought his self-help book on arthritis. After following the simple program outlined in the book, she had successfully diagnosed the factors causing her arthritis. Mandell asked her, "You're absolutely certain that eating a particular food or foods will flare up your arthritis?" She answered, "Yes, I'm all better."

Mandell asked, "Can you make yourself worse if you eat them?"

She said yes. Mandell asked what they were.

She answered, "Milk was really bad, but beef got me also," and then she remembered chocolate also had caused severe arthritic attacks.

There wasn't anything the rheumatologist could say to convince her that she had been duped. His last feeble defense was simply, "We don't know what kind of arthritis this lady has, and we have no

controls."

Mandell responded, "Doctor, this lady has been in pain for years. Your colleagues gave her all the usual anti-arthritis drugs. They failed to relieve her, and they made her sick. They diagnosed a form of arthritis that should have responded to these drugs which instead made her worse. This patient is the perfect control since we can compare her with herself."

The doctor remained silent. Faced with these indisputable facts and this kind of logic, he could not defend the Arthritis Foundation's position, which belittles perfectly responsible research and treatment that has frequently arrested this painful and crippling disorder. The patient had tested herself scientifically; she could scientifically reproduce her findings at will. And she was free of the agony of arthritis. By ignoring these results and those of other clinical ecologists, it is the Arthritis Foundation and traditional rheumatologists who are behaving unscientifically.

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