Early in my career as the leader of the Sjögren’s Syndrome Foundation’s Dallas support group, I received a call from a woman with Sjögren’s. Mary C. was eager to tell me all about an amazing discovery that had cured her of Sjögren’s and all the dryness. This miraculous product consisted of a soap and pH neutralizer, the formula for which had been given by God to its inventor, a gray-goateed mortal.

According to the pamphlet which Mary sent to me, “Acid builds up in our system causing the body’s pH to be out of balance, resulting in metabolic acidosis disorder,” and the product worked by ridding the body of this acid. Diseases supposedly cured by this soap and neutralizer ranged from metastasized spine cancer to tooth tartar. Naturally, Mary wanted me to pass the information along to my support group members so that they could also reap the benefits of this product, which, coincidentally, could be purchased from her as part of a multi-level marketing scheme.

Was this product a medical fake or a miracle? Is its inventor a divinely inspired genius or a fraud? The purpose of this article is to help you answer these questions and to judge for yourself whether other medically-oriented claims like these are legitimate.

Medical Scams and Quackery of Yore

Bogus cures, quackery and medical frauds have been perpetrated on desperate people as long as there has been the desire to cure illness. Before medical science gave us the ability to demonstrate the efficacy of a treatment by use of the scientific method and controlled clinical trials, people cured each other by trial and error. These early therapies, often ineffective, gruesome and deadly, were not really quackery, as no one had any way of knowing better.

The birth of medical science also brought medical fakes and frauds. Medical science was in its infancy in the early 18th
century, a time when people believed in the healing powers of the moon and the curative powers of lead bullets, tobacco and maple syrup. Doctors treated the aristocracy, but everyone else got their medical treatment from butchers, barbers and amateur practitioners. These people performed surgeries, which often entailed draining blood from the patient’s body, boring holes in his or her skull and similar grisly acts.

Early America saw a proliferation of tonics and salves touted to cure a variety of ailments. Widow Read’s Ointment for the Itch was devised by the mother-in-law of Benjamin Franklin. Dr. John Hill’s American Balsam contained an extract of a variety of herbs that its inventor claimed would cure everything from whooping cough to hypochondria. By the mid-19th century, quacks teamed up with entertainers to produce “medicine shows,” which toured the country selling such curatives as Kickapoo Indian Sagwa and Magic Wizard Oil. All of these products were eventually lumped together under one label: snake oil.

**Fakes and Frauds of Today**

While quacks and their products have grown more sophisticated over the years, their basic methodology has changed little over the past three centuries. Scammers will always flourish when there is something that people want but that medical science is unable to deliver. Snake oil salesmen will continue to tout their products as long as they are able to convince patients that they have the “secret” to a safer, simpler and more effective treatment than legitimate physicians have to offer.
Once-daily,* preservative-free LACRISERT®
Extends tear life for all-day lubrication and protection

- Unlike artificial tears, LACRISERT® works continuously to stabilize and thicken tears for all-day relief
- LACRISERT® begins to gently dissolve and lubricate within minutes

69% of Sjögren’s syndrome patients in a clinical study preferred LACRISERT® over artificial tears due to increased comfort†

Most adverse reactions were mild and transient and included transient blurring of vision, ocular discomfort or irritation, matting or stickiness of eyelashes, photophobia, hypersensitivity, edema of the eyelids, and hyperemia. LACRISERT® is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose. If improperly placed, LACRISERT® may result in corneal abrasion.

*Some patients may require the flexibility of twice-daily dosing for optimal results.
†In a 2-phase study of patients with dry eye: phase 1 was a 6-month, comparative, randomized, crossover study in 40 patients (37 with Sjögren’s syndrome); phase 2 was an open-label, follow-up study in 37 patients for 2 months to 18 months.


For more information, visit www.LACRISERT.com or call 1-877-ATON-549.
Please see brief summary of Prescribing Information on adjacent page.

© 2007 Aton Pharma, Inc.
Today’s quacks attempt to sell their latest “miracle cures” by invoking authentic scientific discoveries or using scientific-sounding jargon in an effort to dazzle and befuddle. Take “structured waters,” for example, which I also learned about from a patient with Sjögren’s syndrome. More than 20 products are on the market that purport to alter the structure of water in order to help maintain or restore health, youth, and vigor. One of those products claims it is “engineered using a proprietary technology that scientifically restructures the water into bio-molecular clusters, providing superior cellular absorption while enhancing the body’s oxygenation.” This water is touted as promoting, among other things, “positive nitrogen balance for protein synthesis” and “enhanced oxygen & nutrient delivery to the cells,” all of which contributes to “more energy, improved mental clarity, a strong immune system and increased fat burning.” This product is not an obscure product being sold furtively; surprisingly, it is stocked by the country’s largest chain of health food stores.

Another product being hawked with scientific-sounding lingo is a pill consisting primarily of sugar made by a Texas-based company. This pill, sales of which topped $415 million last year, purportedly helps the cells in one’s body communicate with one another by using technology from a new cutting-edge field called glycobiology. The product is sold in a multi-level marketing scheme, and its sales associates have claimed that the product is a miracle cure that can fix a broad range of diseases, from cancer to multiple sclerosis and AIDS. While glycobiology is a legitimate science that studies complex carbohydrates, one of its leading scientists stated, “There are authentic, scientific studies that have looked at people drinking these kinds of materials (glyconutrients). And they don’t really do anything except increase flatulence.”

While ingesting structured water or sugar pills probably won’t cause any harm, some therapies can have deadly consequences. One of the members of my support group, Linda N., told me that she was seeking treatment for her Sjögren’s with a doctor who practices alternative medicine in the Dallas / Ft. Worth area. Instead of prescribing a secretagogue like Evoxac or Salagen, this doctor had Linda taking “natural” herbs and potions, which she said had helped her a great deal. She told me that this doctor also practiced hydrogen peroxide therapy, giving this substance intravenously to patients. Linda didn’t take this therapy herself; she allowed as how it could be dangerous and had to be done with care. In fact, not long afterward, the news program 60 Minutes did an exposé on a “longevity medicine” practitioner in Greenville, South Carolina. This doctor had administered intravenous hydrogen peroxide for “oxidative therapy” to one of his patients, a 53-year-old Minnesota woman suffering from multiple sclerosis. Four days later she was dead from a profoundly low platelet count, which had caused abnormal bleeding and multiple organ failure.

When I last spoke with my group member, Linda, she was still seeing her doctor and pleased with her results, but she asked me to recommend a dentist because she was having so much trouble with cavities in her teeth.
Avoiding Scams, Fakes and Frauds

How can we protect ourselves from the temptation to spend our money on fraudulent products and fake practices? How can we know if chelation therapy, detoxifying diets, acupuncture, hair analysis, obscure dietary supplements or structured water will help us?

Any remedy that lacks proof of its effectiveness is a fake. If the remedy is used to deceive people, it is called a fraud. Selling unproved remedies is quackery. The way to distinguish legitimate medicine from quackery is use of the scientific method, the reliance on experiments, which, in medicine, means controlled clinical trials, rather than intuition or opinion. Therefore, we are assured of the safety and effectiveness of drugs by the federal Food and Drug Administration (“FDA”) testing process. However, many remedies and products exist in a gray area: they have not yet been shown by testing and clinical trials to be beneficial. Deciding which of these products is possibly fraudulent is not easy and is complicated by the evolving state of what we know. The medical community can sometimes be slow to accept radical new ideas and sometimes these ideas turn out to be right. Take the example of acupuncture. Twenty years ago, the practice was considered on the fringe and kooky. Today, an estimated eight million U.S. adults have used acupuncture for relief or prevention of pain and for various other health concerns even though results of controlled clinical trials conducted on acupuncture’s potential usefulness have been mixed.

Many times, products are recommended to us by well-intentioned friends or family who provide testimonials that they have cured an ailment with the product. We might even find that the product helps us. However, we should be aware of the “placebo effect,” a well-known medical phenomenon in which a substance with no known medical value improves the condition of a patient who earnestly believes it will help. This phenomenon has been proved in laboratory experiments and found to occur up to 30% of the time. Some doctors prescribe placebos when they do not know the cause of a patient’s illness. But the placebo effect does not work all the time, and when it does, no one can explain why. It seems to have something to do with the power of the mind to influence...
our ability to fight illness, a phenomenon scientists are only beginning to study. So when Aunt Mary Lou, whom we love and admire, tells us honestly and with the best of intentions that a certain scientific-sounding sugar pill has cured her shingles, we are eager to try it for our ailments. But products that rely solely on testimonials as evidence of their effectiveness need to be approached with caution.

So how do we know about those “gray area” products and practices—those that have not been FDA approved or subjected to clinical trials and rely heavily on testimonial evidence as to their effectiveness? The worst enemy of any medical scam or fake is the wary and educated patient. Fortunately, we live in the information age. All we need to do to turn up information on structured water, Aunt Mary Lou’s sugar pill or hydrogen peroxide therapy is do a quick Google search on our computer. We will find structured water debunked by scientists. We will turn up the lawsuit filed by the Texas State Attorney General against the maker of the sugar pill under the Texas Deceptive Trade Practices Act, and we will see that hydrogen peroxide can be deadly when taken intravenously.

**Medicine and the Law**

We have an important ally in the fight against medical fakes, quacks and frauds: our government. The United States has the strictest laws of any country regulating the practice of medicine. The responsibility for enforcing our federal medical laws lies with four agencies: the FDA, the Federal Trade Commission (“FTC”), the U.S. Postal Service and the U.S. Department of Justice. The FDA protects us from unsafe, ineffective or misrepresented health products. The FDA fights against quack cures by insuring that drugs prescribed by physicians are safe and effective by subjecting them to a strict approval process involving a series of controlled clinical trials. The FDA also focuses on public education and awareness. The FTC acts against deceptive advertisement of products sold in more than one state. The U.S. Postal Service investigates dangerous or misrepresented health products sold through the mail. The U.S. Department of Justice acts on the recommendations of the other three agencies and brings lawsuits against the makers of fraudulent products. On a local level, quacks who operate only within one state can be prosecuted by that state’s attorney general. In addition, several private organizations help the government acquire information on medical frauds and fakes and provide information on quackery to those who request it. For example, the Arthritis Foundation and the American Cancer Society investigate questionable arthritis or cancer therapies reported by the public and share this information with the government and with interested individuals. Many times, however, these governmental and private organizations are overworked. Individuals should not rely on them solely for protection; people still have to be vigilant and protect themselves.

**How to Protect Yourself**

Rather than reporting a fraudulent practice or product after it has taken your money, the better course of action is to protect yourself with a healthy amount of skepticism beforehand. Even before investigating a product or procedure through Internet research, be on the lookout for certain tell-tale tip-offs that might signal you that you could be dealing with a fraud. Watch out for:

1. Treatments which are available nowhere else;
2. People who claim that their treatment is being “suppressed” by the mainstream medical community for reasons of professional jealousy. If a cure has been proven legitimate, medical and scientific communities rush to embrace it;
3. A physician who is not a specialist in the diseases he is treating or a non-specialist who offers treatments you can’t get from a specialist;
4. A doctor or clinic that uses mostly testimonials to tout its treatment (remember the placebo effect). Physicians offering legitimate therapies usually refer to published statistics and controlled clinical trials when discussing success rates;
5. The physician who promises a cure;
6. Anyone who claims that they are being persecuted by the medical establishment;
7. Credentials that aren’t verifiable with the state medical board and local medical society;
8. Complicated or pseudo medical jargon, such as promises to “detoxify,” “purify,” “rejuvenate,” or “balance” your body or “bring [your body] into harmony with nature;”
9. Anyone who claims to be the only source of a treatment; and
10. Money-back guarantees.

Finally, the old saying really holds true: if it sounds too good to be true, it probably is.
<table>
<thead>
<tr>
<th>PATIENT</th>
<th>Dr. Allison Tendler</th>
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<td>Eye Doctor</td>
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**Chronic Dry Eye, reduced tear production due to inflammation**

**I use exactly what I prescribe for many of my patients: RESTASIS®**

I have a certain type of Chronic Dry Eye. I’ve tried all kinds of over-the-counter (OTC) drops and they weren’t enough. So now I use RESTASIS® Ophthalmic Emulsion, a prescription eye drop. Since RESTASIS® helps me make more of my own tears, I use fewer OTC drops.

RESTASIS®: One drop, twice a day, with continued use, helps you make more of your own tears.

Don’t wait for your next annual appointment. Call today! And ask your eye doctor if RESTASIS® is right for you.

Find out more about a $20 rebate offer! See next page for details.

RESTASIS® Ophthalmic Emulsion helps increase your eyes’ natural ability to produce tears, which may be reduced by inflammation due to Chronic Dry Eye. RESTASIS® did not increase tear production in patients using topical steroid drops or tear duct plugs.

**Important Safety Information:**

RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

Go to restasis6.com or call 1-800-677-9716 for a free information kit.

Please see next page for important product information.
INDICATIONS AND USAGE
RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS
RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING
RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS
General: For ophthalmic use only.

Information for Patients: The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:
Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value. In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome- aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes in vitro gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating. No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

OFFSPRING of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human topical dose. 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers: Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use: The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use: No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS
The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Rx Only
Based on package insert 71271US15SF revised February 2004

Follow these 3 steps:
1. Have your prescription for RESTASIS® filled at your pharmacy.
2. Circle your out-of-pocket purchase price on the receipt.
3. Mail this certificate along with your original pharmacy receipt (proof of purchase) to Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007

For more information, please visit our Web site, www.restasis1.com.

FILL A RESTASIS® Ophthalmic Emulsion prescription and we’ll send you a check for $20! It’s easy to get your $20 rebate for RESTASIS® Ophthalmic Emulsion. Just fill out this information and mail.

Last Name First MI
City State ZIP
Street Address

☐ Enroll me in the My Tears, My Rewards® program to save more!

RESTARTS® Rebate Terms and Conditions: To receive a rebate for the amount of your prescription co-pay (up to $20), enclose this certificate and the ORIGINAL pharmacy receipt in an envelope and mail to Allergan RESTASIS® Ophthalmic Emulsion $20 Rebate Program, P.O. Box 6513, West Caldwell, NJ 07007. Please allow 8 weeks for receipt of rebate check. Receipts prior to March 1, 2007 will not be accepted. One rebate per consumer. Duplication will not be accepted. See rebate certificate for expiration date. Eligibility: Offer not valid for prescriptions reimbursed or paid under Medicare, Medicaid, or any similar federal or state healthcare program including any state medical or pharmaceutical assistance programs. Void in the following states if any third-party payer reimburses you or pays for any part of the prescription price: Massachusetts. Offer valid where prohibited by law, taxed, or restricted. Amount of rebate not to exceed $20 or co-pay, whichever is less. This certificate may not be reproduced and must accompany your request for a rebate. Offer good only for one prescription of RESTASIS® Ophthalmic Emulsion and only in the USA and Puerto Rico. Allergan, Inc. reserves the right to rescind, revoke, and amend this offer without notice. You are responsible for reporting receipt of a rebate to any private insurer that pays for, or reimburses you, for any part of the prescription filled, using this certificate.

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### GEORGIA
- Atlanta Area: Suzi Wixon* (770) 642-0323
- Dalton: Lynda Black (706) 695-4237
- Dunwoody/Atlanta: Penny Hamond-Wolk (770) 730-8550

* indicates location of support group meetings
1 – (from Nov. 1 – April 30)
2 – (from Nov. 15 – April 15)
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<th>State</th>
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<tr>
<td>GEORGIA</td>
<td>McDonnough</td>
<td>Linda S. Davis</td>
<td>(770) 898-5837</td>
</tr>
<tr>
<td></td>
<td>Sharpsburg</td>
<td>Pat Brown</td>
<td>(678) 423-4396</td>
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<td></td>
<td>Warner Robins</td>
<td>Irene Shue</td>
<td>(912) 929-3941</td>
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<td>IDAHO</td>
<td>Potlatch</td>
<td>Patty Gilbert</td>
<td>(208) 875-1590</td>
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<td>ILLINOIS</td>
<td>Arlington Heights</td>
<td>Diana Bonadonna</td>
<td>(847) 398-0407</td>
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<td></td>
<td>Bloomington</td>
<td>Joyce Kaye</td>
<td>(309) 663-0564</td>
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<tr>
<td></td>
<td>Chicago Area</td>
<td>Heidi Shierry*</td>
<td>(630) 279-9437 or (630) 853-6836</td>
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<tr>
<td></td>
<td>Liberty</td>
<td>Mary Ann Graham</td>
<td>(217) 645-3497</td>
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<td></td>
<td>Mazon</td>
<td>Mary Ann Guisinger</td>
<td>(815) 458-2296</td>
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<td></td>
<td>Plainfield</td>
<td>Audrey M. Grey-Lowry*</td>
<td>(815) 436-5168</td>
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<tr>
<td></td>
<td>Urbana</td>
<td>Waneta Meahaffey</td>
<td>(217) 707-1613</td>
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<tr>
<td>INDIANA</td>
<td>Indianapolis</td>
<td>Diana Altom*</td>
<td>(317) 356-3243</td>
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<tr>
<td></td>
<td>South Bend</td>
<td>Sarah Reichert*</td>
<td>(574) 342-2285</td>
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<tr>
<td>IOWA</td>
<td>Des Moines</td>
<td>Suzanne Sullivan</td>
<td>(515) 537-1345</td>
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<td>Dubuque</td>
<td>Shirley White*</td>
<td>(563) 538-6795</td>
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<td>Connie I. Brown</td>
<td>(563) 732-2420</td>
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<td>Janet Nichols*</td>
<td>(913) 492-9581</td>
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<td>KENTUCKY</td>
<td>Lexington</td>
<td>Jack Wood</td>
<td>(606) 277-8123</td>
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<td>Debra L. Henning</td>
<td>(502) 231-9130</td>
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<td>Karen M. Solomon</td>
<td>(502) 245-3120</td>
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<td>LOUISIANA</td>
<td>Baton Rouge</td>
<td>Debbie Fuselier</td>
<td>(225) 928-4341</td>
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<td>Lafayette</td>
<td>Madeline &amp; Mac Hays*</td>
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<td>Connie Benton</td>
<td>(504) 488-6977</td>
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<td>Lynn Weinberg</td>
<td>(504) 895-2595</td>
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<td>Mary Maddox</td>
<td>(318) 445-7448</td>
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<td>MAINE</td>
<td>Alfred</td>
<td>Elizabeth Hayes</td>
<td>(207) 324-9654</td>
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<td>MARYLAND</td>
<td>Bel Air</td>
<td>Eva L. Plude*</td>
<td>(410) 836-1040</td>
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<td></td>
<td>Frederick</td>
<td>Elizabeth E. Ward*</td>
<td>(301) 663-3947</td>
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<td>Gerry Lauria</td>
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<td>Dearborn</td>
<td>Helen Schauman</td>
<td>(313) 562-9591</td>
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<td>Polly Youngstein</td>
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3 – (from April 16 – Nov. 14)
4 – (from May 1 – Oct. 31)
**NEW JERSEY continued**

- Teaneck: Nan Lehmann (201) 836-4239
- Toms River: Aprile Mangold (732) 341-8993
- Verona: Shirley Musikant (973) 857-8434

**NEW MEXICO**

- Albuquerque: Frances Moorhead* (505) 344-6971
- Alto: Mavis Reecer (505) 336-8117
- Santa Fe: Barbara Stein (505) 471-6881

**NEW YORK**

- Albany Area: Kimberly Gross* (518) 877-3320
- Brooklyn: Gilda Kaback (718) 769-7997
- Buffalo/Depew: Elinor Pittner* (716) 684-4254
- Glen Oaks: Ethel Brown (718) 347-1978
- Huntington: Sandy Leon* (516) 367-4104
- Jackson Heights: Claudia Schellenberg (718) 803-3279
- Nesconset: Arlene Cherry (631) 360-1306
- North Hills: Iris Cohn (516) 627-9054
- NYC Area: Susan Needles* (212) 724-7110
- Ossining: Elaine Underhill (914) 762-3302
- Rochester: Barbara Kay Rappaport* (585) 381-7759
- Rockland/Nyack: Sharon Hoffman (845) 358-7247
- South Setauket: Helen McCollough (631) 650-3162
- Troy: Rhonda Szalansky (518) 274-2161
- Woodstock: Evelyn Lyke (845) 679-4970

**NORTH CAROLINA**

- Asheville: Marge Kozacki* (828) 687-2821
- Boone: Marie Gaudin (828) 733-3563
- Charlotte: SS & Salivary Disorders Center @ Carolinas Medical Center* (704) 355-4197
- Durham: Jean Weynand (919) 489-9546
- Knightdale: Delores M. Fidor, LPN (919) 266-5961
- New Bern: Shirley Dailey* (252) 444-3216
- Raleigh: Maudeileen Huxhold* (919) 866-1802
- Snow Camp: Joann Dollar (336) 376-6346
- Winston-Salem: Sue Palas* (336) 760-6303

**OHIO**

- Akron Area: Mary McNeil* (330) 342-7870
- Bay Village: Evelyn V. Sobczak* (440) 892-9765
- Cincinnati: Cynthia Williams, RN (513) 351-3023
- Cleveland: Carol Eubanks (216) 646-1919
- Kirtland: SSF Office/Kathy McPherson* (440) 721-9179
- Toledo Area: Judi Furlong, MD* (419) 824-1927

**OKLAHOMA**

- Ardmore: Nancy E. Brewster (580) 224-2654
- Edmond: Sharon Abrams* (405) 330-2356

**OREGON**

- Baker City: Susan Castles (541) 523-3232
- Bend: Angie Siefer (541) 318-4751
- La Pine: Norma Werner* (541) 536-1175

**PENNSYLVANIA**

- Clarks Summit: Judy Rienzi (570) 586-6635
- Easton: Janet Kirk (610) 253-9324
- Chambersburg: Ruby Deitrich (717) 369-3366
- Harrisburg: Lynn Petruzzi* (717) 732-1647
- Mount Carmel: Orinda Ford (570) 339-2223
- Philadelphia: Polly Youngstein* (856) 667-5861
- Pittsburgh Area: Paula Helmk* (724) 335-1252
- Montgomery: Carol Heringslake* (610) 948-1413
- Wallingford: Ruth Goldman (610) 441-1414
- Wash. Crossing: Marge Hartman (215) 345-8249

**RHODE ISLAND**

- North Smithfield: Lynne Messina (401) 766-8645
- Warwick: Joyce Bert (401) 738-0857

**SOUTH DAKOTA**

- Beresford: Sue Christensen (605) 563-2483

**TEXAS**

- Beaumont: Jaqi Vickers* (409) 860-3761
- Bedford: Audra Johnson (817) 498-6552
- Conroe / Houston Area: Marilyn Adams* (718) 298-9196
- Dallas: Ibtisam Al-Hashimi, DDS (214) 828-8145
- Lynne Parkhurst Cuiba* (214) 402-1978
- El Paso: Michael Najera, DDS (915) 833-3330
- Christine Smart* (512) 864-2955
- Georgetown: Barbara Ann Purdy (956) 423-3192
- Houston: Shani Corbiere* (281) 221-0068
- Elaine Bagby (281) 461-7585
- Xiaofeng Zhang (281) 486-7512

**UTAH**

- Salt Lake City Area: Dr. Kathie CooperSmith* (801) 476-9701

**VIRGINIA**

- Dinwiddie: Denise Rainey (804) 469-7505

* indicates location of support group meetings
SAVE THE DATE!

It's more than a walk... The Sjögren’s Walkabout is a national awareness and fundraising event for the Sjögren’s Syndrome Foundation. The non-competitive, family-fun event focuses on awareness of Sjögren’s syndrome while helping to raise money to support the SSF’s research and education programs. Please come out and show your support.

Want to participate in a Walkabout? Start today! Create your own webpage at www.firstgiving.com/ssf

Here’s our Spring 2008 Sjögren’s Walkabout Schedule:

**Philadelphia Tri-state**
- May 3
- Tyler State Park

**Greater Washington Region**
- May 19
- Reston Town Center

**Houston**
- May 27
- Katy Mills Mall

**Denver**
- June 7
- Denver Zoo

For more information or if you would like to volunteer to help at a Walkabout, please call 1-800-475-6473, ext 217.
The Sjögren’s Syndrome Foundation proudly announces its newest initiative, Research – Our Hope for the Future.

During the past five years, the Foundation has created a highly respected research program and is proud that in that time we have increased our financial commitment to funding research grants by 280%.

The Foundation staff and research volunteers have worked diligently to attract talented and dedicated scientists to the field who have made remarkable strides in developing new therapeutics to help patients manage and live more comfortably with the disease.

While we have made progress, we need your help so that we can fund more research projects. In 2007, we turned away twenty-five promising projects due to lack of funding. Every project that is turned away means one less chance for a breakthrough in our fight against Sjögren’s syndrome.

Our goal with this initiative is to raise $500,000 in the next two years so that we can continue to attract and retain the most talented researchers and scientists dedicated to finding a cure for Sjögren’s syndrome.

If you are interested in receiving a copy of our campaign brochure, please contact the Foundation at 800-475-6473.

Research is our hope for the future, our best hope for finding a cure!
Back by Popular Demand.

The Memory Bible: 
An Innovative Strategy for Keeping Your Brain Young

by Gary Small, MD

Everyone who has ever struggled to remember the name of a movie they just saw or a person they just met will find help in the author’s tips for “brain fitness.” This program has helped thousands of people improve their ability to remember everyday issues like where the car is parked as well as the more important abilities to think fast and maintain a healthy brain.

“I highly recommend this book to all who wish to keep their brains fit and their memories at peak performance as they age.”

— Horace B. Deets, former Executive Director of AARP

These books can be purchased using the order form below, online at www.sjogrens.org or by contacting the Sjögren’s Syndrome Foundation office at (800) 475-6473.

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Evidence mounts in favor of plant-based diets, it becomes increasingly clear that in order to prevent disease, Americans must change their dietary habits. “According to the World Health Federation, over 70 percent of all deaths in the US are diet related.” (Susan Silberstein, PhD; Hungry for Health) How did we get to such a state?

One of the best seminars I’ve heard was given by Douglas Lisle, PhD, co-author of the book, The Pleasure Trap. The Industrial Revolution began just a little over 200 years ago. As a result, processing of food and food packaging changed the face of the American plate. “By the late twentieth century, the average American could obtain a tasty meal high in sugar, fat and salt in exchange for a few minutes’ wages without ever setting foot outside of his or her car.” These foods are cheap, fast and tasty, tantalizing our taste buds and making them extremely addictive.

We no longer forage for food, but our hunter/gatherer instinct directs us to seek out dense, high-calorie foods. Supermarkets, fast food drive-throughs, and restaurants abound. Food is everywhere. Most Americans eat out a few nights a week, and the family meal is becoming a thing of the past. When asked, most people, especially children, will tell you fruits and vegetables “just don’t taste good.”

We lived off the land for thousands of years. In just a short amount of time, we changed our culture. “But one to two centuries are a mere drop in the proverbial evolutionary bucket – hardly enough time for our genes to adapt to this dramatic departure from long established dietary patterns.” (Susan Silberstein PhD; Hungry for Health) These changes in dietary habits contributed to the development of chronic diseases such as cancer, heart disease, diabetes, arthritis and osteoporosis, to name a few.

There is no doubt that a diet high in fruits and vegetables can prevent and combat chronic illness. In the fight against cancer, Johns Hopkins University recently published a newsletter that states: “A diet of 80% fresh vegetables and juice, whole grains, seeds, nuts and fruit help put the body into an alkaline environment. Eat some raw vegetables 2-3 times a day.” It goes on to recommend avoiding red meat, milk, and sugar. Other organizations support this finding. Michael Osborne, MD who co-authored the Strang Cancer Center Prevention Cookbook, estimates as many as 30% of cancer deaths are related to poor diet. The American Institute for Cancer Research and the Center for Advancement in Cancer Education both agree and advocate a move toward a plant-based diet.

Dr. Dean Ornish and Dr. Caldwell Esselstyn, Jr. have documented the most successful heart disease reversal programs using a plant-based, vegan diet, low in fat. On the prevention side, high fruit and vegetable consumption increases antioxidant and vitamin levels in the blood, which decreases homocystein, a risk factor for heart disease. (Samman et al., 2003 Journal of Nutrition)
What makes these plant foods so powerful? Phytonutrients, or plant chemicals, vary with each plant. But eating a variety of these greens gives you antioxidants, bioflavonoids, indoles, enzymes, chlorophyll, and much more. For example, the cruciferous family of vegetables such as broccoli, kale, collards, cauliflower and brussel sprouts, contain indoles which have powerful anti-cancer properties. Chlorophyll is a wound healer and blood builder. The increase in amount of fiber a diet rich in fruit and vegetables gives, helps rid the body of excess hormones.

Raw food diets have become popular recently. PropONENTS of raw foods claim cooking destroys the natural-occurring enzymes in foods which are vital to good health. Typically, this diet is an uncooked, vegan diet.

Our food choices are influenced by our culture, religion, and social environment. The decision to change a lifestyle is not easy. Many health professionals will disagree with such “extreme” diet methods, claiming they are unhealthy. In the late 90s, the American Dietetic Association issued a position statement on vegetarian diets. Planned properly, vegetarian diets can meet the nutritional requirements necessary to support good health. Consult with a nutritionist before changing your diet, especially if you decide on a vegan or raw diet. Just as there are many unhealthy foods, there are many unhealthy vegetarian foods. And if you are living with a chronic illness, always consult with your physician.

The debate about what constitutes a healthy diet is still on. But one thing that is not being debated is our need for fruits and vegetables. Perhaps it takes more time to plan and prepare, but the rewards are well worth it. I often hear people tell me they don’t have time for wellness. We can take the time now or we can spend our time and money later in life in physician’s offices and on prescription medications. The choice is ours.
We gratefully acknowledge
the contributions of our members and friends.

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Nancy Neff

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Miriam Baroff

In Memory of Libby Meredith
John & Shirley White

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Martin Montorfano

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Rowena V. Kather

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Jack & Nancy Munson
Al & Betty Waldenville

In Memory of Barbara A. Sestito
Pat & Maureen Carragee
James & Georgette Pollard

In Memory of Blanche V. Martin
Don & Judy Moore

In Memory of Dr. Lawrence A. Kelly
John & Connie Armor & Family
Richard & Jean Feid

In Memory of Eleanor Leiter Vallieres
Norma Mierzwa
Nancy Neff

In Memory of Jean Killingsworth
The Clairmont Chancel Choir

In Memory of Lenore Levine
Miriam Baroff

In Memory of Libby Meredith
John & Shirley White

In Honor

In Honor of Danuta Montorfano
Martin Montorfano

In Honor of Elaine Haumann
Rowena V. Kather

In Honor of Elaine Mowen
Holly & Patti

In Honor of Sandi Smith
Rhode & Marty Whipple

In Honor of the Marriage of Eileen Kelly & Dan Meyer
Jan & Darrel Muck

In Honor of the SSF Education Committee
Bonnie & Stephen Litton
Information You Requested

Q I have been hearing about autologous serum tears? What are they and are they helpful for Sjögren’s patients?

A Autologous serum tears are tears made from a patient’s own blood serum and have been advocated for a number of years for severe dry eye that is unresponsive to other therapies. They can work in Sjögren’s syndrome dry eye and non-Sjögren’s dry eye. They are listed as a stage 3 treatment in the report of the International Dry Eye Workshop (DEWS). The drops, although not FDA approved, have proven to be a useful therapy and often can be very helpful to severe dry eye patients.

Unfortunately, preparing the drops is not that easy due to the fact that you need to obtain a phlebotomy and either a local pharmacy or a facility for under-hood preparation of the drop. The cost of the drops can be very expensive and frequent trips to an ophthalmologist are required to be monitored and also to watch for the potential risks of contamination and infection.

Since these drops are only for those who have exhausted other options, patients should work with their eye care professional to learn about all options in treating their dry eyes.

Sjögren’s Answers from Sjögren’s Patients

For various reasons, some Sjögren’s patients have trouble wearing make-up. What make-up have you found works well in combination with your Sjögren’s?

Do you have an answer you would like to share with your fellow Moisture Seekers readers? Then tell us! Send us a letter in the mail with attention to “Sjögren’s Answers” or write an e-mail to SSFAnswers@sjogrens.org. We won’t be able to publish every response, but we will do our best to share the most informative and helpful contributions.
You can earn a penny for the SSF every time you search on the Internet! GoodSearch.com is a search engine that donates half its revenue to the charities its users designate.

Bookmark www.goodsearch.com as your new search engine and be sure to choose Sjögren’s Syndrome Foundation.