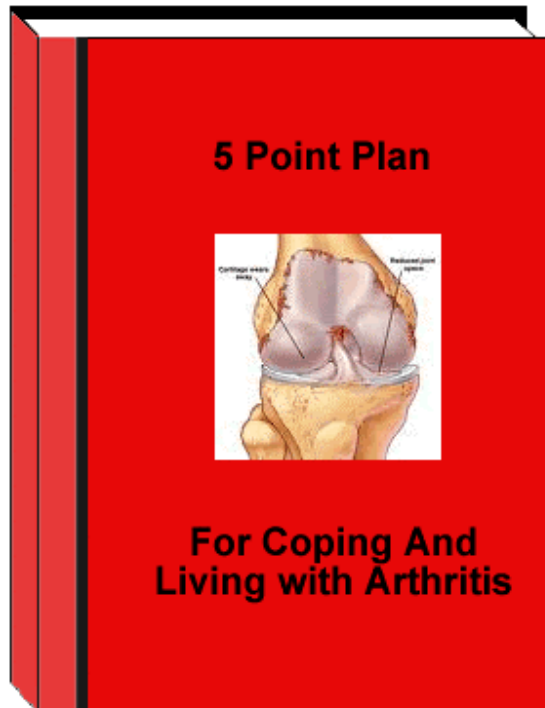


YOUR PERSONAL **5 POINT** **PLAN** FOR COPING AND LIVING WITH THE PAIN OF **ARTHRITIS**



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INTRODUCTION AND BACKGROUND

Arthritis ('arth' meaning joint, 'itis' meaning inflammation) literally means 'joint inflammation'. According to the Arthritis Foundation, there are more than 100 different diseases that produce joint pain and inflammation. The two most common forms of 'arthritis' are osteoarthritis and rheumatoid arthritis.

Whatever you may have read previously there is no real cure for arthritis in its various forms. Treatment options vary depending on the type of arthritis and include physical therapy, medications (symptomatic or targeted at the disease process causing the arthritis) and lifestyle changes. On occasions arthroplasty is necessary. Prosthetic joint replacement is generally effective and more than 90% of patients are very satisfied.

For the most part the condition and pain are due to damage caused to the joints of the body, which in turn can restrict mobility. It is no surprise then that arthritis is often cited as the **one** leading cause of disability in people over the age of 65, in the US and across the globe. But how are we as humans so susceptible to this degeneration? Why does everyone not develop it and what should you do once you have been diagnosed with it so as not to not sacrifice your mobility and quality of life?

This guide will hopefully answer all your questions.

Different Types of Arthritis

Arthritis comes in many forms and can affect people at any stage in life. The two most common types are **osteoarthritis** and **rheumatoid arthritis**.

Although these have different causes and risk factors they share a common symptom of persistent joint pain.

Osteoarthritis is the most common form and affects millions of adults worldwide. It starts with the breakdown of joint cartilage resulting in pain and stiffness. This is most commonly felt in the fingers, knees, hips and spine.

Work-related repetitive injury and physical trauma may contribute to the development of osteoarthritis. For example, if you have a strenuous job that requires repetitive bending, kneeling, or squatting, you may be at high risk for osteoarthritis of the knee. A history of sporting injuries may also predispose to arthritis.

Osteoarthritis usually comes on slowly. Early in the disease, joints may ache after physical work or exercise. If you are experiencing symptoms such as joint pain and stiffness, see your doctor.

Although the exact cause of OA is not known, some scientists believe that joint damage begins in response to physical stress (such as an injury or repetitive movement).

Also known as "wear and tear," this stress can erode the cartilage that normally encases the ends of the bones in a joint. Cartilage serves to cushion the bones and to help the joint move smoothly and easily.

As cartilage breaks down, the ends of the bones thicken and the joint may lose its normal shape. With further cartilage breakdown, the ends of the bones may begin to rub together causing pain. In addition, damaged joint tissue can cause the release of certain substances called prostaglandins, which can also contribute to the pain and swelling characteristic of the disease.

Rheumatoid Arthritis (RA) is a chronic, progressive and disabling autoimmune disease. It is an incredibly painful condition, can cause severe disability (this varies between individuals and depends on how severe/aggressive your disease is) and ultimately affects a person's ability to carry out everyday tasks.

The disease can progress very rapidly (again the speed of progression varies widely between individuals), causing swelling and damaging cartilage and bone around the joints. Any joint may be affected but it is commonly the hands, feet and wrists.

It is a systemic disease, which means that it can affect the whole body and internal organs (although this is not the case for everyone with RA) such as the lungs, heart and eyes.

Despite much research, the reasons why an individual develops rheumatoid arthritis remain unknown. The possibilities can broadly be divided into those factors which are inherited and those factors which are encountered in our environment.

Regardless of the type of the arthritis there will be pain. It will differ in location, severity, manifestation and how it is treated. It will differ from individual to individual, over time and at different times.

It could be worse when sitting down or after periods of exertion. Different times of the day could bring different challenges and levels of pain. Earlier and later stages of the disease might be more or less painful to deal and cope with.

It knows no boundaries for age, gender or generation. There are no exceptions, elderly, young adults, athletes; even children can be afflicted at different points in their lives.

Apart from the most common forms of arthritis mentioned above, there are other forms of arthritis due to other diseases as well as illnesses with similar symptoms to arthritis. They are too numerous to go into here.

Whichever way you look at arthritis it will have pain in the equation. This is the reason for this guide. It is time for a practical hands-on treatment plan that works and gives advice on what to do to intervene, prevent, protect and manage arthritic pain.

Diagnostic Tests

To make a formal diagnosis and determine the extent of the damage, your doctor or medical treatment team will do a physical exam and some tests. They will want to know the history of the pain, which joints are affected and what makes the pain better or worse.

Other tests that might also be done to determine which treatment option would be the best, include:

Radiographs (assess and quantify, diagnosis, confirmation and baseline)

Screening blood looking and testing for rheumatoid factor, antinuclear factor (ANF), extractable nuclear antigen and specific antibodies.

MRI (magnetic resonance imaging)

Arthrocentesis

Arthroscopy

Because there are various different types of arthritis, each with its best form of treatment and wide array of causes, aggravating factors, lifestyle adjustments, therapies and remedies we will take a closer look at some of the best plans and steps that you can take to greatly improve arthritic pain.

You can choose to treat the symptoms to bring relief, or dig deeper into the cause, or explore more extreme procedures like surgery or replacement of the joint to get permanent relief.

Statistics

According to online sources, there are many statistics that tell the story of how painful and more commonplace arthritis has become in our modern times. Here are some quick facts from a variety of online sources summarizing the situation and incidence of the disease:

21 million sufferers in the United States

25% of primary care physicians visits are due to this illness

50% of all NSAID (Non-Steroidal Anti-Inflammatory Drugs) prescriptions are for arthritis-related conditions and pain relief

By the time most of us reach the age of 65, we will show signs and evidence of the degeneration and wear and tear commonly found in most arthritic conditions

Up to as many of 80% of the population may show symptoms

It is well known that there is no cure for OA or arthritis in general.

It can strike at any joint in your body, including extremities (hands, feet), hips, knees etc. If you ask patients how their joints feel, you will usually hear, "Stiff and painful".

Hereditary predisposition is one of the many contributory causes – others are age, previous injury, immune system problems and infection.

The one symptom common to all types of arthritis is pain.

Unfortunately once you have damage in a joint it cannot be reversed but there are many things you can do to improve your situation and maintain your quality of life.

POINT 1

PAIN RELIEF

The first priority is to get on top of the pain. What works well for one person may not work for another so a bit of trial and error here in finding what will work for you.

Non Steroidal Anti Inflammatory Drugs (NSAID's) are popular and effective, but carry side effects including gastro-intestinal irritation. Those at risk of gastric or duodenal ulceration should be especially careful with NSAID's. They can also worsen asthma.

Heat and/or cold packs can sometimes be useful for reducing swelling and pain.

Steroids have, in general, been found not to be effective for osteoarthritic pain but can be useful for flare-ups of rheumatoid arthritis.

Narcotics are not recommended for chronic pain as they have the potential to be addictive and can introduce a whole new set of problems you certainly do not need.

Topical treatments abound. There are creams, gels, lotions, sprays, ointments, supplements and magnetic bracelets. Try them and see what helps **you**.

Topical Capsaicin can be useful but be careful not to apply too much as it can cause a 'burning' sensation.

Lidocaine and corticosteroid injections can be excellent for temporary relief.

Surgery is always an option for those with permanent disabling pain – a hip replacement, for example, can be life transforming. The surgical option is not right for everyone, however, and it should be discussed fully with your medical/surgical team.

Medications for **RHEUMATOID ARTHRITIS** can relieve symptoms and slow or halt its progression. They include:

1. **NSAID's**. This group of medications, which includes aspirin, helps relieve both pain and inflammation when taken regularly. NSAID's that are available over-

the-counter include aspirin, ibuprofen (Advil, Motrin, others) and naproxen sodium (Aleve). Other higher dose NSAID's are available on prescription. Remember not to take this group of drugs if you have asthma or a history of gastric bleeding.

2. **COX-2 inhibitors.** This class of NSAID's may be less damaging to your stomach but they have been linked to an increased risk of heart attack and stroke.

3. **Corticosteroids.** These medications, such as prednisone and methylprednisolone (Medrol), reduce inflammation and pain, and slow joint damage. In the short term, they can make you feel dramatically better. Serious side effects prevent long-term use. These effects include osteoporosis, easy bruising, cataracts, weight gain and diabetes. They are usually given short term to control acute flare-ups then the dose is tapered off.

4. **Disease-modifying antirheumatic drugs (DMARDs).** Doctors prescribe DMARDs to limit the amount of joint damage that occurs in rheumatoid arthritis. Taking these drugs at early stages in the development of rheumatoid arthritis is especially important in the effort to slow the disease and save the joints and other tissues from permanent damage. Because many of these drugs act slowly — it may take weeks to months before you notice any benefit — DMARDs typically are used with an NSAID or a corticosteroid. While the NSAID or corticosteroid handles your immediate symptoms and limits inflammation, the DMARD goes to work on the disease itself.

5. **Immunosuppressants.** These medications calm the immune system, which is out of control in rheumatoid arthritis. Some of these drugs also attack and eliminate cells that are associated with the disease. These medications can have potentially serious side effects such as increased susceptibility to infection.

There are other more complex drug treatments for RA – your physician can advise.

A combination of medication and self-care is the first line of treatment for RA but if joints become severely damaged joint replacement surgery can help.

Pain is personal and unique – no two people will experience it in the same way – be sure when you talk to your doctor to be as specific as you can about this. Even making notes can be helpful, when it starts, where it is, how it feels, how long it lasts, what brought it on, what made it worse/better – these cues and clues can all contribute to finding the right treatment and pain management strategy for you.

POINT 2

DIET

Being **overweight** increases your risk of degenerative arthritis in the weight-bearing joints, especially the knees. According to the US Surgeon General's Office, your odds of developing osteoarthritis increase by 9 to 13 percent for every two-pound increase in weight. In other words, being 20 pounds overweight doubles your chances of getting arthritis.

If you already have osteoarthritis then losing just a few pounds can significantly decrease your pain, not to mention lower your chances of developing OA in other weight-bearing joints.

You should be wary of any diet that claims to treat or cure arthritis - if such a diet existed it would have been one of the first things your doctor recommended you try.

There are more than 100 different types of arthritic disease and no one diet will help everyone but it is important to keep your diet healthy and balanced.

There are three main considerations with diet and arthritis: -

1. The diet should be healthy and well balanced

Eat plenty of vegetables, fruits and grains and reduce intake of red meat, sugar and fat. Ensure your diet is varied and avoid foods which can interact with your medications – you may have to discuss this with a dietician.

2. Include foods and supplements, which can calm the inflammation

It is believed that free radicals play a key part in the inflammatory process therefore it is important to eat plenty of foods rich in antioxidants.

Vitamin E is a powerful antioxidant and studies have shown it to be as effective as NSAID's in controlling the pain of osteoarthritis. It is found in a wide variety of foods. The richest sources are plant oils such as Soya, corn and olive oil. Other good sources include nuts and seeds, and wheat germ (found in cereals and cereal products).

Vitamin C is another good antioxidant – it is found in most fruits and vegetables.

Omega 3 and 6 fatty acids are essential for the body's production of prostaglandins, which are important in controlling inflammation. Omega 3 is found in oily fish and Omega 6 in plant seeds such as sunflower.

3. Identify foods, which may aggravate your pain

People can lessen their symptoms by altering their diet but this is a very individual thing – what works for one will not necessarily work for another.

It can be difficult to know where to start and is a process of trial and error.

Some people find cutting out gluten (wheat, barley, oats) can reduce the pain in their joints. For others eliminating the 'Nightshade' family of fruit and vegetables (tomatoes, potatoes, green peppers and aubergines) can be helpful.

It is also worth trying to eliminate dairy products, red meat and acidic fruits.

Eliminate these food groups **one at a time** for a period of about two weeks and keep a diary of your symptoms to see if there is any appreciable difference in your symptoms.

Avoid excesses of caffeine.

Cut down on saturated fat – the body does not need this kind of fat and it can aggravate your joint symptoms. Saturated fat is found in cakes, biscuits, pastry, cooking fats, meat and full fat dairy products.

Take in the daily requirements of vitamins and minerals, including calcium.

Drink alcohol in moderation.

Gout

Some of the best evidence of the connection between food and arthritis comes from gout. People with gout are not able to absorb purines, which leads to build up of uric acid that can crystallize in the joints causing severe pain.

If you have gout drink plenty of fluids and avoid liver, heart, kidney, anchovies, sardines and mackerel, which are high in purines.

POINT 3

SUPPLEMENTS

The use of supplements in the treatment of arthritis is controversial but they can be very helpful.

Try a supplement such as **Chondroitin Sulphate** or **Glucosamine** or **MSM** (Methylsulfonylmethane).

People with diabetes should exercise caution when taking Glucosamine as it may raise blood sugar levels. Both Glucosamine and Chondroitin can enhance the effects of blood thinning drugs so if you are taking anticoagulants speak to your doctor first.

Glucosamine is extracted from a substance found in shell fish so keep this in mind if you are allergic.

Omega-3 fish oils can also be helpful. These supplements have no adverse side effects and are well worth a trial.

A new clinical study has shown the plant extract, **Rose Hip**, can have a remarkable effect on those unfortunate enough to be afflicted with rheumatoid arthritis.

In a double blind trial based in Copenhagen and Berlin 74 people with severe RA were given rose hip or a placebo along with their conventional medicine. After 6 months those taking the supplement were 25% more active and had a 40% improvement in joint pain and tenderness. More trials are being planned. Rose Hip is a natural remedy with anti-oxidant and anti-inflammatory properties.

Lipoic Acid is another supplement with anti-inflammatory properties, which can help calm joint pain. It is a sulphur containing fatty acid, which is found in every cell in the body, where it helps generate the energy that keeps us alive and functioning. It also has anti-oxidant properties, which enable it to neutralise free radicals. Unlike other anti-oxidants it can work in both water and fat giving it a broad spectrum of anti-oxidant activity.

Try supplements one at a time – keep a journal and monitor your pain and mobility. Sometimes you only realise a supplement has been helping when you stop taking it.

POINT 4

MOVEMENT AND EXERCISE

A therapeutic exercise programme is a necessary step for those who have been inactive, have restricted joint movement or muscle strength or are experiencing joint pain.

Research has shown that people with many forms of arthritis can participate safely in appropriate, regular exercise.

For individuals with osteoarthritis (OA) in the knee or elsewhere, programmes that combine strengthening and aerobic exercise can reduce symptoms, improve joint movement and function and help control body weight. Regular moderate exercise has even been found to improve cartilage health in individuals at risk for developing knee OA.

There are four major types of exercise to consider and each can have a positive effect on reducing arthritic pain and disability.

1. **Flexibility exercises:** both range of motion (ROM) and stretching exercises can improve the flexibility in joints and surrounding muscles thus improving function and reducing risk of further injury.

Try doing ROM exercises at least 5 times per day and stretching exercises a minimum of 3 times per week - hold stretches for about 30 seconds.

2. **Strengthening exercises:** these exercises are designed to work muscles a bit harder. As the muscles become stronger they provide greater joint support and help reduce impact through the painful joint. These exercises also help to reduce bone loss (osteoporosis).

3. **Aerobic exercises:** this type of exercise improves heart, lung and muscle function. For people with arthritis this has benefits for weight control, mood, sleep pattern and general health.

Safe forms of aerobic exercise include walking, swimming and cycling. Daily activities such as mowing the lawn, playing golf or walking the dog are also aerobic if done briskly.

4. **Body awareness exercises:** these include activities to improve posture, balance, joint position awareness (proprioception) and coordination. Tai chi and yoga are good examples of recreational exercise that incorporate elements of body awareness.

Try to establish a good exercise routine. If morning stiffness is a problem gentle ROM exercise on rising can be useful.

If you get tired easily break your exercise routine into several short sessions throughout the day. It is important to find what works best for you as an individual.

At times of increased joint pain and stiffness exercise less and rest more – it is vital to 'listen' to your body.

Where you choose to exercise is up to you - some people prefer to do it at home whilst others enjoy the social aspect of going to a class.

Starting an exercise programme is a challenge but understanding the benefits can motivate you to keep going. Seek advice from a physical therapist who can suggest exercises that are safe and suitable for you.

Make a plan with realistic goals and stick with it. Keep an exercise journal and chart your progress. Choose activities you enjoy.

There are psychological benefits to exercise too - reduction of anxiety, improved mood and overall relaxation. Because depression can be a concern for individuals with arthritis, physical activity is an important psychological adjunct to treatment.

Activity Tips

It is important to keep moving even if you do not feel like it. Do everything you can to limit further joint damage and loss of mobility. Get professionals involved to help you make sense of your options to get the most of strengthening your joints.

Consider how you sleep, sit etc - ergonomics have lots to offer, the type of bed, your sleeping position, support pillows, type of mattress, cushions, chairs can all make things better or worse – this one is up to you. Focus on the factors that can help you rather than hinder you or make joint pain worse. Get a footstool if you work in front of the computer all day, a recliner for watching TV, support pillow for work, home and car etc.

Avoid undue strain on any part of the body – do not place unnecessary demand on your joints. Keep your movements efficient and never stretch or reach beyond your capacity.

You have often heard of lift with your legs and bend properly when picking up heavy objects... maybe your grandmother even told you to straighten your back,

push out your chest and walk tall – if so she did you a huge favour, which you will benefit from more if you stick to it.

Minimize repetitive activities.

Use walking sticks or aids as required – these are not just for the elderly – they minimize impact on the joints.

Distribute weight; avoid carrying heavy things long distances and placing extra strain on your back, legs and joints.

Plan your day and tasks carefully.

Cushioned support when sitting or driving is also important and an ergonomic chair can also do wonders to relieve pain, if sitting at work.

If you feel more pain while exercising or doing a specific activity then stop.

Always wear comfortable shoes with adequate support.

Never stand or sit in one position for too long – move around to keep stiffness at bay.

Warm up and cool down properly when you exercise to avoid further damage to your joints. Take it slow at first and go at your own pace. Stay in your comfort zone and do not over-exert yourself.

Determine your own activity levels and choose low impact activities to protect your joints.

Keep your environment easy to manage and safe - focus on things that can make your quality of life better.

POINT 5

POSITIVE MENTAL ATTITUDE

Whatever your ailment there is strong evidence to suggest that a positive attitude can affect the outcome. Sometimes the important thing is not what happens to us but how we react to it.

Try to be pro-active, get involved in your treatment and focus on the future. Set goals and take whatever action is needed to achieve them.

Whenever you are faced with a problem try and think of a solution - always look for a positive and you will learn something and grow as a person. Focus on what you can do rather than what you cannot do and do not let negativity creep into your mindset.

Sometimes it is hard to be positive but it is a conscious decision you have to make on a daily basis - if you feel down look around and try and find something to feel good about.

Start your day gently, allowing plenty of time to get ready and have a good healthy breakfast.

As you proceed through the day be aware of your thoughts, whenever a negative thought or sadness creeps in replace it with a positive thought. Your mind can only hold one thought at any given time - it can be positive or negative - the choice is yours. Do not give that choice away to anyone or anything else.

Do not strive for perfection – it is an imperfect world and do not beat yourself up for making mistakes - without mistakes we never learn.

Tips for PMA

Try and acknowledge any feelings of stress, depression or frustration that might accompany your joint problems. Do not let these feelings overwhelm you – take an active part in your treatment and you will feel more in control of the situation.

Take your emotions/feelings into account – patients often ignore these, as we all want to believe that we can cope effectively with whatever life tends to throw at us.

Minimize personal, professional and disorder- related stress, angst, and emotional extremes and fears.

Talk to others and communicate frequently with your treatment team and partners on progress, hurdles and problems in general.

Try to make the most of what you can do and not get too caught up in what you cannot do.

Never lose hope with your arthritis or feel too overwhelmed to ask for help.

Surround yourself with activities and people that you enjoy and do not make your pain and disease the main focus of your life.

It is vitally important to do something rather than nothing. You are still the same person so try not to let the condition define you.

Visualization and meditation can also help you cope with pain and how feel about it.

Cut down on bad, poor habits like too much alcohol, smoking and nutritionally unhealthy foods – you will soon start to feel better about yourself

Reward yourself for getting through a day or reaching a goal. Share stories of success, pain and failure, recovery and hope with others.

CONCLUSIONS

There is no cure for arthritis – no magic formula to make it go away but with a multi-disciplinary and holistic approach the pain and symptoms can be well controlled.

Control your pain with whatever drugs/supplements suit you best - know what is available and empower yourself by finding out about new research and products.

Do everything you can to limit further joint damage and loss of mobility. Involve professionals to help you get the most out of **exercise** and strengthening your joints.

Acupuncture, massage and relaxation techniques can also be incorporated into your programme. The aim is to **take control**, lessen the pain and understand the disorder better.

Always work towards keeping the best range of movement you can to retain your mobility and independence. You want to protect and enable your joints, not weaken or put them at risk.

Good nutrition, exercise and **weight control** can make the pain easier to cope with. Also try and acknowledge any feelings of stress, depression or frustration that might accompany your joint problems. Do not let these feelings overwhelm you – take an active part in your treatment and you will feel more in control of the situation.

There is no right or wrong; it is a case of trying the various treatments, therapies, supplements and lifestyle changes to find what suits you as an individual.

Take all the things that help you and combine them into your own personal 5-point plan to help you cope with the problems and challenges that arthritis brings to your life.

Make your own rules and determine your own activity levels.

Get plenty of sleep, move when you can and rest when you cannot.

It is vitally important to do something rather than nothing. You are still the same person so try not to let the condition define you.

Depending on the type of arthritis that you have, your treatment may vary from others. What is good for one individual might not be good for you - **no two treatment plans will or should be the same.**

Always inform your doctor of all medications, supplements and OTC drugs that you are taking.

There is comprehensive and detailed information both in print and online to assist you.

This guide is not intended to replace your medical treatment but to offer insights, advice and care options that others have used to improve their pain and mobility.

Easing the chronic pain associated with arthritis is not easy task. It will be with you for as long as you suffer the condition and symptoms. Find more about arthritis at:

<http://www.arthritis.org/>

<http://edition.cnn.com/HEALTH/library/AR/00029.html>.

<http://www.hopkins-arthritis.org/arthritis-info/>

Suggested reading is the book by Kate Lorig and James F. Fries entitled THE ARTHRITIS HELPBOOK, A Self-management Program For Coping With Arthritis and Fibromyalgia.

Here are some more recent publications that might also help you manage your arthritic pain that much better, faster, more effectively, finding a solution that is right for you.

Conquering Arthritis: What Doctors Don't Tell You Because They Don't Know: 9 Secrets I Learned the Hard Way by Barbara D. Allan Shining Prairie Flower Productions; 1ST edition (August 1, 2002) ISBN-10: 0971889708.

How to Eat Away Arthritis: Gain Relief from the Pain and Discomfort of Arthritis Through Nature's Remedies by Laurie M. ASAP Prentice Hall Press; Rev Exp edition (October 4, 1996) ISBN-10: 013242892X ISBN-13: 978-0132428927.

Arthritis, What Exercises Work: Breakthrough Relief For The Rest Of Your Life, Even After Drugs & Surgery Have Failed by Dava Sobel, Arthur C. Klein Publisher: St. Martin's Griffin; Reprint edition (June 15, 1995) ISBN-10: 0312130252, ISBN-13: 978-0312130251.

Other Helpful Arthritis Resources and Online Links

[National Office of the Arthritis Foundation](#)

1330 West Peachtree Street
Atlanta, Georgia 30309.

www.cihr-irsc.gc.ca/institutes/imha

Canadian Institute of Health Research-Musculoskeletal & Arthritis.

www.arthritis.ca

Canadian Arthritis Society's national website on arthritis and related conditions.

www.rheumatology.hss.edu

Site of the Hospital for Special Surgery (Orthopaedics and Rheumatology), New York focuses on musculoskeletal disease pathogenesis, research, clinical presentations and optimal treatment.

www.arthritis.org

Arthritis Foundation of America's site on arthritis, exercise, surgery, drugs, alternatives and supplements.

www.arthritisinsight.com

A non-profit American organization of online arthritis sufferers.

www.arc.org.uk

Arthritis Research site in UK.

www.creakyjoints.com

This site is full of humour and support for people with all kinds of arthritis-related illnesses.

www.nlm.nih.gov

USA National Library of Medicine has enormous database. Select Consumer Health to get to Medline Plus.

www.immunesupport.com

A site devoted to Fibromyalgia and Chronic Fatigue syndrome.

www.hopkins-arthritis.org

An educational site focused on arthritis and related diseases.

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