

Arthritis: Aches, Anger, and Angst

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ABSTRACT

Many people use the words rheumatism and arthritis interchangeably. However, “rheumatic disease” refers to conditions in which there are changes in connective tissue, including muscle, tendons, joints, fibrous tissue, and bursae. Arthritis refers only to disease in which joints are involved. Osteoarthritis, rheumatoid arthritis, psoriatic arthritis, septic arthritis, gout and pseudogout, childhood arthritis, Stills disease, ankylosing spondylitis, fibromyalgia, and arthritis secondary to other diseases, such as autoimmune diseases in which the body attacks itself, fall into this classification. Depending on the type of arthritis, it can be accompanied by simple aches to severe pain that affects daily life and function; emotional manifestations in which there can be considerable anger over loss of function and ability to perform; and overwhelming angst or anxiety, apprehension, and depression over having arthritis. Although there are many causes attributed to arthritis, it has a distinct allergic component to it. It can be improved considerably, if not eliminated in many cases, by identification of these allergies and treatment for them with NAET®. NAET® can also aid with the emotional aspects of arthritis.

INTRODUCTION

Rheumatic disease includes conditions in which connective tissue changes are a hallmark of the disease. In rheumatic disease symptoms affect muscles tendons, joints, fibrous tissue, and bursae, the sac or cavity between joints. Arthritis is one of a number of rheumatic diseases. The word arthritis literally means joint inflammation. It is of Greek origin, “arthro” meaning joint, and “itis” meaning inflammation. The term, arthritis is used to describe over 100 rheumatic diseases and conditions affecting joints (CDC, 2008).

Arthritis is not a new phenomenon, and evidence of its presence has been discovered in the ankle joints of some dinosaur skeletons. The first known human arthritis goes back as far as 4500 BC, and its presence has been found throughout the ages in mummies and skeletons found in various excavations all over the world. For example 400 medieval Saxon, Romano-British skeletons showed evidence of large joint osteoarthritis, rheumatoid arthritis, gout, and similar diseases (Rogers, *et al*, 1981; Strauss, 2008)

Arthritis and other rheumatic diseases are a cause of disability throughout the world and the leading cause of disability in people older than 55 years. However, arthritis affects people of all ages, including children. Although it can be a crippling disease, most arthritis cases include many symptoms and are not crippling. In the United States nearly 69.9 million people are affected with some form of arthritis, and in the United Kingdom 1 in 5 adults have arthritis. Over a million people in Europe have arthritis, affecting more people than any other chronic medical condition. Over 16 percent of the people in Australia have arthritis and in South Africa 1 in 7 people are affected. Nearly 4 million Canadians have arthritis and 6 million people in Japan demonstrate symptoms. There are 150 varieties of arthritis affecting close to 150 million people in India. Half of the people in China over 50 years old are suffering from arthritis (Arthritis Care, 2007; The Hindu, 2005; Krohn and Taylor, 2002; People's Daily, 2001).

From ancient times through modern times, arthritis has had mystery connected with it. Although we know more about the disease, its causes, complications, and treatments, these myths and misconceptions still exist. Some of these myths include the belief that arthritis is not a serious health problem; every day is the same for arthritis patients; only older people have arthritis; it is a normal part of aging; arthritis is caused by cold, wet weather or poor diet; it is a minor physical inconvenience; it is just aches and pains; not much can be done to alleviate the pain and disability of arthritis; and current treatment can cure arthritis (Arthritis Foundation, 2008. Eustace, 2006; Idaho State Gov., 2008).

Types of Arthritis

There are many different forms of arthritis, and each has differing symptoms and causes. The pattern, location, and severity of symptoms varies with the type of arthritis. Pain and stiffness in and around one or more joints characterizes arthritis. Symptoms can develop suddenly, or they may be gradual. In some of the very serious types of arthritis, the immune system and various internal organs may be involved. In children and older adults, pain may not be the main symptom; motion changes may be paramount. The aged adult moves less and the child refuses to use the affected limb. In some cases death

can result from underlying causes of arthritis and other rheumatic conditions (CDC, 2008).

Osteoarthritis (OA), the most common form of arthritis, is often referred to as degenerative joint disease. It can be a result of trauma to the joint, infection of the joint, or age. It affects mostly the cartilage, the tissue that covers the ends of the bones in a joint, and not internal organs. This cartilage breaks down and wears away, allowing the bones under the cartilage to rub together. Any weight bearing activities, including walking and standing, cause the patient to experience pain. This pain usually is chronic and is described as a sharp ache or burning sensation in the muscles and tendons involved. In addition to pain there can be swelling, loss of joint motion, and over time the joint may lose its shape. Bone spurs frequently grow on the edges of the joint, and more pain and damage are caused when bits of bone or cartilage break away. Regional muscles may atrophy, and ligaments may become more lax (CDC, 2008; MedlinePlus, 2008).

Although it is generally thought that osteoarthritis is due solely to "wear and tear," there is evidence that abnormal anatomy might contribute to its early development. Age is definitely correlated to osteoarthritis, demonstrating that osteoarthritis takes time to develop. There is probably a hereditary susceptibility to this type of arthritis, and allergies and fungal infections are also a possible cause. Patients with osteoarthritis can develop crepitus, a crackling noise when the affected joint is moved or touched. They may also have muscle spasms and contractions in the tendons as well as fluid in the joints. Water on the knee is an accumulation of excess fluid in or around the knee joint. Hard, bony enlargements called Heberden's nodes (distal interphalangeal joints) and/or Bouchard's nodes (proximal interphalangeal joints) may form on smaller joints such as the fingers. They may not be painful, but they do limit the movement of the fingers. If the toes are affected by osteoarthritis, bunions may form, causing the toes to be red and swollen. Women have higher rates of OA than men, particularly after age 50 (CDC, 2008; Krohn and Taylor, 2002).

Rheumatoid arthritis (RA) is a disabling, painful inflammatory condition that can lead to considerable loss of mobility caused by pain and joint destruction. It is considered to be a chronic, inflammatory autoimmune disorder in which the immune system attacks the joints. Infection and hormone balance may also play a role.

Rheumatoid arthritis is a systemic disorder that affects mainly synovial joints, and the pattern of joint involvement varies from patient to patient. It can affect other organs, including the skin, blood vessels, heart, lungs, and muscles in addition to affecting many joints. Symptoms wax and wane in intensity and the progression of deterioration of joints leads to deformity and disability. Spontaneous remission can occur in a small number of patients, but the usual course of the disease is usually one of persistent symptoms. Women are affected three times more often than men, and rheumatoid arthritis can develop at any age.

The joint inflammation in rheumatoid arthritis is a “soft” swelling, and there is pain, tenderness to palpation and movement, local warmth, and functional impairment. Morning stiffness may last for more than an hour. All of these signs help distinguish rheumatoid arthritis from osteoarthritis. There may also be loss of appetite, loss of weight, fever, and malaise. Subcutaneous rheumatoid nodules are characteristic of rheumatoid arthritis and are usually found over bony prominences or areas that sustain repeated mechanical stress. There may also be several different forms of vasculitis that are cutaneous manifestations (CDC, 2008; Krohn and Taylor, 2002).

In psoriatic arthritis inflammatory joint disease is associated with psoriasis, a chronic skin disorder. Between 5 and 23 percent of people with psoriasis develop psoriatic arthritis, the disease appearing about 10 years after the psoriasis develops. Psoriasis is an inflammatory skin disease that results itchy patches of skin with a red base and a silvery scale of top. This rash can be found anywhere on the body but is most commonly on the elbows, knees, and scalp. The fingernails may be affected with pitting, separation of the nail from the nail bed, and transverse ridging and cracking. People with nail involvement are more likely to develop the arthritis symptoms. In addition to joint inflammation, psoriatic arthritis can cause tendonitis and dactylitis, a sausage-like swelling of the digits.

Men and women are equally likely to develop psoriatic arthritis, and people with white skin are more likely to have it. All ages can have it, but it occurs mostly between 30 and fifty-five years of age. The cause is not known, but environmental, genetic, and immunological factors appear to be involved (Arthritis Foundation, 2008).

The invasion of a joint by an infectious agent, producing arthritis, is called septic arthritis. The usual cause of septic arthritis is a bacterial, but it can be viral, mycobacterial, and fungal. The organism can be carried by the bloodstream from an infectious foci in another part of the body, introduced by a skin lesion penetrating the joint, penetrating trauma, surgery, extension of infection from adjacent soft tissue infection, or from infection in bone or bursae. This type of arthritis is suspected when one joint is affected and the patient is febrile. In children septic arthritis occurs most often in those less than 3 years of age; it is uncommon from age 3 to adolescence (Lee, 2007).

Metabolic arthritis or gout is a disease caused by buildup of uric acid. Monosodium urate or uric acid crystals are deposited on the articular cartilage of joints, tendons, and surrounding tissues. Elevated concentrations of uric acid in the blood stream cause this deposition, provoking an inflammatory reaction of these tissues. In gout there is excruciating, sudden, unexpected, burning pain, as well as redness, swelling, warmth, and stiffness in the affected joint. There may also be fever. The inflamed joint also causes swollen, tender and sore skin, which is a second source of pain. The big toe is affected in 75 percent of first attacks, but can affect the ankle, heel, instep, knee, wrist, elbow, fingers, and spine. Patients can have tophi, uric acid crystal depositions, in other tissues, as well as uric acid crystals precipitating in the kidneys or bladder, forming uric acid kidney stones. It is the most common inflammatory arthritis among men and may flare and then remit (CDC, 2008; Arthritis Foundation, 2008).

Pseudogout, calcium pyrophosphate dehydrate crystal deposition disease (CPPD), occurs when these crystals collect in joints and tissues surrounding the joints. These deposits cause inflammation in the joint, which can in turn cause the joint cartilage to break down. Many people with CPPD have no joint symptoms, but in those with symptoms an osteoarthritis-like disease can result. Men and women are at equal risk for this disease, and its frequency increases with age (Arthritis Foundation, 2008).

Some form of arthritis affects approximately 300,000 children in the United States. There is much disagreement about definitions and classifications of childhood arthritis. Juvenile idiopathic arthritis (JIA) is a common term used for persistent arthritis in children. The cause is unknown, but seems to arise in genetically

susceptible individuals because of environmental factors. JIA can affect differing numbers of joints or may be systemic, and is sometimes called Still's Disease. In Still's Disease there is arthritis, and a fever and rash that come and go. It affects boys and girls equally, unlike the other types of JIA. Onset is usually from preschool to early teenage years. JRA, juvenile rheumatoid arthritis, and JCA, juvenile chronic arthritis, are terms sometimes used to describe other types of childhood arthritis, although the current trend is to call all childhood arthritis JIA. With JRA there are at least 6 weeks of persistent arthritis in children younger than 16 years and no other type of childhood arthritis. It is considered by some to be the most common form of juvenile arthritis (CDC, 2008).

Because they affect joints, ankylosing spondylitis (AS), fibromyalgia, and systemic lupus erythematosus (SLE) are sometimes classified as types of arthritis. Ankylosing spondylitis is a painful degenerative inflammatory arthritis that primarily affects the spine and sacroiliac joints. It is a chronic arthritis, causing eventual fusion of the spine and has a probable genetic predisposition. The etiology of fibromyalgia is unknown and it may occur with RA, AS, and SLE. It occurs seven times more frequently in women than men, but children can also have it. SLE (not discoid or drug induced lupus) can harm the joints, heart, skin, lungs, blood vessels, liver, kidneys, and nervous system. It is a chronic autoimmune disease that affects females more than males and occurs from infancy to old age, peaking between ages 15 and 40 (CDC, 2008).

Diagnosis

Most cases of arthritis are clinically diagnosed using several modalities, including the history of the patient, physical examination, and supportive radiographic and laboratory tests. Only a few of the types of arthritis, such as gout, have a definitive diagnosis.

Diagnosis of osteoarthritis is usually done through X-ray. Loss of cartilage, subchondral sclerosis, subchondral cysts, narrowing of the articulating bone joint space, and bone spur formation will show up clearly on X-ray, but they do not detect OA in its early and potentially treatable stages. X-rays, particularly those used for baseline and later comparison, MRI studies,

joint ultrasound, and bone densitometry all provide tools for diagnosing RA. For pseudogout, radiography assists in diagnosis, showing calcific masses, usually in the joint capsule. No direct test diagnoses AS, but X-ray studies of the spine that show characteristic spinal changes and sacroiliitis is a major diagnostic tool. Appearance of "fluffy, new" bone occurs on X-ray with psoriatic arthritis. Film findings for septic arthritis include joint effusion, soft tissue swelling, periarticular osteoporosis, loss of joint space, marginal and central erosions and bone ankylosis. CT and MRI findings may be of more and earlier value.

A definitive diagnosis for gout can be made from light microscopy of fluid aspirated from the joints with demonstration urate crystals. Immunological studies for rheumatoid factor, anti-citrullinated protein antibodies, erythrocyte sedimentation rate, C-reactive protein, full blood count, renal function, liver enzymes, and antinuclear antibodies are all of value for diagnosing RA. Genetic and environmental variables also should be evaluated. Still's disease is diagnosed with the elimination of other diseases, clinical features, and results of a number of common tests combined.

Treatment

Because pain is a paramount symptom in arthritis, many treatments are directed at pain control. For osteoarthritis acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs), COX-2 selective inhibitors, corticosteroids, and narcotics are used. While there is disagreement over the treatment of RA, most authorities agree that suffering should be alleviated and joint destruction should be prevented. Most patients are given one specific disease-modifying anti-rheumatic drug (DMARD), some type of cortisone therapy for inflammation, and a pain reliever. Gold salts have also been successfully used with RA. NSAIDs are used for gout as are oral and injectable glucocorticoids. Colchicine may be occasionally used for both gout and pseudogout. Corticosteroids administered by several different routes are more frequently used for pseudogout.

Juvenile arthritis and Still's disease are treated with NSAIDs, corticosteroid injections, and Tumor Necrosis Factor (TNF) alpha blockers. Antibiotics are used in

cases of septic arthritis. Three major types of medication are used to treat ankylosing spondylitis. They include NSAIDs to reduce inflammation and pain, DMARDs to reduce immune system response, and TNFalpha blockers, also for immunosuppression. NSAIDs, corticosteroid injections, and immunosuppressants are also used for psoriatic arthritis.

For all types of arthritis, all types of nutritional supplementation, including supplementation substances like glucosamine and chondroitin sulfate, are helpful for some patients. A new supplement made from the membrane lining of eggs shows promise. Diet in which allergens are avoided is also helpful. Although allergy to many other foods can contribute to arthritis, wheat, sugar, and nightshades are major causes of arthritic symptoms. Acupuncture and acupressure are frequently useful in treating arthritis as is prolotherapy. Low level laser therapy can reduce pain as can chiropractic treatments. Surgery for fragment removal, repositioning bones, or increasing stability by fusing bones also reduces pain. In some cases joint replacement therapy provides relief of pain and restoration of mobility.

There are homeopathic remedies that are helpful for all types of arthritis. Botanical supplements (herbs) are also useful treatment as are substances from Chinese and ayurvedic medicine. Juice therapy can reduce inflammation and pain. Losing weight, application of heat, regular exercise, reducing or eliminating stress on joints, and pacing tasks to conserve and extend energy may be helpful (Arthritis Foundation, 2008; CDC, 2008; Krohn and Taylor, 2002; Landau, 2006; Medline Plus, 2008).

Arthritis and Emotions

Although there may be other symptoms, such as loss of or diminishing of function and fatigue, pain is usually the primary manifestation of arthritis. It can range from a dull ache to acute, stabbing, burning pain. Pain increases with time, as the arthritis progresses. Most people eventually wish for and accept pain relieving medications, which is standard medical treatment for arthritis. Arthritis affects many areas of a person's life including abilities, personal identity, relationships, and responsibilities. It has consequences for many aspects of health and causes challenges because the body does not perform as it once did. The fact that it is a chronic

disease means that the person's health is affected either intermittently or daily over an extended and perhaps indefinite period of time. How a person handles emotions in their daily life influences how they perceive their health and living with arthritis.

Many people go through the stages of grief as outlined by Elizabeth Kubler-Ross in her book, *On Death and Dying*. Although it outlines the stages people go through to properly grieve the loss of a person, most people go through these same stages when grieving the loss of health. The stages include shock, denial and isolation, anger, bargaining with God, depression, guilt, loneliness, anxiety and panic. Not all people experience all of these stages, and different people experience them in a different order. With arthritis people grieve over their lost function, lost activities, for their life that was, and for the life they fear is coming.

Emotional response to having arthritis has many facets. There will be concern as the symptoms begin to manifest and worsen. Denial is paramount as the person tries to avoid the reality of the situation and tries to continue life as it was without arthritis. They hope that the symptoms will disappear and give them ample time to go away before they seek help. This is usually unsuccessful as the symptoms with many types of arthritis can relentlessly increase. This denial also prevents their seeking and accepting treatment that could be helpful. In spite of the shock they may feel, there may be temporary relief over having a definitive diagnosis. This relief will disappear when the person realizes modern medicine offers no cure.

Fear over the uncertainty of the illness, not knowing what to expect, as well as frustration over limitations, loss of ability, decreased mobility, increased fatigue, and other changes are common. People worry about and fear how the arthritis is going to change their lives. People may also fear becoming disabled and the possibility of loss of their independence as they need more and more help from others. They may fear their ability to continue to handle their lives and activities, as well as their ability to cope with the future and the problems arthritis can cause. Some people may even feel responsible for their arthritis because of an imagined

transgression in the past. Fears can enhance feelings of stress, which negatively impact arthritis.

The inconvenience caused by arthritis, whether it is a mild or severe case, the attitude of the medical world, and lack of understanding from family and friends can trigger long-lasting and intermittent anger. The person may be angry because they have arthritis. The pain they are experiencing may make them angry, the deformities that can develop may make them angry as well as embarrassed, and their increasing limited motion can make them both angry and distressed. The anger may also include a feeling of unfairness and “why me” syndrome and be directly related to loss of control as the disease becomes a major factor in the life of the person. They may become confrontational at home, at work, and even in their doctor’s office.

Acceptance of arthritis may not come quickly after diagnosis. The necessary lifestyle changes can trigger resentment. Denial causes many people not to accept offered help when they truly need the help. Devastation as goals and plans must be altered may eventually give way to a feeling of hopelessness if the person surrenders to the negative aspects of arthritis. The isolation that some people with arthritis impose on themselves can lead to feelings of low self-esteem and unworthiness. Depression can become overwhelming. There will be anxiety and angst over what the future may hold, physically, socially, and financially, in addition to mourning and grieving for losses the arthritis has caused.

After a period of grieving, anxiety and angst, many people with arthritis eventually have a change in perspective and begin to develop coping skills. They try to become knowledgeable about their arthritis, seek mutual support, and adapt their lifestyle. They learn to accept their arthritis and concentrate on eliminating stress, prioritizing activities, and investigating treatment options, allowing them to live wisely with arthritis. They come to realize that they can still have a good life. Hope and a positive attitude allows them to adjust to life with a chronic disease (Eustace, 2004-2008; Krohn and Taylor, 2002; Shiel, 2008; van Middendorp, 2004).

NAET® and Arthritis

NAET® offers a new and different way of looking at and treating arthritis. NAET® philosophy proposes that arthritis develops because of an inherited allergic tendency. Arthritis is caused directly or indirectly by allergy to many different substances, and may be acute or chronic. Symptoms of allergy will vary from person to person and will also depend on the status of the immune system, involvement of organs, age, and heredity. In arthritis inflammation occurs in joints of all sizes, frequently accompanied by pain. Joints affected may include upper, mid, and lower back; knees, shoulders, fingers, toes, ankles, wrist, elbows, hips, temporomandibular joints, and neck.

Immediate, acute symptoms are triggered by direct allergy, whereas there is a delay in occurrence of symptoms if the allergy is indirect and the allergen must undergo some type of processing by the body. Inability of the body to digest foods or process chemicals due to lack of enzymes or inability to eliminate them will cause inflammation and pain as the body keeps producing toxins and trying to make antibodies.

Symptoms of chronic arthritis may appear gradually and include pain, as well as swelling, stiffness, and deformity of joints. Poor absorption and assimilation of nutrients because of allergies, infection, and chronic irritation or overuse of joints when there is not proper nutrition all play a role in chronic arthritis. Acute arthritis can progress to chronic arthritis.

Allergy to foods, phenolics, prolamins, environmental chemicals, personal care products, cleaning products, microorganisms, fabrics, colors, environmental factors, pollens, molds, danders, temperature, weather, emotional blockages, and energy of another human are among the many substances that can trigger arthritis, either acute or chronic. In the case of food allergy, certain food groups affect certain joints and cause specific types of pain. For example potatoes affect vertebral joints, spices affect interphalangeal joints and wrist joints. The ankles, neck, and back are affected

by peppers and cause general body aches. Citrus fruit, onion, and sugar affect the knees, where as corn causes pinprick pain in the hands in addition to body aches. The whole body can be affected by grains, affecting all the joints and causing brain fatigue and fog.

Substances or factors to which an allergy is not commonly expected can be a causative agent in arthritis. Allergy to temperature is of major concern, both heat and cold, although cold is usually a bigger factor. Barometric changes can also trigger arthritic symptoms. Allergy to chemicals in almost any category can affect and cause symptoms of arthritis. Formaldehyde is a primary culprit among these chemicals as are cleaning agents. Cigarette smoke and pesticides are other chemicals that can play a role. Allergy to fabrics and jewelry, both metals and stones, play a role in arthritis, as do allergies to fabrics and color. Emotional blockages, including factors that are unresolved by the person, can adversely affect the body causing many problems, including arthritis. Emotional blockages triggered by the arthritis also play a role in the condition.

The treatment offered by traditional medicine is largely palliative. It offers symptom control with pharmaceuticals and in some cases may slow down the progression of the disease. It offers only management of the arthritis and no cure for it. NAET® recognizes that the different forms of arthritis have different symptomatology, causative agents, affected tissue, and the way in which the tissue is affected. Arthritis and joint pain can result from any number and type of allergens. NAET® has the capability of treating and eliminating these allergies, which are the cause of a person's arthritis. Possibilities of allergy to many different substances must be extensively investigated. Subsequent avoidance of the allergen will give symptom relief, but NAET® treatment will eliminate the allergy and treat the root cause of the arthritis. This will stop the disease, as well as affording symptom relief. In many cases healing and reversal of the damage caused by the arthritis will take place and function will be regained. NAET® also offers help with the identification and treatment of emotional blockages and issues, both those that are a factor in the life of the person, as well as those that the arthritis raises (Nambudripad, 1997, 2002).

Conclusion

Several hundred types of arthritis or joint disease exist and are encountered worldwide. The primary symptom of these diseases is pain, and most forms of arthritis involve the potential for joint damage and deformity. While the medical world offers primarily drug treatment for arthritis, the arthritis is not cured and varying degrees of pain relief are afforded. Joint damage may be slowed, but is seldom stopped. Arthritis is always accompanied by emotional issues with which the patient must deal in addition to the physical symptoms. NAET® offers a different philosophy regarding arthritis and its etiology, as well as extensive diagnostic and treatment possibilities, both for physical and emotional aspects. In most cases, the arthritis is eliminated, function is regained, and the health of the patient is restored.

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