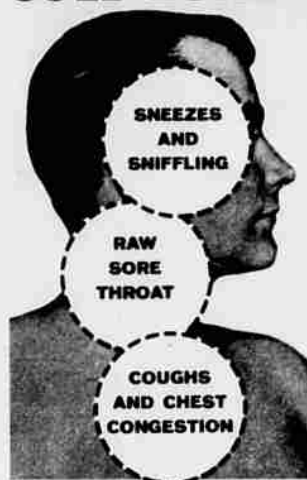


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Regulol



What You Should Know About ARTHRITIS

by **William Kitay**

Science Editor, Arthritis and Rheumatism Foundation

SHE SAT THERE, confused and afraid. "You have rheumatoid arthritis," the doctor had said.

The questions that raced through her mind had troubled millions of arthritics before her: "Will I be crippled? Will I be able to take care of my children? Will I be able to hold the love of my husband?"

Here she was, a woman in her early thirties, a mother in the prime of life. It didn't make sense that arthritis should strike her. Arthritis was for old people!

The doctor began talking again. She heard him say something about crippling rheumatoid arthritis being a woman's disease, one that strikes three women for every man. She also learned that the disease strikes most often between the ages of 20 and 35, and that even children get it.

What's more, while arthritis can strike anyone in any walk of life, it seems to select those in the middle-income groups—men and women who through the years have worked hard in their struggle for existence.

"We have a long fight ahead of us," the doctor said. "Arthritis is a chronic disease. You will have to learn to live with it. We will have to watch the hold it takes on you and work out a plan to ease your pain. Perhaps, with luck, we'll even prevent any crippling effects."

"Doctor," she said, "what about the medicines I can get at the drugstore? People are buying them, so they must be of some help. I've been reading about wonder drugs and miracle drugs that doctors give their patients to cure arthritis. Can't you give me some?"

This scene is re-enacted day after day in arthritis clinics and doctors' offices all over the country. And it is all because wonder drugs and miracle cures have become a part of our way of life.

The public demand is for a tablet, a pill, a capsule, or a teaspoonful three times a day that can bring recovery within a reasonable period and relief within minutes!

Yet the only miracle in the treatment of rheumatoid arthritis, the commonest and most crippling form of the disease, is the skill of the physician in selecting from the wide range of available drugs and procedures those which are best for the patient.

Except for this, there is no miracle drug and no miracle cure for rheumatoid arthritis.

Research scientists hope to control arthritis by medication. Many investigators feel a drug eventually will alleviate the pain and suffering from the disease, will prevent deformity and crippling, and will permit a person to live

comfortably and actively.

A number of drugs are now being used, and new ones are being developed all the time. Most never get beyond animal experiments in the laboratory. A few have reached the stage of clinical investigation—of trial use on human beings in arthritis clinics.

IN 1950 when cortisone was first released for public use, arthritis specialists hoped that this was the long-sought cure for rheumatoid arthritis. But long-term use showed that some of the resulting unpleasant and complicating side reactions were far worse than the disease!

Researchers then turned to evolving a less-toxic, synthetic variation of cortisone, one that most arthritics could take with greater safety. The most recent such variation is prednisone, which has all but replaced the original hormone. But this drug, too, after two years of wide use, has been found to have its limitations.

Today only about one of every five persons with rheumatoid arthritis receives cortisone or any of its synthetic variations. Even they in time must be taken off the drug, either because they no longer benefit from it or because of the side reactions which eventually seem to develop.

Most arthritis sufferers today are being treated by the same techniques arthritis specialists were using long before the so-called wonder drugs were even thought of. Treatment basically consists of ordinary aspirin to lessen the discomfort of the disease, and physical medicine, with its heat, massage, and selected exercises.

Of all the drugs used today in the treatment of arthritis, aspirin is the most common. Recently, a new enteric-coated aspirin came into use for arthritics who suffer stomach irritation from plain aspirin. This new aspirin has a coating which breaks down in the intestines; it is here that the aspirin is dissolved and absorbed, rather than in the stomach as ordinary aspirin does.

In addition to cortisone and its synthetic variations, the prescription drugs now in use are gold salts, phenylbutazone, ACTH, and hydrocortisone. None of these drugs is the final answer, nor can any of them be considered a universally effective treatment, much less a cure.

Every one of these potent drugs poses problems of selection and management of patients. They affect people in different ways.

Some cause withdrawal problems, the symptoms of the disease returning with greater impact when the drug is stopped. And all produce side reactions on the patient, some minor and some serious.

One of the difficulties in treating arthritis scientifically