

# arthritis TODAY

Winter 2004

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## ARTHRITIS FOUNDATION OF WA

17 Lemnos St, Shenton Park 6008  
 PO Box 34, Wembley 6913  
 Tel: (08) 9388 2199. Fax: (08) 9388 4488.  
 Toll Free: 1800 011 041 (Country callers only)  
 Website: [www.arthritiswa.org.au](http://www.arthritiswa.org.au)  
 Email: [general@arthritiswa.org.au](mailto:general@arthritiswa.org.au)  
*President:* Dr J. Edelman MB, BS, FRACP  
*Executive Director:* Ric Forlano BCom, CPA  
*Honorary Medical Editor:*  
 Dr John Quintner MB BS MRCP FFPMANZCA

## PHOENIX COMMUNICATIONS

55 Bullcreek Drive, Bullcreek WA 6149  
 Tel: (08) 9332 9222 Fax: (08) 9332 9122  
 Email: [adrian@phoenixcom.com.au](mailto:adrian@phoenixcom.com.au)  
 Web: [www.phoenixcom.com.au](http://www.phoenixcom.com.au)  
 Editor: Adrian Kenyon  
 Art Director: Michael Parry  
 Editorial Co-ordinators: Adrian Kenyon and  
 Michael Parry

**COVER:** Dennis Lillee, cricketing legend  
 (see story page 2).

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## No pain, no gain but it's the price of fame

**T**AKING to the sports field has its problems - just ask  
 Dennis Lillee. Not only did WA's most famous fast  
 bowler have to push his body to the limit to make the  
 grade - and stay up there with the elite - but he had to  
 remind himself as he pounded the pavements as a jogger  
 that there might be a price to pay for all that effort.

As he points out in an article in the proceeding pages,  
 playing at the top in any sport leaves the body prone to  
 various ailments, not the least of them the aches and pains  
 of arthritis.

Lillee carries such injuries into his fifties but, as he says in an  
 optimistic assessment of his state of health, if you don't exercise you're  
 likely to be hit by something much worse. Be a couch potato and you've  
 had your chips in other ways - you'll get overweight and your ticker will  
 give out.

The cricketer has learnt to keep his problems at bay with a mix of  
 exercise, treatment and medication. And he has some advice for young  
 sportspeople setting out on a career at the elite level - learn from the  
 mistakes of yesteryear and train smart.

This issue also looks at the cost of sporting injuries and preventative  
 programs that reduce the numbers. A Western Australian Sports Injuries  
 Study, undertaken by researchers from the University of WA and Deakin  
 University and funded by Healthway, confirms that sport and exercise are  
 vital to our well-being. We just need to follow certain guidelines in our  
 pursuit of fitness.

Still on the fitness kick, this issue also takes the plunge into the pool  
 with a look at hydrotherapy and the benefits of aqua aerobics

We also relate the stories of two individuals battling forms of arthritis -  
 but fighting the disease in different ways. One relates her trials with a  
 variety of drugs and how they have eased the pain of rheumatoid arthritis  
 Another tells of her search for a natural cure to lupus, a disease she had  
 suffered without knowing the cause since childhood and which, ironically,  
 she describes as her "blessing in disguise".

RIC FORLANO  
 Executive Director



# Arthritis hits Lillee for six - but he's not out

EVEN the greats of sport can be hit by arthritis. MICHAEL PARRY talks to Dennis Keith Lillee about the legacy of pushing his body to extremes in a tough sport.

**D**ENNIS LILLEE knew half way through his illustrious career that taking wickets would ultimately take its toll.

He was right. But just as a bowler doesn't quit three balls into an over, he wasn't going to walk away from his sporting life while he was still helping to win Test matches and still enjoying the challenge of competition.

And even now, nursing the aches and arthritic pains that come at the end of a career at the top level of sport, he doesn't look back with any regrets.

We're sitting at the headquarters of the Arthritis Foundation of WA in Shenton Park. The cricket legend has taken time out from a busy schedule to discuss sport and arthritis and to pass on a few tips on surviving after years of heavy knocks.

"I have arthritis at two levels in my neck.



Dennis Lillee: 'I'm no different to anyone else who has played a hectic tough sport.'

I have got osteoarthritis in my fingers, a bit in one of my knees and some in my back," he says, reviewing the reminders of a bruising career.

"But look, I am no different to anyone else who has played a hectic tough sport. We've all taken a bit of a belting.

"And these days, when you get together with fast bowlers, or footballers or ex-rugby players of my age it is fairly common to hear us all talk about the wear and tear that we've experienced.

"But we are warned about this when we play and we know that we will end up with arthritis and with bad stiffness in the joints.

"You are not warned at 16 but you are warned during your career when you have injuries and certainly you end up half way through your career knowing that there's a great possibility you will end up with arthritis."

That's the difference, Lillee says, between the professional sporting person and the weekend enthusiast – the men and women who hit the park on Saturdays and Sundays. These people are still happily turning out to play hockey or netball, soccer or a range of team games at 45 or 50.

"They are still enjoying it and have got no aches and pains because they have never pushed themselves to the limit day after day."

To compete professionally, however, there is little choice but to extend the body continually – training to the maximum and pushing the physical barriers to gain that extra edge.

Lillee was no exception. Back in his bowling days – he took on a heavy training program – walking, jogging, cycling, swimming and working the weights to hone his body to the arduous task of sending down over after over (well over 8000 in a career of 14 years in first class cricket)

He was a proponent of interval training – sprinting, resting and sprinting to emulate his role on the cricket pitch. He knew, for instance, that it took five seconds to run in and deliver the ball. He had about 30 seconds to recover in walking back before sending down the next ball.

But in training he'd push himself harder – sprinting for five seconds but decreasing the gap between such bursts to less than the recovery time he would have during a game.

"That way I was overloading the system as I was asking my body to do more than it would in a game. It meant I was prepared for the ultimate effort in competition because my training combined with thousands of kilometres of running."

In just 70 Tests, Lillee captured 355 wickets, then a world record, making him one of the greats of the game and, with fellow paceman Jeff "Thommo" Thomson, was the scourge of opposition batsmen.

These days Lillee is happily giving back to the game he loves, helping young bowlers develop their skills – particularly in Australia and in India – with no yearning for the limelight.

He shuns the after-dinner speaker circuit, does charity work when he can, and generally looks to the future rather than dwell on the past. He refuses to let any aches and pains slow him down.

He likes to keep on the move with exercise and is still an enthusiastic jogger – but these days it will be on grass or softer surfaces such as sand.

"I didn't do this when I played. I usually ran on the road which was probably not the smart thing to do, but we didn't know much then."

It's a tip he passes on to young bowlers under his wing, future stars who at least have the benefit of today's smarter training methods. "There are a lot of techniques of

training that allow you to keep off your legs and to cut down on the jarring. There's a lot more cross training methods.

"But if you're going to play a sport that involves a lot of running – and there's no substitute for running – you've got to do smart running. Instead of slogging long miles on bitumen, you do short, sharp repetitive stuff on softer surfaces, like the beach and grass."

Lillee, who wrote a book on family fitness back in 1980, remains an advocate of general exercise. He believes now, as he did then, that if you're fit, you'll feel better and probably live longer – good enough reason for anyone to put in the effort.

"I have just started Pilates which is a good all-round exercise with mobility and stretching and strengthening.

"It basically centres on the core group of muscles but you are moving everything – arms, shoulders, legs, joints, everything... I think it is fantastic."

He is also a great advocate of glucosamine after a friend persuaded him to give the supplement a try a couple of years

ago. No, he didn't like it so much that he bought the company, but he's enthusiastic enough to become a paid promoter of the product.

"Look I am not saying it works for everyone with osteoarthritis problems but it certainly does for me. I have found it amazing.

"I had had five operations on my knee and the doctors told me not to come back – there was no more they could do. But glucosamine has had a profound effect on my knee and my fingers. In fact I don't know the arthritis is in my fingers any more and they were really tight and they hurt."

These same hands learnt the art of bowling back in the 50s in Perth – certainly a world away from today's media-mad world of electronic, computerized gadgetry.

It might be the reason Western Australia is experiencing a dearth of young fast bowlers – something the WACA is attempting to remedy in a search for new talent.

"To get to the top today, a lot of young lads realise that to attain the fitness required there's a lot of hard work to do and they are not sure they want to do it," he

said, explaining his theory on the lack of potential quicks.

"Generally speaking I'd say the younger person's upbringing these days has been more in front of the computer than out in the backyard hitting a ball. We were out there because there wasn't much else to do and so I think our natural fitness was better then than it is today."

There's a price to pay for sport – whether in pushing the body to achieve greatness, or in wearing the future pain that results.

The interview has come full circle and Lillee ends it philosophically.

"Whatever you do in life if you push yourself too hard – even if it is in front of a computer in a stressful job – you can end up with a heart attack or stroke.

And if you don't exercise and get overweight you're likely get some other disease. You might not cop osteoarthritis but you'll probably get something worse."

With that, Lillee bounds off optimistically to his next appointment.

For the tall man of cricket, life's too short for regrets.

## Sports injuries - the current state of play

**P**ARTICIPATION in sport and recreation, specifically physical activity, is promoted for a variety of reasons not the least being social interaction, skills development, stress reduction, enjoyment, fitness, prevention of chronic diseases, well-being and a sense of belonging.

Whilst participation in sport and recreation has inherent risks, the well documented benefits of physical activity far outweigh these risks, an argument supported by the many physical activity initiatives that have emerged over the last few years.

A key principle of healthy active participation in physical activity addresses safety and recognises that participation can allow the individual to be physically challenged but within the safest possible environment.

Unfortunately, any increase in participation increases exposure to hazards and risk factors associated with sports injuries (*Finch et al., 1995*). As more people participate in sport and recreation activities, it can be expected that the number of injuries has the

potential to increase.

In 1990, in his report to the National Better Health Program, Dr Gary Egger stated that one million, or one in 17 Australians sustained an injury playing sport each year and that the cost to the Australian community was in excess of \$1 billion/annum.

It was estimated that 200,000 of those injuries could be regarded as serious with 40,000 requiring hospitalisation or surgical intervention. (*Egger, 1990*)

Egger stated that 75 per cent of all injuries occurred across eight sports and that up to 50 per cent of all injuries could potentially be prevented.

More recently and on a local front, the Western Australian Sports Injury Study, conducted by researchers from The University of WA and Deakin University and funded by the West Australian Health Promotion Foundation (Healthway), was the first longitudinal study of sports injuries at the community level in Australia.

One of the aims of this study was to estimate the costs of sports injury in Western Australia (in the four sports in

the study). The main finding in this area was that the average cost of injury to the individual adult participant (\$88/player/season) was relatively low and that the benefits of being physically active would therefore outweigh the cost of injury.

However, on a larger scale, it is clear that sports injuries do cost the community a sizeable amount of money (\$9-10m a year in WA) and that cost savings could be achieved through the implementation of preventative programs to reduce the incidence and severity of injury (*WASIS, 2001*).

The WASIS identified education as "the cornerstone of sports injury prevention with the best opportunities for prevention being in player, coach, trainer and general community education".

The promotion of sport and recreation safety has been identified as a key public health issue in a number of reports. Despite the basic realities of the physical and monetary cost of sports injuries and an increasing

*Continued on page 4*

## Follow these rules and beat injuries in sport

*From Page 3*

recognition that many injuries are preventable, the focus of health care has been on treatment rather than prevention. (Finch, 1997)

The findings of the WA study have provided the platform for improvements in the design and targeting of existing interventions and resources and a future direction for sports safety planning and research.

In recent years there has been more discussion about strategies to decrease the frequency and severity of injury associated with sport and recreation activities, whilst promoting healthy participation – a goal congruent to one of the overall aims of Sports Medicine Australia, the deliverers of the only national community education program aimed at the prevention and immediate management of sports injuries.

Sports Medicine Australia's primary aim at the community level is to educate all personnel involved in the delivery of sport, as well as participants themselves, about injury prevention, immediate management of injury and sports safety issues.

Sports Injuries and Children

In recent years Sports Medicine Australia in WA has focused on prevention of sports

injuries in children. Reason being, children can be more susceptible to sports injuries for a variety of reasons.

Children are not as well co-ordinated and have slower reflexes than adults because they are still growing and developing and refining a wide range of motor patterns. In addition to this, children grow at different rates and therefore there is often a substantial difference in height and weight between children of the same age.

As children grow, becoming bigger and stronger, the potential for injury increases due to the forces involved e.g. two eight year olds playing Auskick and weighing around 28 kgs who collide, will not produce the same force of collision as two 16 year olds playing Aussie rules who may weigh up to 60kgs.

By following some simple guidelines, many injuries in children's sport are preventable.

Use of proper equipment

Young athletes can be physically compromised by using adult equipment in training sessions or in game play. Using modified equipment for their physical body size and age group can result in enhanced learning of motor skills, more balanced competitions and a reduction in the risk of

injury.

Use of protective safety equipment

If there is safety equipment available for youth sports it should be worn at all times when playing or training. The equipment needs to be in good condition, fit properly, and be worn as prescribed by the manufacturer. Protective equipment must also meet the guidelines or rules of the governing body of the particular sport. Some protective equipment designed for specific sports are goal post padding, eye goggles, helmets, mouthguards, shin pads and /or gloves.

Maintenance of playing surfaces

Poorly designed or dangerous court surfaces may place young athletes at risk of injury. It is important that playing areas are level and firm, are free from obstructions, have protective padding on permanent fixtures (ie goal post padding) and provide adequate space between the playing area and spectators.

Skill development, proper preparation

Recent studies have demonstrated that players with a higher level of skill, have a decreased risk of injury. Coaches should place a strong emphasis on the development of skills and techniques.

*Continued opposite*

## Emu Oil helps put injured star back on track

**O**LD footy stars may fade away, but their injuries linger on, though some have found relief from using Emu Spirit Oil of Emu. And many current athletes have found the product to be useful in overcoming pain.

An example was London Marathon runner Paula Radcliffe who was injured in a mixup with a cyclist about a month prior to last year's race. Radcliffe credited Emu Oil with her recovery which was all the more remarkable as it concluded with the runner not only winning the marathon but in breaking her own world record by more than two minutes.

Emu Spirit Oil of Emu (Aust L 92158) and Emu Spirit Omega 369 Oil of Emu Capsules (Aust L 92157) are the first 100 per cent pure emu oil products to be listed on the Australian Register of Therapeutic Goods (ARTG) with emu oil as the active ingredient for use against inflammation-based conditions.

When taken orally, Emu Spirit Oil of Emu and Emu Spirit Omega 369 Oil of Emu Capsules may be beneficial in providing temporary relief from the pain and discomfort associated with arthritis, rheumatism, PMS, eczema and psoriasis.

The Emu Spirit Oil of Emu (AUST L 92158) listing also covers topical applications as it may also aid recovery to damaged skin, including burns, blisters, scars, cuts, abrasions, cradle cap, sunburn and nappy rash.

Emu Spirit has supplied Oil of Emu to Garry Miritis, who was

Cathy Freeman's personal masseur and senior masseur to the Australian Olympic Track & Field Team, for the past eight years. Garry exclusively uses and recommends Emu Spirit.

Several AFL head trainers, including Doug Sutherland of the West Coast Eagles and Wally Jackson of the Sydney Swans use Emu Spirit Oil of Emu.

Emu Spirit exports to many countries, including Japan, the UK, Denmark, Korea, China, Germany and the USA. Emu Spirit Oil of Emu should be used only as directed. If symptoms persist, consult your healthcare professional.

Emu Spirit Oil of Emu is currently nearing the end of an extensive study by Victoria University into the effects of emu oil on osteoarthritis. The study has been concentrating on the effect of the topical and internal application of emu oil on osteoarthritis of the hand.

The emu oil to be used in this study is Emu Spirit Oil of Emu. Emu Spirit was responsible for the applications that led to emu oil being assessed as an active ingredient in listed over-the-counter medicines.

- **For further information on the benefits of Emu Spirit Oil of Emu ring Lyn Murray on 9537 2808 or 0417 912 607.**
- **SpICHC 33189 -03/09**

### Modified Rules for Children's Sports

Modified sports for children enable children to develop sport specific skills more quickly, provide a transition from children's sport to adult sport, suit the physical capabilities of children and are more closely attuned to the stage of physical, emotional and intellectual development of the players involved.

#### Warm up, stretching and cool down

Ensuring that warm up and cool down routines are implemented before and after training and competition is vital in trying to reduce the risk of injury. Poor flexibility can lead to injury; flexibility training can increase flexibility, decrease muscle soreness and assist in recovery from physical activity.

#### Fitness

Being fit to play the sport as opposed to playing to get fit, decreases the risk of injury to young athletes. Gradually developing fitness over time increases the athletes ability to keep injury free and should cover all of the components of fitness such as strength, aerobic endurance, speed and agility.

#### Fluid Replacement

When exercising, it is important to remember to hydrate before activity commences and also to rehydrate during and after exercise. As a general guide coaches and athletes should be aware that thirst is a poor indicator of hydration levels, athletes should drink small amounts often, avoid activity in the hottest part of the day and wear loose, light coloured clothing where possible.

#### Manage existing injuries

Returning to sport or physical activity too soon after injury can make the athlete more susceptible to further injury. Before returning to either training or playing, the athlete should be pain free, easily move the injury through a full range of movement and have regained strength in the injured limb

Despite our best efforts, sports injuries will still occur and with children they usually fall into one of the following categories;

#### Acute Injuries

Acute injuries are those that occur suddenly, are usually the result of some form of trauma and are generally bruises, sprains or strains. Broken bones and torn ligaments would be more likely to occur in older children, ie teenagers.

Eye injuries and head injuries can also occur, although are not that common in young children.

#### Overuse Injuries

Overuse syndromes can occur when children exercise or train too much resulting in repetitive actions that put stress on the musculoskeletal system. Overuse injuries are more problematic in children because of the

effect they may have on bone growth. Such injuries can be caused or aggravated by excessive activity, inadequate warm-up, improper technique or lack of skill and inappropriate footwear.

#### Re-occurring Injuries

Injuries can re-occur when an athlete returns to sport prior to a full and complete recovery from injury.

Re-injuring yourself can be avoided by allowing the injury to completely heal before returning to play.

#### Emergency Care

Many injuries sustained during practice or games are overlooked and children often participate despite pain or injury. You can use the following guidelines to determine if an injury needs to be referred to a health professional:

- obvious deformity (fracture or dislocation)
- child cannot bear weight on the joint
- the child feels pain or discomfort when they try to move the injured limb
- there is a decreased range of motion in the joint
- bleeding cannot be controlled
- there is difficulty breathing
- there is obvious swelling

The issue of sports safety has been gaining momentum over recent years. An approach to sports safety that conveys all the appropriate prevention messages and continues to promote sport as a positive, healthy and safe experience is in the best interests of sport and the community at large.

For more on sports safety issues or education programs run by Sports Medicine Australia, call 9285 8033 or visit [www.sportsmedicine.com.au](http://www.sportsmedicine.com.au)

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## Melville salutes the work of president Molly

THERE was sadness at the February meeting of the Melville branch of the Arthritis Foundation when members learnt of the resignation of president Molly Watkiss-Thomas (above) .

After many years as an active member - especially with the Doorknock and State raffles, Molly became welfare officer in 1990. Her sensitive and caring attitude was appreciated by those affected by increasing age and infirmity.

At the 1999 AGM, she accepted the position of acting chairman to help the ailing Elisabeth Kenny. She became president on that lady's sad passing.

Molly continued as publicity officer, contacting Fremantle Radion Station and local papers to advertise our meetings and seek new members.

An innovation was her special Birthday Book to acknowledge members past and present.

At a broadcast interview with then-Premier Richard Court, Molly charmingly persuaded him to support the application for a bus service to the Foundation.

Through personal tragedies and an extremely busy life, Molly continued her diligent organising of speakers and outings.

She worked in co-operation with ex-secretary Joy Kazakoff who speaks with great affection of the privilege of working with "such a helpful, loving and kind-hearted lady" whose generosity to the Foundation, Melville branch and members will never be excelled.

Fortunately, as past-president and as a fellow member, Molly is still one of us.

# Naturopathic approach needs assistance

THE article by naturopath Susan Sadler (Natural medicine offers alternative relief, *Arthritis Today*, Autumn 2004) drew some criticism. Jean Mcquade, the Arthritis Foundation's Manager Health Services, and Education Officer Christina Johnson felt the article did not reflect the philosophy and policies of the Foundation. Here is their response to the views expressed by Ms Sadler:

**T**here is no reputable scientific evidence that "acid-forming" foods can have a deleterious effect on the disease, or that "alkaline-forming" foods are beneficial.

Whilst some recent research has shown that fruits and vegetables high in antioxidants, in particular Vitamin C, can have a beneficial effect on osteoarthritis, the mechanisms for this effect have not been delineated by the scientific community. The notion that arthritis sufferers should avoid "acidic" foods is embedded in our folklore, as was once the advice that they wear flannel close to the skin.

Advice to avoid the 'nightshade' group of foods (some of which will have beneficial antioxidants) has a similar folkloric basis. Whilst some people may have specific food intolerances, or, in some cases, allergy to individual foods, it is wrong to advise everyone with arthritis to try avoiding these foods. Rather, if a person finds that a particular food seems to worsen their arthritis, common sense tells them to avoid it. Food and Rheumatoid Arthritis:

This is a very serious auto-immune disease, which can have devastating consequences, including significant joint damage and, if not treated appropriately, severe joint deformities can result.

Both Omega 3 and Omega 6 polyunsaturated fatty acids (PUFA's) have been shown to have an effect on the mechanisms associated with inflammation. The metabolism of Omega 3 PUFA's has been shown to reduce inflammation in auto-

immune diseases. The specific Omega 3 PUFA's involved are: Alpha- Linolenic acid (ALA); Eicosapentaenoic acid (EPA); and Decosahexaenoic acid (DHA).

However, the metabolism of Omega 6 PUFA's, specifically Linoleic acid (LA), has been shown to have an opposite effect, ie inflammation is actually induced and not reduced. The exception is Omega 6 Gamma Linolenic acid (GLA) which does have a similar anti-inflammatory effect to the Omega 3 group.

In Susan Sadler's article, the suggestion that Omega 3 fats are obtained from ocean fish and fish oils is quite correct. However, almonds and sunflower (safflower) are both very high in Omega 6 Linoleic acid and are very low in Omega 3 PUFA's. Therefore these two foods would not be indicated for the reduction of inflammation, rather, they would have an antagonistic effect.

Whilst the recommended source of fish oil is from ocean fish, it is specifically from oily deep water fish – mackerel, atlantic salmon and tuna.

Cod liver oil is not recommended because of its high vitamin D & A content. As these are both fat soluble vitamins, there is concern that people may store these vitamins, resulting in toxic levels.

Whilst Omega 3 PUFA's do have a mild anti-inflammatory effect, they do not modify the progress of diseases such as RA. Unfortunately, no "natural" substance has yet been found which can do this. However, a group of medications known as DMARDs (Disease Modifying Anti-Rheumatic Drugs) are currently the best treatment option available to reduce joint damage and prevent disability.

Finally, there is no evidence whatsoever that "natural medicine can be extremely effective in the acute phase of rheumatoid arthritis and may bypass the need for anti-inflammatories."

Similarly, there is no more than anecdotal evidence to support the statement that "in the more chronic phase, it can help reduce inflammation over a period of time."

Conclusion:

It cannot be too often emphasised that "arthritis" is an umbrella term covering over 100 musculo-skeletal diseases and conditions, many of which have a different pathophysiology and require different medications and treatments. It is NOT "a condition that responds well to treatment with natural medicine."

A naturopathic approach may well have a valid place in a holistic management program, but obviously it should not be the only source of information or treatment.

**SUSAN SADLER replies:**

**In response to the Manager of Health Services and the Education Officer, Arthritis Foundation, it is my belief, coming from prior training as a biochemist and microbiologist and my current experience as a naturopath, that it is in the best interest of patients to have as much explanation and knowledge as possible of all possible treatments, in order to make informed choices about the management of their condition.**

**Naturopathic treatments are deeply rooted in diet and the use of whole foods as medicine. The reason that there is less "reputable scientific evidence" for the action of foods is because firstly all foods are highly complex, and to examine the action of every chemical in a single food is an almost impossible task.**

**Secondly, single chemical components isolated from a food will act very differently than when combined together with all other components in that food, such as fibre, protein, etc. On the other hand, the observation of the effect of foods and other natural treatments by traditional practitioners has occurred and been recorded over thousands of years.**

**I agree that there is a place for naturopathic treatment of arthritis gether with the medical role. Naturopathy is a complementary medicine which can be extremely helpful in the treatment of many conditions.**



*This shot needs detail and a credit for the photographer and a caption*

## Join a camera club and click

**M**ANY sufferers of arthritis and other painful conditions use photography as a creative form of therapy.

Enthusiasm is contagious! Join the right camera club and you will not only learn lots about photography, you will meet a wide range of interesting people and make new friends.

You can be a complete beginner seeking training or quite proficient and seeking further ideas and inspiration - it does not matter which category you fall into. Now that digital cameras are affordable, photography need no longer be an expensive hobby.

In a good camera club you will find people who are interested in all of the major aspects of photography such as portraits, landscapes, close-up, abstracts and experimental photography. You will find people who are happy to share their expertise and to welcome and assist newcomers who want to learn more about photography.

Clubs that are working well have a rich and varied program. This will include guest speakers on all manners of topics relating to photography, training for new members, workshops on various subjects from lighting to close-ups, competitions, visits to places related to photography such as film processing laboratories, photo rallies where participants take a photograph at each of several chosen staging points, weekend visits to places in the country that offer photographic possibilities, and opportunities to participate in club exhibitions.

**Each club is different. One might suit you more than another because of the age range and interests of its members. Some are friendlier to new members than others. Some see their function more as a relaxed social gathering, perhaps to share photographs from the latest overseas trips of their members. Others exist to help members learn and enjoy more about photography or to promote expertise in photography. It is important to find a club that offers what you are looking for.**

Most clubs welcome visitors and encourage prospective members to sit in for a few meetings in order to decide whether this is the club for them. It is worth visiting several clubs to see what happens and to talk with experienced members about the club activities. You will quickly sense whether this is the right club for you.

To locate clubs near you, visit <http://members.optushome.com.au/ausclubs/> or find a film processing laboratory in the yellow pages and ask them which are the most active clubs in or near your suburb.

Most clubs charge an annual fee of about \$40 and have a \$1 per meeting charge to cover supper.

When you find the right club your skills behind the camera will advance dramatically and you cannot help but make new friends and have a lot of fun at the same time.

*- Dr Phillip Deschamp*

## Merriwa gets joints moving with lots of good humour

**O**N Monday, April 19, 55 residents on the RAAFA estate village at Merriwa enjoyed an informative afternoon session on what they could do to keep their joints moving and bones strong.

The session was presented by the Arthritis Foundation in conjunction with the Department of Veterans Affairs and well supported by the village management, who provided the venue and promoted the session to the residents. An extensive information display was followed by an education seminar.

The session began with Education Officer Christina Johnson explaining about arthritis and osteoporosis and providing information on some ways residents could manage problems resulting from their conditions.

Feeling the participants had sat for a while and their joints had become stiff, physiotherapist Helen Burton, encouraged participants to take part in an enjoyable demonstration of simple exercises they could do to "move it" and not "lose it".

Once more taking their seats, occupational therapist Deborah Hampton, provided participants with an interesting, practical and "hands-on" demonstration of aids to assist them in their everyday living tasks and make life easier.

The adage that humour is also good pain relief was certainly demonstrated during the session, with much laughter coming from the venue and proving that information need not be boring, as shown by the satisfied participants after the session.

**\*For branch details, see page 24**

## Paradise lost by pain then, a miracle, found again

It was another glorious day in paradise. Broome in the "Dry" season means cloudless blue skies, temperatures in the upper 20's, very little humidity and a gentle afternoon sea breeze. While the southern half of the continent freezes during winter, life in Broome is blissful.

Unfortunately, I had a nagging pain in my foot that wouldn't go away and as I prepared to head out for another day's relief teaching, I made a mental note to get it checked out. When I did, X-rays didn't reveal anything and it was put down as a soft tissue injury. The pain kept nagging away and was joined by a similar pain in one of my finger joints.

My doctor decided to run some tests, mainly checking for Ross River virus or one of the other tropical diseases. As an afterthought he also checked for evidence of Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus (SLE). The tests came back as negative so he again checked for Ross River virus.

Teaching was becoming more difficult – standing or walking for any length of time was painful as was something as simple as writing on the blackboard. Then my ankle joined the other complaining joints and life became a lot less fun. I was also getting tired pretty quickly and this more than anything drove me crazy.

I was a reasonably fit and active person in my early 40's and something wasn't right.

Finally, in January 2000, my doctor informed me that the condition was Rheumatoid Arthritis.

I was shocked at first but at least now I knew what was wrong with me and I could deal with it. I read up on RA and started planning how to tackle it. I guess I had never run up against a chronic condition before, so I blithely assumed that there were ways I could stay in control.

Unfortunately my disease was aggressive and quick acting and before I knew it, I was in a lot of pain and unable to continue teaching.

I tried all of the things I had read



about to improve life – I lost weight; I tried an elimination diet to see if any foods were 'triggers'; I took heaps of vitamins, arthritis preparations, fish and evening primrose oil; I had magnetic bracelets and rings, but nothing had a lasting effect.

The elimination diet did show that eating foods in the 'nightshade' group (potatoes, tomatoes, capsicum and eggplant) did increase my discomfort so I have kept away from these foods.

But, as for everything else, there were no miracles.

By now, my self-confidence had taken a beating and it was starting to sink in that maybe here was something I couldn't shrug off with a joke and a grin. My specialist quickly put me onto the standard drugs and I tried Prednisolone, Celebrex, Plaquenil, Arava and Methotrexate.

At the end of the first six months, we concluded that Prednisolone was the only drug that really had an effect and of course, it was unwise to continue taking it at high doses. We tried combinations and injections and still minimal effect.

By now my right knee was proving really troublesome and I had my first cortisone shot and had the excess fluid drained. Instant relief! It lasted for a few weeks but the pain and swelling crept back and two months later, I had to have the procedure repeated on both knees.

Things were steadily getting worse

and I was now spending some time in a wheelchair. Putting my foot to the floor was agonising as my ankle had decided to get into the act.

My GP was incredibly supportive and understanding and arranged for some home help.

I had finally come to realise that RA was no pushover and that life was going to be like this for the foreseeable future. It looked bleak and I had some down times but I also have an incredibly supportive family and they rallied round.

My husband and two children began to pick up on all of the things I could no longer do. I had a new motto "live only one day at a time" and I was grateful for the things that I could still do. I had good days and bad days and I really treasured the good ones!

The next drug we tried was Cyclosporin (one of the transplant drugs) and again it didn't achieve much. My specialist mentioned a new drug, Enbrel, from the USA that had just been approved for use in Australia.

All I had read on it sounded promising. The drawback was the cost – in the region of \$15,000 a year. Definitely out of my reach. So we used one of the oldest drugs – gold. I tried taking gold both as tablets and injections and again there was no real benefit. My specialist stopped coming to the Kimberley and there was a long break before someone else came up.

In early 2003, a specialist from Royal Perth Hospital contacted me and asked if I wanted to be part of a new drug trial. It would involve monthly trips down from Broome but hopefully the Broome hospital would fund travel through the PATS scheme.

I jumped at the chance (well figuratively speaking) and details were finalised. I was really excited because I knew that the new generation drugs were supposed to have a high success rate.

I knew there was a chance I may be given the placebo rather than the real thing, but I was hopeful that I would be one of the lucky ones.

After a few months of treatment, my hopes started to fade. There was an initial improvement but then things seemed to go backwards. By September, I pulled out of this trial feeling crippled up with pain and fatigue.

In October, my rheumatologist rang to say she wanted to commence me on Enbrel at the end of the month. So back to Perth I went and had my first injection.

I didn't know what to expect, as most of the other drugs usually take a few months to reach peak efficiency. I was in the middle of a major 'flare' at the time with pain in wrists, shoulders, elbows, toes and

ankle.

I was staying with friends overnight before my return flight next day and not looking forward to negotiating the few steps that led down to my bedroom.

I had an early night and on waking, I stretched without thinking. Halfway through this action I thought "hang on, you can't do that" as any stretching previously had brought on incredible pain.

I hadn't been able to lift my right arm past shoulder height for months and here it was fully extended above my head! I literally leapt out of bed and tested all of the normally painful joints.

Nothing – no pain, no swelling! And even better, I had energy for the first time in years. Usually as anybody with severe RA would agree, mornings are hopeless. You wake up tired, feeling as if you haven't been to bed and everything is stiff, sore or downright agonising.

I couldn't believe it and raced out up the steps (which I had previously negotiated very carefully one at a time), to share my miraculous transformation. It was extremely undignified for someone my age, but hey, who cares. All of a sudden, I had been given my life back!

We celebrated that morning by going shopping and I wandered around in a daze

for about three hours.

Normally I couldn't walk for any longer than about 15 minutes and I usually had to lie down after I had been up for about an hour. It seemed like a miracle. I flew home and my family and friends couldn't believe it.

My kids say to anyone who asks that they have their Mum back again now. My hydrotherapy exercise friends were amazed, having seen me unable to stagger down into the pool on some days, but now completing the whole 45-minute cycle of exercises at full pace.

I have been on Enbrel for two months now and some stiffness, tiredness and pain has crept back but it is really nothing compared to what I have experienced in the past.

I have some residual weakness in my wrists that stops me doing everything I want to do but hey, who's complaining?

I am grateful to Broome Health Services who have funded my travel.

I feel that I have been given a second chance and am eternally grateful for this.

I can now look forward to tomorrow and the challenges it may bring.

- *Dianne Leitch, Broome*

## Making a splash in the hydrotherapy pool

**T**HE term Hydrotherapy covers the internal and external use of water in the treatment of disease.

But the use of the phrase to describe water-based exercises has become widely recognised as its popularity has grown.

From aqua aerobics to aquatic physiotherapy we have seen a great development in the management of a variety of different conditions.

To improve general fitness many people are taking on aqua aerobics as a fun addition to the aerobic classes. While aquatic physiotherapy is a form of physiotherapy treatment conducted in a heated pool, which can provide treatment options for a wide variety of conditions from Parkinson's disease to recovering from fractures and joint replacements. Overall, anyone who has difficulty with movement or mobility on land may benefit.

We continue to see the benefits from this treatment for people with arthritis. The warm water provides an ideal environment for exercising which allows the support of the joints, and through the properties of water, movement can be much easier than on land. The physical effects of turbulence and buoyancy are utilised to enhance the treatment and provide the resistance to strengthen the

muscles whilst maintaining the support for the joint.

Overall this can help to reduce pain and improve functional ability.

The benefits of a regular exercise program are widely recognised, and as we are encouraged to "find thirty" we are constantly reminded to get active. Sometimes this can be difficult when you have pain and stiffness in your joints. Hydrotherapy may be an appropriate starting point to begin an exercise program.

The classes can be quite varied. Therefore, it is important to make sure you are starting with the right one. Doing some research into the different classes can ensure you find the correct one for your starting level. Whether it is for a cardio-vascular workout or a more gentle class to improve flexibility and muscle tone, you will soon notice the benefits.

- *Helen Burton, Physiotherapist, AFWA*

- + For information on some of the classes in Perth please see our directory on page 24.
- + For further information please contact the Arthritis Foundation of WA on 9388 2199 or the Australian Physiotherapy Association (WA branch) on 9389 9211 or through [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

# Arthritis - an Ayurvedic perspective on relief

**A**YURVEDA, "The Science of Life", is derived from two words — Ayu meaning Life; and Veda meaning Science. According to The World Health Organisation, it is "the world's most complete, natural, scientific, holistic system of health care".

Since human beings are part of nature, the same laws that apply in nature also apply to humans. When human beings live outside of nature's laws, imbalance and disease eventually arise.

As the pressures of modern-day living become more apparent, Ayurveda offers powerful, time-tested techniques that connect us with nature's rhythms and lead us to a healthier, more fulfilling life.

Ayurveda gives us the skills of how to stay in balance at the physical, emotional, mental and spiritual levels of life. It recognises biological individuality (that no two humans are exactly the same) and provides advice based on one's unique body type that can be determined from one's physical features and pulse.

The purpose of Ayurvedic treatment is to restore physical, emotional and spiritual hygiene, and thus good health.

The program for each "patient" is a personalised one, based on his/her special body type and imbalances.

The Ayurvedic recommendations are given in the area of diet, lifestyle change, exercise, Panchkarma and Purvakarma detoxification techniques, and using appropriate herbs that are non-

Ayurveda — an ancient science that promotes holistic health — has some possible benefits for the treatment of arthritis.

toxic but rejuvenating.

## Cause of Arthritis

Osteoarthritis is the most common condition affecting the weight bearing joints (eg knees, lower back, hips, etc), often described as "wear and tear" arthritis. In the human body the ends of the bones in normal joints are covered with a smooth, slippery tissue called cartilage, which provides protection to our bones.

Joints also contain a fluid called synovial fluid, which acts as a cushion or "shock absorber" and lubricates the joint. In people with osteoarthritis, the synovial fluid becomes thinner and loses its elasticity.

The thinner synovial fluid does not provide a good cushion, the cartilage covering the ends of the bones begins to break, which leads to pain and stiffness in the joint.

Because of degeneration of cartilage

covering the ends of the bones, osteoarthritis can greatly limit everyday activity. An X-ray usually confirms the diagnosis. The main symptoms of arthritis, irrespective of the joint affected, are as follows:

\*Moderate to severe pain and swelling at the affected joint which may get worse during movement.

\* Joint stiffness may be observed especially after long periods of rest.

\* Crunching or cracking sounds may be heard on movement of the affected joints.

\* Restricted and painful movements of the joint, may be experienced.

Localized tenderness is observed in severe cases along with swelling and increased local temperature at the affected site.

According to Ayurveda, contributory causes to arthritis are:

- Poor digestion which creates undigested food-toxins called ama. Ama weakens the colon, circulates in the whole body and deposits or gets collected at the sites which are weaker, eg the bones and joints.
- Vitiating of vata (principle of movement in the body) dosha (functional intelligence) due to consumption of dry, cold or stale food, irregular sleeping habits, suppression of natural urges, stress,



*A doctor at the Ayurveda clinic at Somertheeram in southern Indian looks at an ancient chart listing the disciplines of the ancient medicine written on banana leaf many thousands of years ago.*

**Picture: Michael Parry**

depression, and exposure to severe cold, and dry weather.

- The vata dosha is also vitiated by internal and/or external conditions of cold, damp and wind; heat, dry weather; or from an injury.

- Local degeneration of the cartilages due to ageing, excessive strain on the joint or any kind of injury to the joint.

#### Ayurvedic Treatments for Arthritis:

These can be divided into the following two broad categories:

##### 1. Panchakarma Detoxification Techniques

Panchakarma is the most powerful detoxification and rejuvenation strategy for mobilising and expelling deep-seated tissue toxins and for complete cleansing of the body.

Removing the toxins or ama from the body thus removes the root cause, giving relief in arthritis. Undertaking Panchakarma on a regular basis (every six months or so), and Pashchata Karma (a special post-Panchakarma dietary regiment) and a disciplined daily routine yields long lasting results. All below should be taken under the guidance of an Ayurvedic practitioner.

The four steps of Panchakarma are:

- Initial assessment

A preliminary consultation with an Ayurvedic practitioner/ Lifestyle Consultant to establish your individual issues and needs and result in a tailor-made treatment program for you. This includes dietary and lifestyle recommendation as well as suggestions for suitable treatments.

- Detoxification

A selection of treatments is administered — normally over a period of five to 10 consecutive days. Each treatment targets specific areas to soften, loosen and mobilise any accumulated toxins.

This is achieved by gentle internal and external oleation, using herbalised oils and steam. Once the toxins have been mobilised, appropriate procedures are used to remove them from the body.

Another strategy used in combination with oleation, is based on the application of heat to the site of arthritis, which liquefies toxins, enabling them to flow into the channels of elimination (eg colon). Herbal oils are applied on arthritic joints to help dislodge toxins, to loosen stiff joints, remove

pain, inflammation or swelling; clear the toxins, nourish tissues and relieve pain.

Herbal colonic treatment (basti) is then the last treatment where herbal decoctions are gently introduced into the colon and retained for 48 minutes. This process produces an intense deep tissue detoxification with rejuvenation of your organ system.

- Rejuvenation

During the rejuvenation phase, the cleansed cell tissues are nourished with appropriate diet. Herbs are used to strengthen and boost the body's immune

## 'The purpose of Ayurvedic treatment is to restore physical, emotional and spiritual hygiene, and thus good health'

system and restore proper metabolism.

Herbs such as dashmoola, guggul and triphala, which cleanse and strengthen bone tissue, increase flexibility, stop pain, and remove toxins from the colon, are recommended.

Trikatu, Ashwagandha and Shilajit, on a regular basis produce excellent results in arthritis. These herbs do not cause any side-effects, even for long-term use.

##### 2. Ayurvedic Preventative and Maintenance Strategies

Your Ayurvedic practitioner/ Lifestyle Consultant will support you in establishing diet and lifestyle routines that will maintain your health and wellbeing in the long term. Herbs, food plans, daily routines and exercise plans are provided to support for removal of the toxins from the system on a continuous basis

##### 2.1 Diet and Lifestyle

Ayurvedic diets and lifestyles are selected as per constitution of the individual. According to Ayurveda, efforts to digest ama (toxin) and to reduce the vata are the main strategies for the treatment for arthritis.

Consume fresh cooked and hot food in the diet. Cook with small quantities of heating and balancing herbs like ginger, black pepper and long pepper cumin, coriander, asafoetida, garlic, fennel and turmeric.

Avoid spicy, deep fried and very oily and pungent food recipes, since these are believed to cause damage to the degenerated joints. Avoid taking too much tea, coffee, alcohol, white sugar, yoghurt, chocolate and cocoa or excessive smoking, as these products are drying to the body.

Full body massage by black seed sesame oil and consumption of moderate amount of Ghee or oils in the daily diet, will help to lubricate the joints properly. Heat the affected area by heated wheatbag or hot water bottle after massaging to loosen toxins

Fasting is beneficial for digesting the ama. Fasting should not be long — up to one day at a time is mostly sufficient. Do not fast if you are severely debilitated, pregnant or elderly.

Herbal decoctions of herbs like triphala, dashmoola and guggul for long-term treatment of arthritis. Castor oil — topically or taken internally — is a great pain reliever in arthritis.

##### 2.2 Exercise and Yoga

One should avoid being overweight, because excess weight increases the load on the joints. Do regular moderate exercise to keep the affected joint mobile and to prevent further damage.

Avoid the excessive strain that could damage joints. When the joints are inflamed, and any movements are painful, practice just Pranayama to move the ama.

When pain starts disappearing, the Sun Salutation is very helpful.

For cervical spondylitis, kanthasana is useful. For lumbar problems, backward bending asanas like bhujangasana, shalabhasana can be done regularly. Yoga asana must be practiced with a trained Yoga teacher.

# Lecturers look at living with osteoarthritis

The highlight of Arthritis Week in WA was the public seminar held on Wednesday 21 April 2004, entitled "Living with Osteoarthritis: What are the Alternatives?" The seminar was a joint project of the Arthritis Foundation (WA) and the Curtin University of Technology.

Nearly 200 attendees packed the Auditorium at the Bentley Campus of Curtin University to hear three key lectures, each of which was delivered by experts in their field of practice.

A more attentive and enthusiastic audience would be hard to find.

Dr Graham Carroll, Consultant Physician in Rheumatology, clearly explained the clinical features of osteoarthritis, as well as its epidemiology, typical x-ray features, and structural pathology.

Dr Carroll then summarised the current state of the evidence supporting the use of glucosamine (made from the shells of sea creatures), both as a helpful symptomatic nutritional supplement and as a favourable modifier of disease progression.

Although "the jury is still out," Dr Carroll showed that the large studies published in leading medical journals indicate that a daily dose of 1500mg of Glucosamine Sulphate does have favourable effects on symptoms in osteoarthritis of the knee and, when used at this dose, the supplement slows the progression of joint damage

Next year, it is anticipated that the US National Institute of Health will release the results of a double-blind controlled multi-centre study of glucosamine hydrochloride (1500mg/day) in 1500 patients with osteoarthritis of the knee.

Dr Deborah Kerr, Dietitian, from the School of Public Health, Curtin University, provided a practical, up-to-date and common sense approach to diet for those with osteoarthritis who wish to lose weight.

The message that came through loud and clear was that the most effective way to lose weight is by eating a little less energy than your body needs.

We must never forget that if we eat too much of anything we will gain weight.

Dr Kerr listed 10 important steps to



*caption details to come here*

successful weight reduction:

- (1) Create an energy deficit by cutting down on high fat or sugar foods or drinks, and alcohol;
- (2) Write down everything you eat but be honest with yourself and avoid eating those high fat foods too often;
- (3) Ask yourself what changes you can make in your diet to get the biggest result;
- (4) Look for any "triggers" to overeating, such as anxiety, stress or boredom;
- (5) Forget the diet - the foods that you can't eat - so that you will not feel deprived;
- (6) Ask yourself if you are really hungry by distinguishing "stomach" hunger from "brain" hunger;
- (7) Look for a "danger" time when you tend to eat more than at any other time;
- (8) Do not skip meals as this can make you feel too hungry and a prey to unplanned overeating;
- (9) Plan healthy meals well ahead, stock up the fridge or pantry and set yourself eating goals which are "do-able" but challenging; and
- (10) Eat your favourite foods on a regular basis - but only in small amounts!

Dr Kerr also mentioned that foods containing antioxidants have recently been found to be beneficial for osteoarthritis.

These include orange and green fruits and vegetables and to include these in your healthy eating plan.

Associate-Professor Kathy Briffa, School of Physiotherapy, Curtin University, reviewed the extensive evidence supporting the health-promoting benefits of regular physical exercise.

Besides reducing the burden of osteoarthritis (lessening of pain and improved function), there is evidence that these benefits extend to reductions in

mortality, cardiovascular disease, hypertension, stroke, cancer, diabetes, osteoporosis, falls and fractures, as well as to weight control.

Reduced obesity has been shown to reduce joint pain as well as the risk of progression of osteoarthritis of weight-bearing joints (5kg weight loss in the preceding 10 years translates to 50% risk reduction)

Currently, 44% of Australians are not sufficiently active to achieve these health benefits. The recommended level of physical activity equates to five or more times per week of 30 minutes of moderate activity (i.e. resulting in slight but noticeable increase in breathing and heart rate) or 20 minutes or more of vigorous activity (i.e. enough to make you puff).

Tips for those with osteoarthritis of weight bearing joints focus upon protecting joint cartilage: move affected joints through their full range of movement several times per day; limit walking/standing to 2-4 hours at a time; use a walking stick to reduce joint stress; consider joining a formal exercise program; include a variety of activities to increase joint mobility, muscular strength and endurance; wear supportive, shock-absorbing footwear.

In summary, by being physically active on a regular basis, you will:

Have more energy, sleep better, feel less tired, be more positive, have less arthritic pain, have reduced disability, and find it easier to manage your waistline

**Note: Professional advice on exercise and osteoarthritis can be obtained from the Arthritis Foundation (WA), Curtin University Physiotherapy Clinics, Health Department of WA, Family Doctors or Rheumatologists.**

# President calls for business relationships



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*More details here*

**I**ta Buttrose OA OBE, President of Arthritis Australia, was a special guest speaker at a recent Arthritis Foundation of WA Corporate Breakfast.

Dr Jack Edelman hosted nearly 100 representatives of business and industry at a breakfast event held at the prestigious Western Australian Club.

The event provided an opportunity for the longstanding business partners of AFWA to mix with and get to know many new associates.

Ms Buttrose' delivered a captivating address, highlighting the vital work of the

foundation and identified AFWA's needs in continuing to deliver premium services to the people of Western Australia.

Ms Buttrose was clear to stress that the Foundation, while welcoming corporate donations, which are becoming increasingly harder to provide, is searching for quality business relationships that offer mutual benefits for all parties.

The event highlighted the dramatic social and economic impact of arthritis in the workplace, and the valuable solutions the Foundation can for the better management of this disease in the workforce.



*Delegates at the osteoarthritis seminar. See report page 10 opposite.*

## We've got all the wrap on tap

**No need to look any further for your gift-wrap needs! The foundation has new wrapping paper in stock.**

**We have a range of high quality wrapping paper that comes in an array of designs for birthdays and special occasions. Reasonably priced**

**for just \$1.00 per sheet, these papers are recommended to sell for much more in retail stores.**

**Next time you visit the foundation, make sure you drop by our reception area and stock up on this premium wrapping paper.**

# Where there's a will it's a lot easier all the way

I welcome the opportunity to include some information in this edition and hope that this is interesting and useful to supporters of the Foundation. Here are some of the more common questions that I have heard in this area of the law.

Why is it so important to have a valid and up to date Will in place ?

A large percentage of the adult population in Australia does not have a Will in place at all, let alone a valid and up to date Will. Think about it - you spend your whole life working, saving and investing to earn income and accumulate assets for your enjoyment and retirement. Why would you do something that may cause those

What is meant by a "valid and up to date" Will ?

A "valid" Will is one that is properly drafted to fully express all of the Will Maker's wishes as to the management and distribution of all of their Estate. It is properly signed by the Will Maker and witnessed by 2 independent witnesses according to the rules set out in the Wills Act. It cannot have been revoked at any time by a later Will or the actions of the Will Maker.

An "up to date" Will is one that is relevant to and takes into account all of the Will Maker's current circumstances. e.g the Will Maker's age, occupation, health, amount and types of assets and liabilities (including those of a spouse), family composition and relationships, existing business structures and business interests, any particular benefits that the Will Maker may already have given to a potential beneficiary, risks of legal challenge to the Estate etc

What are the consequences of not having a Will ?

## By Paul Trainor

Nothing - that is, nothing while you are alive. But if you die without a valid Will in place you are deemed to die "intestate". This means that because you have not taken the opportunity to specify the person you trust to manage your Estate and because you have not specified who is to receive your Estate and in what shares/in what way it is to be divided, State legislation takes over. The consequences will obviously not be relevant to the deceased person but they will be highly relevant to that person's family, beneficiaries and friends who may be left to sort out problems.

The Administration Act specifies which of your next of kin will have authority to manage your Estate and sets out an arbitrary formula for the division of your Estate. There may be a real possibility that your Estate then fails to provide for a loved one, a dependant or a friend in the way that you wished. It is possible for a person who feels that they should have been provided for in a more adequate way to challenge the Estate under the Inheritance (Family and Dependants Provision) Act. On a worst case scenario, if you die without next of kin, your Estate may be forfeited to the State.

Who could benefit from my Estate under Administration Act ?

The Act divides an intestate Estate in fixed shares between next of kin under various possible scenarios (eg "dies leaving a husband or wife and issue"). When married couples separate or divorce, they are often surprised to learn that they still have rights in relation to their former spouse's Estate. Recent amendments to the law have the effect of recognising the importance of established defacto relationships. It is possible that in

some cases family members, partners etc may acquire a right to a share of your Estate when it is highly inappropriate for them to do so. eg children who may already have received all or part of "their share"; a former or estranged spouse or a defacto where there was some other intention or clear understanding in place; a person who is no longer considered part of the family group.

In a nutshell, it can be a crude, inappropriate and inefficient method of distribution.

Can Wills be challenged ?

It is possible to "challenge" a Will in the Supreme Court after the death of the Will Maker. There are 3 categories of "challenges" that can be made to Wills. Firstly on grounds of formal invalidity eg where it is alleged that the Will was not properly signed and witnessed under the Wills Act, or that the Will Maker was acting under duress or coercion, or that fraud was involved, or that the Will Maker did not have "testamentary capacity" (the ability to understand the nature and extent of their Estate and the effect of their Will on its distribution).

Secondly on the grounds of "perceived unfairness" ie a failure to make adequate provision in the Will for a person where that person may have been a dependant of the Will Maker and there was a "moral obligation" on the Will Maker to provide adequately for that person. These claims are made under the Inheritance (Family and Dependants Provision) Act and the Act sets out categories of persons who may make such a claim.

Thirdly on the grounds that a grant of Probate should be revoked eg where a later Will comes to light that revokes the earlier Will, or where the Executor should be removed

**Paul Trainor LLB, Barrister and Solicitor of the High Court of Australia and Supreme Court of Western Australia, Graduate Diploma, Securities Institute of Australia. Paul operates his own legal practice in West Perth, Trainor Legal.**

**Paul has many years experience working in large and medium sized law firms in the areas of corporate, business, trust, wills and**

**succession law. Paul is Legal Adviser to the Foundation.**

**Paul is also a former State prize winner and is a member of the exam and assignment marking panel of the Securities Institute of Australia, both in the area of Securities Law and Ethics.**

**Outside the law, Paul sits on the Boards of Mercy College and Better Hearing Australia and is a team manager for Claremont Football**

**Club in the WAFL. Trainor Legal has a strong focus on Personal Estate Planning and Business Structures for family and business and specialises in dealing with Financial Advisers and Accountants.**

**Trainor Legal:  
Suite 2/2 Richardson Street, West Perth  
Telephone: 9485 2004  
email: trainorlegal@iprimus.com.au**

from office due to inability to perform his/her functions (this would probably not affect the other provisions in the Will).

What is a Power of Attorney ?

This is a document that a person ("the Grantor") signs, legally appointing another person or persons ("the Attorney") to act on the Grantor's behalf in legal and financial matters. A "Common Law" Power of Attorney usually sets out a lengthy list of things that the Attorney is authorised to do. The problem with these documents is that they are automatically revoked if the Grantor loses their testamentary capacity at any time (eg through ill health, Alzheimer's Disease, old age, accident etc). That is a problem because that is probably exactly the time when the Grantor would want his or her Attorney to be able to assist them in their legal and financial affairs.

What about Enduring Powers of Attorney ?

These are "Statute" created Powers of Attorney and the legislation states that (provided the documents are drafted properly in a way that conforms with the legislation) these Enduring Powers of Attorney are not revoked if the Grantor loses their testamentary capacity. This gets around the problem with Common Law Powers of Attorney. It is possible to draft EPOAs to have either immediate or delayed onset (eg only coming into force once it is proven on medical evidence that the Grantor has lost their testamentary capacity) and to give the Attorney either wide ranging or limited powers.

It is also possible to draft EPOAs so that they are "Cascading EPOAs". For example if a specified Attorney is not able or willing to act in that capacity (they may have died before the Grantor or may have lost their own testamentary capacity) the powers pass to a "reserve" Attorney that the Grantor has specified in advance. In such a case, if there was no reserve, the EPOA would become useless.

The contents of an EPOA will depend on what the Grantor considers to be an appropriate grant of powers in their particular case.

An Enduring Power of Attorney is a necessary adjunct to a valid and up to date Will because, together, those 2 documents provide continuity of management of your affairs from the present time until the time well in the future when you are deceased and your Estate is finally distributed to your

beneficiaries. There is a huge benefit in forward planning.

So how would a basic Will operate ?

In some cases a "basic" Will is appropriate. (In other cases it is highly inappropriate). An example of the use of "basic" Wills might be in a husband and wife situation, where there are no companies, trusts, partnerships or business interests involved, no defensive provisions required (eg dealing with non provision or unequal provision to certain potential claimants, protection of Estate against other claims etc), no detailed or complex gifts.

In such a case it may be appropriate for the Will Makers to have "mirror image" Wills that appoint each other to be Executors; specify a "reserve Executor"; appoint a Guardian or Guardians of any children who may be younger than 18 on the death of both Will Makers; make some specific gifts; direct the Executor to collect all of the Estate and pay the Estate's debts and expenses; divide the "residuary" (left over) assets equally between the surviving children; pass the share of a child who predeceased the Will Maker to any surviving grandchildren by that child; confer sufficient powers on the Executor to enable the Executor to wind up the Estate in the most beneficial and cost efficient way for the beneficiaries; provide protection against litigation for an Executor who acts honestly, diligently and in good faith; and finally make known the Will Maker's personal wishes as to burial/cremation/type of remembrance service to be held.

What is involved in more sophisticated Wills ?

High net worth individuals, people in business and people with more complex financial and legal affairs usually require a more sophisticated Will. This type of Will will be prepared in such a way as to take into account things like the tax, retirement benefit and flexibility advantages that are possible through the use of Testamentary Trusts, defensive provisions against possible Inheritance Act or other legal challenges, other defensive provisions against leakage via spendthrift beneficiaries or relationship breakdown, integration with other structures they may have (eg family trust, super fund, partnership, company) etc. Where there are other structures involved, it is extremely important that control of those structures passes to the person or persons chosen by the Will Maker and no-one else.

**So the message is that:**

**The planning of your Estate is part of the orderly process of managing your legal and financial affairs. The importance to your family, beneficiaries and friends of doing this, and doing it properly, cannot be over emphasized.**

**Even if you already have a Will in place, ensure it gets a legal "health check" to see whether it really is up to date and wholly appropriate for you and your affairs.**

**Friends of the Foundation that are involved in the Foundation's Bequests Program can arrange with the Foundation for Trainor Legal to prepare their Will at no charge to them.**

**Contact Pat Doody at the Foundation if you would like to become involved in the Bequests Program.**

**Please note that this article is intended as general information for your interest only and you should obtain legal advice that is specific to your circumstances before making any decisions about these issues.**

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CHC 33190-03/09

## Ben reports back from Omeract conference

This was my first involvement in an OMERACT conference, but the second in which patients were invited to attend as full participants. I am glad to report that of the 230 participants 18 were patients coming from 10 different countries.

We began the conference on the Wednesday night when all patients and some interested researchers attended a patient orientation meeting, which was chaired by Dr John Kirwan from the UK.

He was very keen for us to understand that we had a very valuable contribution to make to the conference and were no less or more essential than any other attendee's present. Like myself, about half the patients present had not attended an OMERACT before and so we were "buddied" together with patients who had attended previously.

The conference proper started Thursday morning when we were involved in a workshop looking at a clinical definition of a Low Disease Activity State.

The main bodies of the conference came together to examine a selection of 'paper patients core sets' and to discuss which patients were low disease and which weren't.

After votes were made on each patient and the results were tabled, four examples of core sets were tabled as possible definitions of low disease activity state. We were then broken into groups to discuss our thoughts. For some reason we were not invited to the general assembly and received all our background from Dr John Kirwan.

As a group, our knowledge on this subject was limited to the good doctors opinion. I feel it is invaluable to have as many opinions as possible before being asked to decide one way or another.

The main differences in opinion on the subject came from how many of the core set values were to be taken into account when considering low disease activity. The patients were of the opinion that 7 out of 7 scores needed to be equal to or less than but the majority of the scientific attendees opted for a score of 4-5 out of 7.

The patients were interested in weighting different measures, such as swollen or tender joints being a better measure of disease activity than HAQ or ESR. We also

Ben Hogan, the Arthritis Foundation's Juvenile Arthritis Co-ordinator, who attended the Bone and Joint Decade 2000-2010 conference in Berlin last October, has been overseas again. This time Ben (pictured) attended the Omeract 7 Conference which was held in California from May 12-17. Here is his report on that meeting held at the Asilomar Conference Grounds in Pacific Grove



felt that patient global has too many variables that are non disease related to be a true indication of disease activity.

Many rheumatologists were concerned that if we have a definition for Low Disease Activity for research purposes then it will ultimately leak into treatment regimes and be used to differentiate between patients that need certain treatment programs and those that don't.

The discrimination that it could cause could mean its value is unnecessary.

Our next session was to identify the characteristics needed for an Effective Health Consumer. This was a topic that was raised in OMERACT 6 from which it was felt that it would be valuable to ascertain the qualities that a patient needed to embrace their disease on a positive level and gain the abilities needed to survive the ordeal successfully.

We were given a questionnaire to review. The document was produced to ascertain the specific qualities that were needed to successfully deal with chronic illness and be able to relate positively within the professional and social frameworks of today's society.

As a general consensus the questionnaire was poor. There were 55 questions/statements that were ambiguous and repetitive. There was little emphasis on the sense of 'hope' and no indication of the understanding of the term 'autonomy'.

We were also amazed that no consideration had been made to the need for effective physician guidelines. We were in absolute agreement that the most effective consumer would be totally disadvantaged by an inept treating doctor.

This is a topic I am very keen to follow up and would be keen to talk to Professor Peter Brooks considering his present

position with UQ.

The next day was filled with patient perspective workshops in which we discussed many questions that had been put to us. The general theme for the day was Fatigue, and its general position within the disease framework. Once again fatigue was brought to everyone's attention in OMERACT 6.

The questions included:

What is a useful improvement in fatigue?

Can/should we try to measure quantity and quality of fatigue separately?

Is fatigue a part of or a consequence of the disease?

Is loss of well being disease specific?

Is loss of well being part of RA or a consequence of my disease?

Would change in the pattern of symptoms be an important outcome measure?

Why would 'continuous' measurement be better than weekly or monthly measurement?

Is pain the overriding consideration?

Does incorporating patient impact make outcome measurement better?

Does the value for some specific outcome's change as disease progresses?

Are we talking about early and late disease or moderate and severe disease?

In general, it was decided that fatigue plays a key role in the disease process and it should be classed as a symptom of the disease and some consideration was given to including it in the core set.

How then do we measure this? Well being was also an interesting term that needed clarification and some form of definition.

Many variables would need to be considered and these variables could change from early disease to advanced.

Patients were also very interested in the psychological framework that develops within a long term RA patient and how that differs from healthy individuals.

The third day was mainly concerned with Safety – The Adverse Event Index. Once again this is a work in progress with much work still to be done. Three questionnaires have been developed and each one trying to improve on the shortcomings of the last. Ultimately the problems lie with accurate and relevant information gathering and effective use of time. It was generally felt that timelines needed to be included to differentiate between 'noise' directly related adverse effects.

I was also very pleased to hear a consensus that the patient was likely to give an accurate indication of adverse effects from disease or treatments, and the patient can tell the difference.

From the patients point of view we were also more likely to opt for a negative disease response to a negative treatment response. In other words we know our disease and can handle its effects but find it hard to deal with side effects and their consequences upon our lives. This is obviously more true in long term disease patients, which all attendee's were.

The three Adverse Event Instruments were then used with patients and the opinions of both patients and practitioners tabled back to the whole group. As mentioned previously, time vs accuracy and relevance were the problem area's.

Anonymity was meant to be adhered to but unfortunately patients names and conditions were used in reporting back to the main group. Some patients had unrelated issues, such as gynecological history, which were spoken about freely. This is unacceptable!

Some alternatives would be to 'role-play' certain scenarios, or strict guidelines will need to be drawn up and adhered to across the board. After the workshops physicians were coming up to patients and asking about clinical history and offering recommendations.

All were well meaning but there is a time and a place for such discussions and this was not appropriate.

All workshops and modules were ultimately a work in progress so it is very hard for me to offer you any absolute results from the conference. What I can say

is that all topics are of importance to the research of RA and some, such as the effective consumer, could be used for chronic illness across the board.

One result from OMERACT 6 was the completion of The Omeract Glossary for Patient Research Partners. Pamela Richards and Maarten De Wit completed it. It is around 30 pages of expanded acronyms and term definitions stated in laymen's terms. It is an excellent document that could provide a far-reaching resource for patients and consumers alike. I have a hard copy but am waiting for an emailable version that I will pass onto you for your perusal.

I must pass on my appreciation to Stryker Australia for sponsoring my trip.

It was a wonderful experience and I like to think that I was able to contribute as much as I absorbed.

Any questions or comments will be gratefully received by emailing me at [benh@arthritiswa.org.au](mailto:benh@arthritiswa.org.au)

## News from Geraldton

**AS a result of recent Community Service Announcements broadcast on Batavia Coast FM, the branch warmly welcomes two new members – Marie Rose and Ray Devenish.**

**Special thanks to Mrs Elsie Wellman (Secretary), for representing the foundation on ABC radio in an interview during Arthritis Week. Speaking frankly about the impact arthritis has on her life we know Elsie's positive comments would have given encouragement to other listeners – thank you for spreading the word Elsie!**

**Social get-togethers are held every 2nd Thursday of the month and all members, new and existing, are always welcome.**

# For the temporary relief of arthritic pain trust Australia's own Seatone.



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BEA-003-R

# Marie-Anne learns to live happily with lupus

**T**HERE can't be many lupus sufferers who look upon the disease as a blessing in disguise.

Marie-Anne Neveu does. In fact she believes, most sincerely, that the day she discovered she had lupus was the most defining moment of her life.

Until that detection, around 17 years ago, Marie-Anne suffered the "disease of 1000 faces" in a tormented vacuum – not knowing what was wrong with her body and unable to get answers from medical sources.

"I was totally frustrated and would end up crying for hours from all the stress of not knowing what was wrong with me," she said as she recounted her journey - from fear to fulfillment - in her home in Perth.

Today, the petite and attractive Marie-Anne is vivacious and enthusiastic – a bundle of energy far removed from the bloated individual who entered the new millennium dependent on drugs she feared would cripple her as surely as her disease.

It all began back in Mauritius where she was born and where, unbeknown to her or her family, lupus first appeared to her as a little girl.

"As a child I suffered terrible migraine and skin problems. There were times when I had to shave my head because of the scabs that covered my skull," she recalls.

"I suppose I did get teased but I just thought that was the way life was and I didn't know any different. No one knew of lupus."

You quickly learn, in talking to Marie-Anne, that she's not one to dwell on the negatives and she admits that positive thinking has got her through many a crisis.

Back in 1970, living with lupus but not knowing it, she migrated to Australia. Later she began a period of work in the Pilbara. That's where the symptoms got worse.

"Around 1985 I was working for Telstra in Port Hedland. It was a manual exchange and I did a lot of writing. The muscle in my hand started to give and they thought I had RSI.

"Then I started having skin problems. I didn't know I was allergic to the sun and there were times when my face was so raw it looked like it had been micro-waved. Even the fluorescent lights would cause a flare-up."

From a tormented existence to a satisfied life – thanks to lupus. MICHAEL PARRY tells of Marie-Anne Neveu's journey of discovery



*Happy to be alive... Marie-Anne Neveu's discovery of lupus has, ironically, given her a new lease on life.*

Doctors just thought she had skin trouble. None mentioned lupus.

Meanwhile, her problems intensified. If she got influenza in winter, she'd end up in hospital. She felt the cold so bad that her fingers and toes would turn black. "They hurt so much I thought I had frostbite. I'd put my hands and my feet under the hot tap at work but, no matter how many socks I wore, I'd still feel the cold."

In addition, there was added stress of not getting answers to her problems. "I did not always have visible symptoms so people would talk when I took time off at work. I'd go a new doctor and have to relate the whole story again but they didn't know what to do.

"I kept pushing for more tests – scans, EEG, blood tests... you name it, I've had it – but all that happened was I got worse."

Eventually, a nurse at Shenton Park, who was on the point of retiring, mentioned lupus. Subsequent tests – and Marie-Anne's history of migraine and skin problems – returned a positive diagnosis.

She believes that was the point at which she took charge of the future even though,

looking back, the direction was unknown and, at that moment, the prospects seemed bleak.

The migraine got worse to the point where Marie-Anne often considered banging her head against a wall for some relief. She was short of breath. A walk up the shortest flight of steps left her gasping. She had the lungs of a nicotine addict yet had never touched a cigarette.

She was put on drugs but was alarmed at the possible consequences and depressed when told they would need to be taken for life.

She turned to meditation and positive thinking. She kept the drug-taking to the barest minimum. "One day I was home and caught a segment of Opra in which a woman in a wheelchair was interviewed. She was only in her 30s and said she had lupus. She cried the whole time. Opra asked her if lupus had put her in the wheelchair. No, she said, the drugs I have to take have done this.

"I was totally scared watching this and decided to do my own investigation. I confronted my immunologist and asked him what the drugs would do. Am I poisoning myself? He bowed his head and admitted he

did not know. Yet he wanted me to increase my intake.

"I sat in the corridor for an hour and cried and cried. I could not drive and I did not want to move. But it was a turning point."

She was taken to a friend's house where she made a decision. "If I have to die without taking the drugs, so be it. I went home and threw out the drugs."

Marie-Anne turned to the internet for help. She read everything she could on lupus and the immune system. She experimented with any natural products she could find. She was spending \$500 a month. "I tried everything. Nothing really made a difference."

One Saturday, she visited a faith-healer – a legacy of her upbringing in Mauritius – and, leaving the consultation, she chanced upon a product of natural supplements about which she had read.

"The healer was late for another appointment and wouldn't help. She was keen to get on and couldn't understand how serious I was. Only when I said, 'look, who do I have to kill to get this stuff?', did she realise how desperate I was," Marie-Anne says, amused at the recollection.

Marie-Anne, by now well versed in the workings of the immune system, ordered a range of natural supplements offered by the company. From her research, she knew they could put essentials into the body that were not available in today's foods.

She tested them with walks and energetic pursuits that had been beyond her. She got back on the dance floor – her first love – and found she had renewed vigour.

"I am very physical and dance till the music stops. When a stranger tapped me on the shoulder three years ago and asked me where I got all my energy, I realised how far I had come. I decided to take the whole spectrum of tablets I needed."



Box of tricks...the pills that keep Marie-Anne going.

Beside her is a pill box with an assortment of tablets. She takes nine before each meal for a variety of reasons, including a natural hormone replacement. They are, she says, her lifeline. Taking the tablets and eating properly allow her to live a normal existence.

"They are essentially nutrition for your cells. The body is bloody amazing and when you feed the cells properly the immune system kicks into action."

She wanted to know all she could about the product. She attended all lectures and even flew to Queensland when the founder of the company, Dr Myron Wentz, of Salt Lake City, was on tour. She has since given up her work to sell the product which works, she believes, because the potency of each tablet is guaranteed.

"This is not just for lupus. The tablets help the immune system do what it is supposed to do when the cells work in a balanced way. It is not a cure but a way of making the body take care of anything that is damaged and to stop further deterioration."

However, Marie-Anne stresses she is not pushing a miracle cure. "I do not say this is good for everyone. I just give information and allow people to make a choice because people need to know there are alternatives to drugs.

"I tell them where they can go to get further information and the rest is up to them".

She says she is living proof that change can happen. She now has quality of life without depending on drugs. She has made it her mission to help others and her understanding of lupus means she can empathise more with sufferers than most people.

"I've had the migraine, the skin problems, the stress – I know what they are going through and how hard it is to speak to others. It took me two and half years to tell my family I had lupus."

Yet for all the pain and heartache – it cost Marie-Anne her marriage and her daughter is also a sufferer – she remains positive.

"It sound strange, I know, but lupus has been a blessing in disguise because it has made me change my lifestyle. My thinking has changed, my world has changed – that has to be a blessing. I have control over my life and being able to help others has been truly inspiring."

## An ode to a gallant sunflower

**To Whom it may Concern:**

**LAST year you sent me a packet of sunflower seeds in appreciation of my donation as a member of the Arthritis Foundation. I planted the seeds and only one came up. So I am enclosing a poem I wrote about it. I hope you enjoy reading it.**

**Respectfully yours**

**MRS E Dienaar**

**Dear Mrs Dienaar**

**It was very kind of you to send me the poem you had written. It was very imaginative and I appreciated it. I hope you have a delightful show of sunflowers next summer.**

**We have decided to print this in Arthritis Today ... perhaps we will hear how other members got on with their seeds.**

**Ric Forlano**

**Executive Director**

### **The Gallant Sunflower**

*I was not always like this  
with my head bent down  
leaves dropping everywhere.  
Even the ones that haven't dropped  
are drooping like a bag of misery.  
Yes, I was once a little black seed  
planted in the soil.  
After the first sprinkling of water  
I shot up breathing for air.  
Each morning when the sun comes up  
I grow a little each day  
until I was so high I reached the wall.  
Now comes the best of my life –  
my beautiful sunflower blossomed out.  
Each morning as the sun comes up  
so my lovely face turns towards the sun  
and I follow it across the sky  
from East to West until the moon comes up  
And then it's night-time.  
I can at last sleep.  
Tomorrow is another day.  
After all this transformation  
I return from where I came.  
My seeds are dropping everywhere  
burying themselves in the soil  
Resting and waiting for the next summer.*

**E.D**

# MATS Clinic announces courses

THE MATS clinic research has now completed its final intake so we are pleased to inform you of the new service provision clinics available. These fabulous clinics are taking place at the Arthritis foundation, Shenton Park and in Palmyra.

The clinics are facilitated and directed by proficient allied health professional practitioners. They include:

- Functional assessment by a Physiotherapist
- Disease education
- Self-management skills
- Behaviour modification techniques
- Pain control techniques – medications, relaxation.
- Exercise instruction – strength, endurance & flexibility.

Participants are taught the importance of practicing exercise techniques and incorporating them into their daily lives to form a Self-management action plan.

The community clinics have been running for over five years. We have two clinics running, one for people with Osteoarthritis of the knee and the other for Osteoporosis. The courses consist of eight weekly sessions of two hours.

The programme & assessments are free and provide participants with valuable self-management tools.

If you are interested in attending the MATS clinic to be held at the

Arthritis Foundation – 17 Lemnos Street, Shenton Park, or

Hammad Street, Palmyra

please contact Helen on 93882199.

The Health Department of Western Australia supports this model and has provided funding for this programme.

A small fee of \$25 is applicable to cover tea, coffee and other incidentals.

# Beware of hip fractures

Osteoporosis in men is now recognised as an increasingly important public health issue. About 30 per cent of hip fractures occur in men, and one in eight men older than 50 years will have an osteoporotic fracture.

Because of their greater peak bone mass (reached in the early 20s by both sexes), men usually present with hip, vertebral body, or distal wrist fractures 10 years later than women.

Hip fractures in men, however, result in a 31 per cent mortality rate at one year after fracture versus a rate of 17 per cent in women.

Major risk factors for osteoporosis in men are glucocorticoid (i.e. prednisolone dose of more than 5 mg daily) use for longer than 6 months, osteopaenia (too little bone) seen on plain x-rays, a history of non-traumatic (i.e. spontaneous) fracture, hypogonadism (too little male sex hormone production), and advancing age.

Bisphosphonates (Alendronate or Risedronate) and Teriparatide (recombinant parathyroid hormone, which is not as yet available through the Australian Pharmaceutical Benefits Scheme) have recently been approved (in the United States) for use in men with osteoporosis who are at high risk for fracture and should be considered along with supplemental calcium (1000 to 1500 mg per day) and vitamin D (400-800 IU per day).

Increased awareness by physicians of the risk factors for male osteoporosis - and early diagnosis and treatment - are needed to decrease the morbidity and mortality resulting from osteoporotic fractures.

(Janet M. Campion, M.D. University of Arizona Health Sciences, Tucson, Arizona Michael J Maricic, M.D. Southern Arizona Veterans Affairs Health Centre, Tucson, Arizona)

[Abstract modified from American Family Physician 2003; 67: 1521-1526.]

World Arthritis Day will be marked on Tuesday October 12 this year and will be followed by World Osteoporosis Day which will be commemorated on Wednesday October 20

As well as being a place to relax and unwind or socialise with family and friends, a Jadan Spa can also offer relief from arthritis, neck and back pain and aching joints and muscles.

Members of the Arthritis Foundation are entitled to a \$200 discount when purchasing a Jadan Spa. Jadan Spas will also donate \$100 to the Arthritis Foundation for each spa sold to one of its members. Simply present this ad at one of our stores.

*This offer cannot be used in conjunction with any other discount offer, one discount per person. The offer ends August 31.*

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AFWA Albany branch members Lyn Foster and Thelma Pope with the ARH director of Nursing Doug Gilchrist and branch member Cyril Lovitt during a visit to the upgraded hydrotherapy pool.

new changerooms and showers as well as spa jets and a complete re-tile.

Lyn Foster, the spokeswoman for the Arthritis Foundation of WA's Albany branch, is particularly pleased about the upgrade.

She said it provided an essential service for those who needed to exercise in a weightless environment.

"It's a great non-weight bearing exercise and aside from arthritis sufferers, people with back complaints, people recovering from surgery or people with osteoporosis, all use the pool," she said.

The branch did its bit to helping the renovation.

Members raised \$1500 towards the upgrade thanks to all its members making a 50 cent donation each time that they used the pool.

The branch also contributed \$550 in conjunction with the Friends of ARH for a new stereo system.

People need a referral from a general practitioner or a physiotherapist before they can use the pool.

(Picture: Courtesy the Albany Advertiser)

## Taking away winter's chill

**N**ow that winter is here, users of the Albany Regional Hospital's hydrotherapy pool will reap the benefits of a new hot water system that has

been installed as part of a \$35,000 upgrade to the facility.

The renovation, according to a report in the Albany Advertiser, means that users have

A date to remember:  
 Mark this day in your diary -  
 Monday  
 September 27 is the Friends of the Foundation's Card Day to be held at the Royal Perth Yacht Club. The cost is \$25 per head and includes lunch. Phone Nadine on 9388 2199 for more details.



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# Golfers hit out for Freedom

**T**he Sea View Golf Club for the second year named Camp Freedom benefactor of proceeds raised at their annual Charity Golf Day.

The Club's Charity Day Committee held a fabulous High Tea in the Morning during Arthritis Week as a lead up to the golf day. AFWA Speaker, Margaret Nunn addressed the 100 ladies present with a captivating presentation about arthritis and the work of the foundation. As always, the Sea View Golf Club Women put on a wonderful event complete with delicious home made goodies and fantastic traditional maid's costumes.

The Charity Golf Day held in May hosted nearly 150 starters who enjoyed a beautiful day of golf at the impressive club, followed by some excellent food and wines. In our next issue we will reveal the total of the proceeds raised by this hard working committee.

Thanks to the Sea View Golf Club Women, we expect Camp Freedom 2004 to be even better than last year. The camp will be held at Ern Halliday Recreation Centre in Hillarys between October 11 and 15, 2004. Registration forms are available from the Arthritis Foundation or Princess Margaret Hospitals Rheumatology Department. For further information on Camp Freedom, contact Ben Horgan on 9388 2199.

+++++

On March 27, the AFWA hosted a Family Fun at Adventure World for kids with Juvenile Arthritis and their parents and siblings. The day was sponsored by the Sea View Golf Club Women's fundraising efforts from 2003.

The idea for the family day came from discussions with parents at last year's camp as well as feedback received from our adolescent transitional research program. Many stated their need for interaction and support from other parents of chronically ill children. The Family Fun Day was an excellent opportunity to hold an information session for parents and discuss the potential for a support group.

Paediatric Rheumatologist Dr Kevin Murray from PMH and AFWA's Occupational Therapist Deborah Hampton explained a federally funded project they are conducting that addresses the transition from paediatrics to adult health care for patients with Juvenile Idiopathic Arthritis. The foundation would like to thank the Adventure World staff for their assistance. The day was a great success, thoroughly enjoyed by all.



Two of the many pictures - above and below - in Nick Melidonis book *Aegean Light*. The pictures are reproduced in full colour in Nick's book.

## Nick sees the light and snaps

**I**t was once said by Henry Miller that "To know Greece well, would take a lifetime but to fall in love with it takes only an instant".

**My love affair with the Greek Islands started in the seventies. I was born in Alexandria, Egypt, of Greek Parents and migrated to Australia at the age of six. My father came from the island of Lesbos and he often reminisced about the traditional village life on the islands.**

**As a photographer, I found myself lured by the purity of the light and a curiosity to find and capture a way of life such as my father knew.**

**Of the three thousand Greek Islands that crowd the North Eastern part of the Mediterranean probably the best known is the central group called the Cyclades (kikla-des). The Cyclades are so named because they form a circle or 'kiklo' around the sacred Island of Delos, home to Apollo, the God of light.. The small dazzling white beaches are legendary and in late summer the Aegean is ruffled by the cooling Meltemi wind. 'Island-hopping' is a way of life for the sun-seeking hordes that often test the meager resources of the smaller islands.**

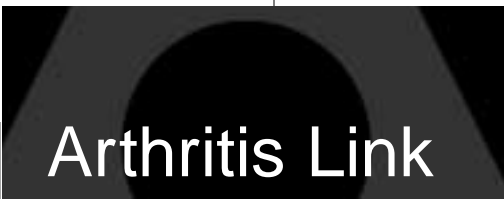
**In the Cyclades you can still find solitude away from the central ferry routes. An exploration of the mountain villages will reveal a lifestyle that has endured for many generations. Half opened doorways lead into cosy flowered**

**courtyards as cats dart through the narrow, twisting alleyways.**

**The images I have collected from the Cyclades over many years are now in a photography book entitled 'Aegean Light, the spirit of Olympia'. 'Aegean Light' is a celebration of the way of life such as my father knew. And, fortunately, we can find it still if we take the time to explore. The Greece that emerges from the images in this book is a celebration of the Island's special light and of a people who truly represent the Spirit of Olympia and the ancient games.**

*Aegean Light' is published by Fremantle Arts Centre Press.  
RRP: AUD\$39.95 Isbn 1 92073 109 1*





# Arthritis Link

## A Support Group for The Young At Heart

**W**elcome to our new regular column in which we will keep you up to date with what the group is doing.

### Bring your favourite meal

We are planning a social evening at the Arthritis Foundation, we hope that you can join us and bring your favourite dish to share with us. We have held these nights in previous years and fun was had by all.

When: Friday July 2  
 Where: Arthritis Foundation,  
 17 Lemnos St, Shenton Park  
 Time: 7pm  
 Cost: Gold coin donation

Please call Kerry to advise if you are attending and what you are bringing (so we don't double up) on 9417 7756.

### Shenton Park Support Group

Come along and have a chat and if there is a subject you would like to talk about we can see if we can get a guest speaker.

When: Friday July 30, Friday August 27,  
 Friday September 24  
 Where: Boardroom, Arthritis Foundation,  
 17 Lemnos St, Shenton Park  
 Time: Midday (Bring your lunch or buy it from the café.)  
 Remember, if you have children they are very welcome.

## Calendar of Events

### Day Meetings

June	Friday 25th
July	Friday 30th
August	Friday 27th
September	Friday 24th
November	Friday 22nd

### Seminars and Social Events

June	Social	Bring your favourite main course
July	Seminar	Self-Esteem
August	Seminar	Relaxation & Aromatherapy
September	Social	Wine & Cheese Night
October	Seminar	Medication Update
December	Social	Christmas Party

All Friday meetings start at midday and are held at the Arthritis Foundation, 17 Lemnos Street, Shenton Park. You can either bring your lunch with you or there is a café at the Foundation.

For the Seminars and Social Events can you please advise Kerry that you are attending. This helps with the catering and handouts. It also helps you just in case the date or time changes. Inquiries, call Kerry Mace, LINK Co-ordinator on 9417 7756

### Wine & Cheese Night

Link's Annual Wine and Cheese Night is on again, come along and enjoy a drink (alcoholic or non alcoholic) with other members of Link. Fun is usually had by all.

When: Friday 3rd September  
 Where: Arthritis Foundation  
 17 Lemnos Street Shenton Park  
 Time: 7pm  
 Cost: \$5.00 per person

Please ring Kerry on 9417 7756 to book your place, for catering reasons.

### Self Care – Some helpful hints

#### Tune In

Listening to your favourite music can lighten your mood and may even help you to forget your pain – at least for a little while. Make a tape of your favourite upbeat tunes and listen to it when you need a lift.

### Face Facts

Learn something new about arthritis. Building an understanding of your disease is an important step in managing it. You can either go on line and visit some of the many websites about arthritis or visit the Arthritis Foundation for some information.

Try these:  
[www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au)  
[www.arc.org.uk](http://www.arc.org.uk)  
[www.arthritis.org](http://www.arthritis.org)  
[www.arthritis.ca](http://www.arthritis.ca)

### Play in the dirt

Buy the seeds for three of your favourite veggies or flowers and plant a garden. Digging in the dirt can be therapeutic for sore hands and can yield beautiful and fragrant – or delicious and nutritious – results.

### Have a good laugh

Read a book of jokes, rent a funny movie or watch your favourite sit-com or stand-up comedian. Laughing – even when you feel like crying from agony – can relax muscles, relieve pain and even boost your immune system.

### Play it safe in the sun

Protect yourself when you go out in the sun – wear sunglasses, a hat and sun screen. Some forms of arthritis, as well as certain medications, can leave you more vulnerable to the sun's harmful rays.

## Footcare for arthritis seminar

Taking care of our feet

**O**UR FEET are the whipping boys of our body. With every step we take thousands of kilograms of stress are bearing down on our tootsies.

By the time we are 50, think of all the kilometres you've covered.

That's a lot of action for 26 bones and 30 joints in a small area to handle. Yet despite their importance in our independence we generally ignore them.

As we age we begin to lose flexibility and elasticity like worn-out shock absorbers, they don't work as well as they used to.

Add arthritis and you have a double wammy. Inflamed and distorted joints find no comfort in ill-fitting shoes or from feet whose padding has worn thin.

If we look after our feet we can head off potential problems. If arthritis is already affecting your feet taking better notice of the changes and looking after your feet, not only makes sense but is crucial.

Prevention is better than intervention. It's true that most of us ignore our feet but most problems can be avoided or correct if we pay attention.

We are Arthritis Link believe in the philosophy of prevention is better than intervention and have organised a Footcare Seminar to be held in June. Podiatrist Paul Griffith will do a presentation on Prevention and a Podiatric Surgeon will do a presentation on Intervention.

When: Wednesday July 21  
 Where: Arthritis Foundation,  
 17 Lemnos Street, Shenton Park  
 Time:  
 Cost: \$5 Link members.  
 \$8 non-Link members.

• Please ring Kerry on 9417 7756 to book your place and to assist with the catering arrangements.

## Branches

### Albany

Mrs T Pope, President (08) 9844 1442  
Ms M Hart, Secretary/Resource Centre  
Resource Centre  
PH (08) 9842 9229 FAX (08) 9842 5850  
Monday-Friday 9am-noon

### Bassendean

Mrs S Flor, *President* 9279 4590  
Mrs M Brammall, *Secretary* 9279 9382

### Beverley

Mrs A Fisher, *President* (08) 9647 2055  
Mrs H Mclean, *Secretary* (08) 9646 1375

### Bunbury

Mrs M. Birch, *President* (08) 9721 7225  
Ms K Prestage, *Secretary* (08) 9721 2913

### Esperance

Mr D Keitel, *President* (08) 9071 1286  
Ms H James, *Secretary* (08) 9071 1772

### Geraldton

Mrs E Wellman, *Secretary* (08) 9921 7683  
Mrs M Clift, *Treasurer* (08) 9923 3672  
Now meeting @ The Residency, 321 Marine  
Terrace

### Melville

Ms A Middlemas, *President* 9313 8959  
Mrs Dorothy Broderick, *Secretary* 9330 3103

### Merredin

Mrs M Maloney, *President* (08) 9041 1737  
Mrs M Hooper, *Secretary* (08) 9041 2868

## Support Groups

**FOR DETAILS CONTACT THE ARTHRITIS FOUNDATION ON 9388 2199**

- Arthritis Link (18 to 45) — the Connective Tissue Disease Group for younger adults. Members have access to newsletters, seminars, exercise groups, creche, information and support. Local Link support groups meet at regular monthly or bi-monthly intervals.
- Joint Replacement Support Group Meets the last Friday of the month at the Wyllie Arthritis Centre.
- Hills Arthritis Support Group (HAGS) Meets second Wednesday in month at Jack Healy Centre, Kalamunda, 1.30-3.30pm
- Arthritis Copers Helping Each Other (Armadale) (ACHE) Meets third Wednesday of month at Armadale Health Centre, 1-3pm
- Ankylosing Spondylitis Support Group Meets monthly at Royal Perth Rehab
- Northam Fibromyalgia Support Group Meets second Wednesday of the month at Prince Place, Northam
- Central Fibromyalgia Support Group Meets last Monday of the month at the Arthritis Foundation (11am - 12 noon)

## Calendar of Events

### August 1-7

National Healthy Bones Week

### August 10

Dr John Hewson - Corporate Breakfast

### September 10

AFWA Corporate Golf Day

### September 29

Raffle 2, 2004 drawn at 4pm



THE foundation has been overwhelmed with telephone calls, faxes and orders from members wanting to purchase the exciting 2004/2005 Entertainment Book.

We have received tremendous support for this popular fundraiser.

The foundation has more than doubled the amount of books sold in 2003!

Special thanks and congratulations to Mrs Debbie Dow who was presented with a \$50 Coles Myer voucher for coordinating an order in excess of 50 books amongst her workmates at Woodside Energy Australia.

A limited number of books are still available but they will sell fast, so please contact us today for your copy.

If you missed out this year, please call Marnie on 9388 4406 to be included on the waiting list for next year. Buyers find the book soon pays for itself.



## Tai Chi Classes

- FOR MORE INFORMATION  
Phone the Arthritis Foundation on 9388 2199