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ARTHRITIS—

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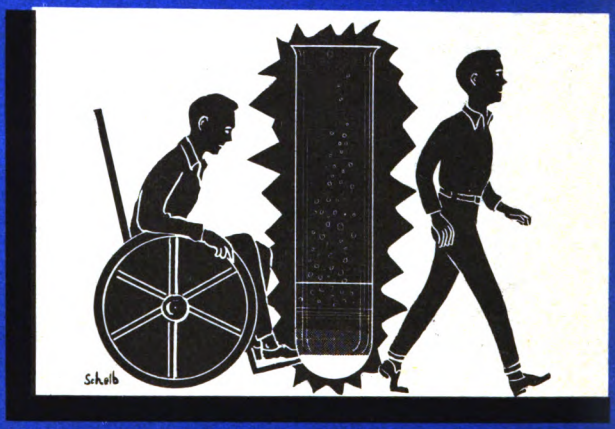
ITS TREATMENT AND PROBLEMS

BY ALTON L. BLAKESLEE

PUBLIC AFFAIRS PAMPHLET NO. 166



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HERE ARE THE FACTS. Arthritis and rheumatism afflict 7½ million people in the United States and cost the nation well over a billion dollars a year. One million persons are permanently disabled. This, in essence, is the extent of the problem discussed by Alton Blakeslee in ARTHRITIS—ITS TREATMENT AND PROBLEMS.

The years 1948-50 marked a turning point. There were new grounds for hope that the problem of rheumatic disease would yield to science. In 1948 the Arthritis and Rheumatism Foundation was formed, and fund raising for medical research and education was started on a nation-wide scale. In 1949 the anti-arthritic effects of cortisone and ACTH, the "miracle drugs," were discovered. And in 1950, Congress authorized and the Surgeon General of the Public Health Service established the National Institute of Arthritis and Metabolic Diseases, primarily to conduct research and to make research grants to nonfederal institutions throughout the country.

The following pages have been written in close cooperation with scientists and officers of these new organizations. We welcome this effort to inform the public about the rheumatic diseases and the weapons available to combat them.

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ARTHRITIS — ITS TREATMENT AND PROBLEMS

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BY ALTON L. BLAKESLEE

This pamphlet was prepared by Alton L. Blakeslee, science writer for the Associated Press, with the cooperation of the Arthritis and Rheumatism Foundation, the National Institute of Arthritis and Metabolic Diseases of the U. S. Public Health Service, and the New York Academy of Medicine.

THIS is a story of drama, mystery, pain, hope, frustration, and miracles. It's a story that directly concerns 40,000,000 or more Americans, the story of rheumatic diseases, the greatest cripplers of mankind.

These cripplers are arthritis, gout, rheumatic fever, and a host of allied ailments that affect joints and muscles. They claim 10,000,000 victims in this country, by medical estimate, and concern the families of each of these men, women, and children.

There is drama in new drugs that bring relief—not cures—to bedridden, pain-wracked victims of arthritis.

There is mystery—why and how these and other drugs produce results—mystery even about what causes these diseases, and why some of them often disappear by themselves.

There is pain, and there is tragedy, As one woman with arthritis remarked, "No one dies of arthritis, but, oh, how they sometimes wish they would!" But there is hope. Never before has the outlook for victims of arthritis been so good, never before has there been so much that could be done to aid them. Never before has there

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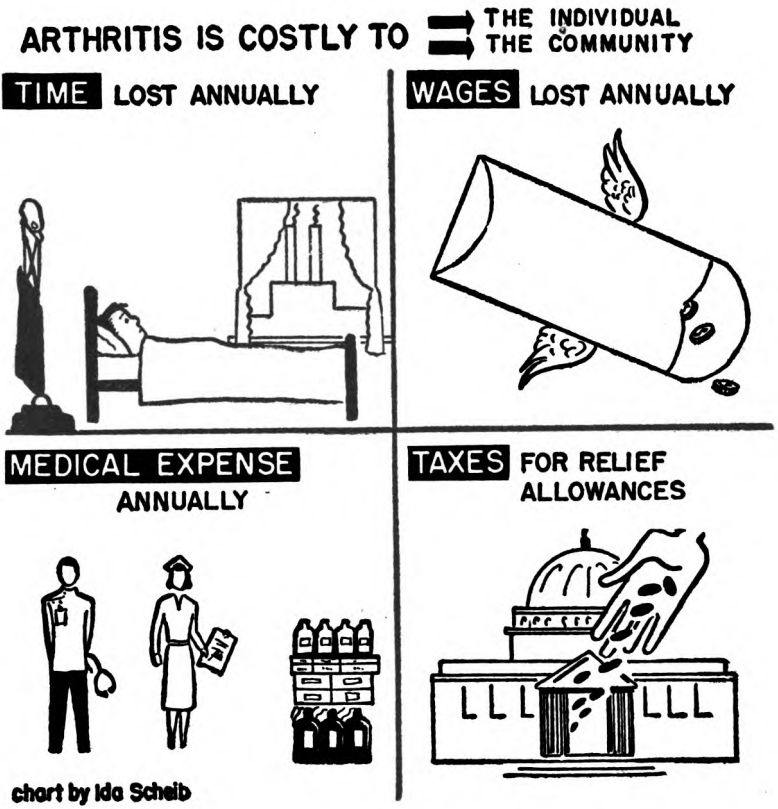

in wages, that $140,000,000 a year is spent in medical care, that relief allowances to sufferers cost taxpayers $103,000,000 a year. Like many other illnesses, arthritis and rheumatism are commoner by far among families least able to afford sickness. Because they may last for years, they often impoverish those with modest savings.

Rheumatism and arthritis rarely kill. But this family of diseases includes rheumatic fever, the biggest killer disease among children 5 to 19 years old.*

*See Public Affairs Pamphlet No. 126, *Rheumatic Fever — Childhood's Greatest Enemy*, by Herbert Yahraes. 25¢

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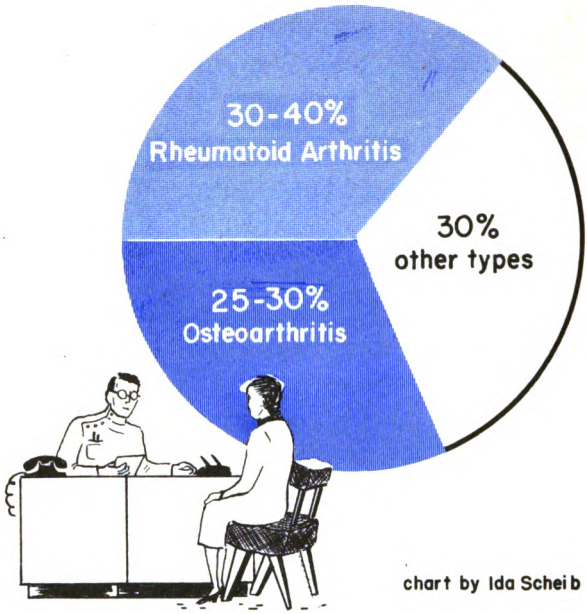

chart by Ida Scheib

sent overseas during the war. A change of weather may set it off, too. But are these causes, or—as many physicians believe—simply a push to trigger some mechanism already waiting to begin?

Getting rheumatoid arthritis doesn't therefore necessarily mean a sentence of life-long stiffness and pain. In 50 per cent of its victims, rheumatoid arthritis goes away all by itself, after months, or four or five years, sometimes longer. As to why, we have no idea. There are ups and downs in the disease, with periods of welcome relief. Sometimes the disease simply stops and never returns.

treating rheumatoid arthritis

THIS spontaneous recovery or improvement is all to the good. But it creates a pitfall when doctors or patients try to pin down some treatment and give it credit for making the patient feel better. The

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ARTHRITIS AND RHEUMATISM CHART

	who gets it?	how does it begin?	cause
Rheumatoid Arthritis	 more women than men - usually from 35-40 years old	 in small joints: ankles elbows wrists	uncertain
Osteoarthritis	 older people	 spine finger tips knees shoulders	old age wear
Arthritis from injuries and infections	 anyone	 where there is an injury, infection	injury infection
Rheumatic Fever	 children and young people	 heart pains, swelling in joints	streptococcal infection
Gout	 men over 30	 sporadic attacks	uncertain
Fibrositis	 anyone	 back	uncertain
Psychogenic Arthritis	 anyone	 muscles and tendons stiff and painful	emotional troubles: worry, grief, fear

Chart by Ida Scheib

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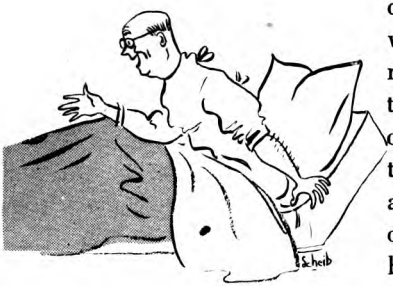
NEGLECT GIVES WAY TO HOPE

FOR years arthritis and rheumatism have been stepchildren of that callous parent, Neglect. There were many reasons. These diseases, except for rheumatic fever, didn't kill. They existed in a world full of dangerous, lethal diseases which took priority in medical research and in public attention. There were few doctors who specialized in treating these ailments, far fewer clinics to which the arthritic person could turn. There was a pervading sense of defeatism and gloom about these ailments. The general public belief was that little could be done if you had one of them. The medical knowledge of how to treat them most successfully was not widespread. Medical schools did not devote much time and effort to teaching students about the rheumatic diseases—other problems meaning life and death were far too pressing.

For the same reason, few research studies were made. Physicians and patients suffered along under the idea that the best hope for arthritis was to wait until it might cure itself. Treatment required many, many visits, a hard long course of time and expense for everyone. Here and there the seriousness of the problem was appreciated, but progress was slow. Man's oldest disease seemed destined, only ten to twenty years ago, to remain with him.

the new hopes



Now the outlook has changed dramatically. As one leading specialist declared, "We may look forward with confidence to a day when rheumatoid arthritis can be effectively controlled. When that time comes, the prevention and correction of deformities will cease to be a problem. Until then, the increasing recognition of what can be accomplished for the prevention and correction of deformities by

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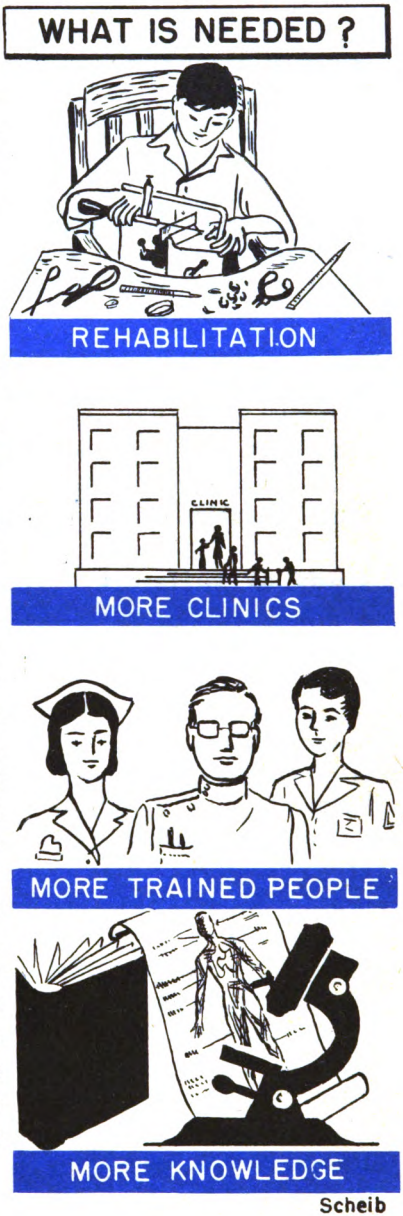
far as the survey shows, 15 states have none at all. But the millions of persons in pain from arthritic conditions aren't grouped according to geographical boundaries.

more trained people

We need more specialists in treating arthritis, more able young doctors with ideas to seek leads or answers to causes, puzzles, and treatments of rheumatic diseases, more teachers to train medical students in handling arthritic and rheumatic patients, more physical and occupational therapists to provide pain-relieving therapy.

Considerable progress has been made in the past few years both in teaching medical students about arthritis and in providing special training for practicing physicians. As a result of the leadership of the Arthritis and Rheumatism Foundation, teams of teachers have been organized to give lectures and demonstrations to hospital staffs and county medical societies in various parts of the country. Regional conferences attended by hundreds of physicians have also been held. Thus, the ability of the general practitioner to aid sufferers from rheumatic diseases has been greatly enhanced.



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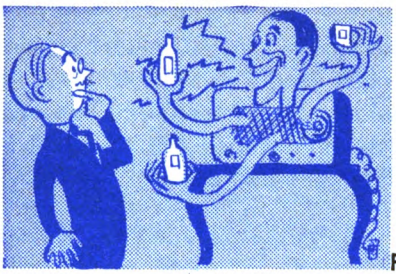
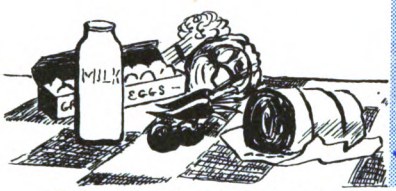
THINGS TO REMEMBER



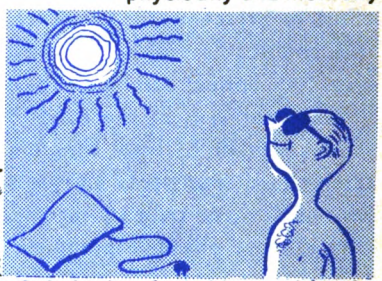
Avoid patent medicines



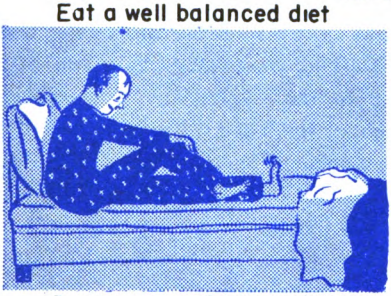
Rest and relax
-physically and mentally



Eat a well balanced diet



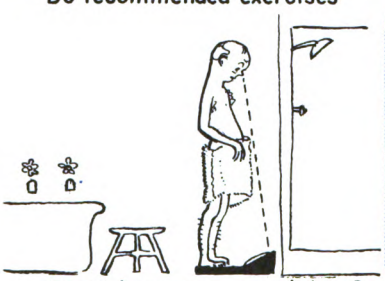
Get plenty of sunshine and heat



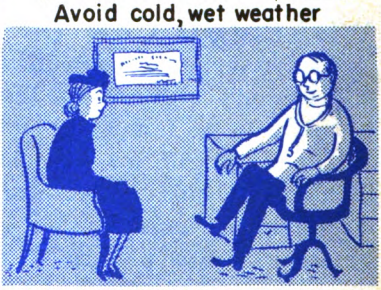
Do recommended exercises



Avoid cold, wet weather



Don't become overweight



Consult your physician

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