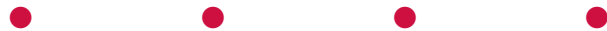


Staying Well

Vitamins, Minerals, and Herbs in MS: An Introduction



The National Multiple Sclerosis Society is dedicated to ending the devastating effects of multiple sclerosis.



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Vitamins, Minerals, and Herbs in MS

An Introduction



*by Allen Bowling, MD, PhD
and Thomas Stewart, JD, PA-C*

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INTRODUCTION

This booklet focuses on the use of popular vitamins, minerals, and herbs by people with multiple sclerosis (MS). The use of these supplements is one form of complementary and alternative medicine, which we'll call CAM.

CAM is difficult to define, in part because its contours continually shift. One definition describes CAM as therapies that are not commonly taught at U.S. medical schools nor commonly available at U.S. hospitals. Almost by definition, then, this booklet explores controversial and incompletely studied treatments.

Accordingly, this booklet is **not** intended to be a primary source for understanding the standard, evidence-based, treatment of multiple sclerosis. Rather, it is intended for those who already use, or at least understand, the benefits of mainstream medical interventions. Over the last decade, medications have been developed that modify or slow down MS. The majority of people with MS should be using one of these medications under the supervision of a physician with expertise in treating MS.

Despite these medications, MS remains a chronic disease that is sometimes relatively benign, but sometimes frighteningly unpredictable. For this and other reasons, many people with MS use some forms of CAM therapy. Most, but not all of them, use CAM therapies in addition to, rather than instead of, medical treatments. That means that CAM therapies are usually used in a **complementary**, rather than an alternative, manner. Taking dietary supplements is one of the most popular CAM treatments.

Most treatments, including the ones listed in this booklet, have risks associated with them. This booklet will identify some of the risks associated with selected vitamins, minerals, and herbal supplements in MS. However, because of a lack of well-conducted scientific studies and the enormous variation in individual clinical situations, not all risks can be identified. Readers should always discuss their personal situation with their physician before using any CAM therapy.

Beginning on page 6, we provide some basic information that relates to supplements generally, and, beginning on page 9, we offer more detailed information relating to some of the most commonly used vitamins, herbs, and minerals.

For additional information on supplements and other forms of CAM, see the section on references beginning on page 30. The information presented here was developed through the Complementary and Alternative Medicine Program of the Rocky Mountain MS Center, in Englewood, Colorado.

GENERAL INFORMATION FOR EVALUATING SUPPLEMENTS



To weigh the pros and cons of dietary supplements fairly requires a basic understanding of the role of the immune system in MS. Thoughtful supplementation also requires an understanding of evidence about safety and effectiveness, dosing issues, and the law relating to supplements.

In MS, the immune system actively damages myelin, the protective covering of nerves in the brain and spinal cord—the central nervous system. Most treatments for MS involve the attempt to down-regulate the immune system. All supplements should be considered in light of their potential effects on the immune system.

The details of the immune system are very complex, but in general it may be best to assume that in MS, immune stimulation may be dangerous and immune down-regulation may be beneficial. Accordingly, supplements that are supposed to “boost” or “improve” immune function may be the **worst choice** for people with MS.

Unfortunately, the immune effects of many supplements are poorly understood. Often the use of supplements requires users to make reasonable inferences based on limited evidence. However, inferences may seem reasonable and still be mistaken.

Often what is used to support the use of supplements is simply a story, sometimes called “anecdotal evidence”. This is the least reliable of all the various kinds of evidence. Particularly in MS, where symptoms come and go unpredictably, improvement in symptoms may appear to be related to the use of supplements, when it is not.

The best evidence is generally obtained from carefully controlled trials among a large group of people with MS. Another source of evidence is animal studies. These studies can be helpful, but may also be misleading. Evidence can

also be obtained from experiments done in laboratories. Again, these studies are helpful, but can't be considered definitive in any way.

Dose is always a critical factor in any medication, and more is **not** always better. Supplements may have different effects depending on the size of the dose that is taken. While a small amount of certain supplements may be useful, larger amounts may be dangerous. Proper dose should always be considered before beginning supplementation. And therein lies a current difficulty.

The Dietary Supplement Health and Education Act of 1994 (DSHEA) has important implications for users of supplements. Unlike some other countries, the U.S. federal government does not regulate supplements as it does drugs. Under DSHEA, sellers of supplements are not required to meet rigorous quality standards or to prove the effectiveness of their products. This means it is not easy to be certain of the amount of active ingredient in many herbal supplements. Users of any supplements should exercise caution regarding marketing information from the seller.

SPECIFIC INFORMATION ABOUT SELECT VITAMINS, MINERALS, AND HERBS



The number of available vitamins, minerals, and herbs is too great to catalogue here. This booklet reviews only a few vitamins, minerals, and herbs that are most popular with people with MS.

Vitamins

Vitamins are chemicals without caloric content that are necessary for health. With the exception of vitamin D, we must obtain them from dietary sources.

The Food and Nutrition Board of the National Academy of Sciences has established a recommended daily allowance (RDA) or adequate intake (AI) for vitamins. In general, the RDA used in this text refers to the guidelines established for those who are 19-50 years old, without considering other factors, such as breast-feeding and pregnancy. The RDA or AI represents the minimum amount for each vitamin that we should obtain from our diet on a daily basis. On that point, there is little disagreement.

On the other hand, the question of whether larger doses of vitamins are beneficial is controversial. Vitamins do not function in isolation from one another, but rather work in careful balance. Accordingly, a high concentration of one vitamin might cause a relative deficiency of another.

Dietary sources of vitamins, such as fruits and vegetables, appear to be preferable to vitamin supplements. Perhaps this is because fruits and vegetables contain vitamins in useful proportions, as well as fiber, minerals, and other unidentified chemicals found in plants that together play a role in good nutrition and disease prevention.

Vitamins that are of particular relevance to people with MS are vitamin D, the antioxidant vitamins, and vitamin B12. A description of each follows.

Vitamin D

Vitamin D is a hormone, or chemical messenger, in the body.

Dietary sources of vitamin D include fish and fortified foods, such as dairy products and breakfast cereals. Vitamin D is produced in the skin in response to sunlight, but this production is limited by



geographic location, skin pigmentation, and season. Some researchers have studied populations and suggested that there is a correlation between low vitamin D levels and MS.

Scientific studies indicate that vitamin D alters immune function in a way that may be desirable in MS. In addition, a handful of studies using an animal model of MS provide further support for the idea that vitamin D plays a protective role in MS.

One recent, large-scale study involving nurses suggested that those who had higher vitamin D intakes, in the form of multivitamin supplements, may have had a reduced risk of **developing** MS. However, this study did not determine whether vitamin D can have a positive impact on the course or severity of MS in people who already have the disease. Further research is necessary to clarify these findings.

A much better understood role for vitamin D among people with MS relates to its part in maintaining bone density. There is increasing awareness that low bone density (osteoporosis) may be under-diagnosed in many people, including those with MS. Importantly, many people with MS have risk factors for developing osteoporosis:

- ❑ female gender
- ❑ decreased physical activity
- ❑ decreased exposure to sunlight
- ❑ frequent treatment with steroids

People with MS who have these risk factors may wish to consider having bone density tests and taking supplements of vitamin D and calcium (see page 19). Recommended intake of vitamin D is 200 to 600 IU daily. Doses greater than 2,000 IU daily may cause toxic effects, and should not be used unless prescribed by a physician.

The Antioxidant Vitamins

A free radical, also called an oxidant, is a molecule that contains an unpaired electron. The unpaired electron is highly unstable and generally allows the molecule to react with other nearby substances. The antioxidant vitamins include vitamin A (or its safer form, beta-carotene), vitamin C, and vitamin E. As the name implies, antioxidants tend to decrease the damage caused by oxidants or free radicals. Antioxidant vitamins are generally available in fruits and vegetables.



Preliminary evidence suggests that the damage caused by free radicals may be involved

in the disease process in MS. A few studies using an animal model of MS suggest that antioxidants may even be therapeutic. But the value of these animal studies is limited. There are no well-documented published studies of people with MS that show a clinical benefit related to antioxidant supplements.

The safety of taking antioxidants for people with MS has **not** been established either. One small, five-week study indicates that antioxidants are safe for people with MS, but the study is too small and short to be conclusive.

There is an important theoretical risk to consider. Antioxidant vitamins stimulate the immune system in laboratory experiments and in some groups of people. In MS, where an overactive immune system appears to be part of the disease process, stimulation may be dangerous.

In summary, there is limited evidence suggesting that antioxidants may be beneficial, and there is also some evidence suggesting potential harm.

The most reasonable course may be for people to obtain antioxidants by eating 2-4 servings of fruits and 3-4 servings of vegetables every day. If antioxidant supplements are used, it may be best to use them in moderation.

Specific Issues Regarding the Antioxidant Vitamins

- ❑ **Vitamin A and Pregnancy**—Vitamin A is necessary for vision and promotes normal growth and differentiation of cells in the body. Vitamin A is fat soluble, and is found in liver, eggs, and cod liver oil.

Fat soluble vitamins are stored in the body and high levels may accumulate over time. The RDA for women and men is 2,300 and 3,000 IU per day, respectively. In general, people should avoid doses in excess of 10,000 IU per day. Some studies have concluded that vitamin A in amounts greater than 10,000 IU may produce birth defects. Pregnant women taking cod liver oil (which contains vitamin A) must use caution to ensure that they are not consuming excessive amounts. In general, pregnant women should obtain vitamin A in the form of beta-carotene found in fruits and vegetables.

- ❑ **Vitamin C and Urinary Tract Infections**—Vitamin C, also known as ascorbic acid, plays a role in building and maintaining body tissues. Vitamin C is readily available in foods such as citrus fruits and tomatoes. The RDA for this vitamin is 90 milli-

grams for men and 75 milligrams for women under normal circumstances. The RDA for smokers is an additional 35 milligrams.

For a variety of reasons, people with MS tend to be at an increased risk for urinary tract infections. Some people supplement with vitamin C to reduce that risk. The theory in support of that practice is that vitamin C supplementation can acidify the urine, thereby creating a challenge to infection-causing bacteria. However, the weight of evidence suggests that vitamin C does not acidify urine. There is more evidence to support the use of cranberry (see below) to prevent urinary tract infections than there is for vitamin C.

Whether a higher intake of vitamin C is beneficial is controversial. The proper dose of vitamin C (and all other vitamins) for people with MS is unresolved. Some authorities believe that daily doses greater than 1,000 milligrams may cause diarrhea or kidney damage.

- ❑ **Vitamin E and Polyunsaturated Fatty Acids (PUFAs)**—Vitamin E prevents oxidative damage to cell membranes or linings and can be obtained from vegetable

oils, fruits, vegetables, nuts, and meat. The RDA for vitamin E is 22.5 IU for both men and women.

The body's requirements for vitamin E increase as the intake of polyunsaturated fats (PUFAs) in the diet increases. This is relevant to MS because some people increase their consumption of PUFAs in the hope that PUFAs are beneficial in MS.

In general, the additional amount of vitamin E needed in diets that are high in PUFAs is quite low: approximately 0.6 to 0.9 additional IU of vitamin E is needed for each additional gram of PUFA. This means that a person consuming 25-30 grams of PUFAs daily needs 15-27 IU of vitamin E daily.

Daily vitamin E doses greater than 1000 IU should be avoided. Consuming substantially lower doses of vitamin E (in the range of 100 IU or less) may be preferable in light of the unresolved questions about the immune effects of vitamin E in people with MS.

Vitamin B12

Vitamin B12 is found in eggs, meat, poultry, shellfish, and dairy products. The RDA for

vitamin B12 is 2.4 micrograms/day for both men and women. Also known as cobalamin, vitamin B12 is required for the production of red blood cells and for proper function of the nervous system. In fact, a severe vitamin B12 deficiency produces neurological symptoms similar to those seen in people with MS.

A variety of observations have suggested that there may be a relationship between B12 levels and MS. For example, people with MS have low levels of vitamin B12 in their blood more frequently than the general population. Some have unusually large red blood cells. This can sometimes be caused by low vitamin B12.

For all people with MS to supplement with vitamin B12 on the basis of these associations would be a mistake. However, B12 deficiency can be evaluated through a blood test. People with low levels should consider vitamin B12 supplementation. For other people with MS, there is no evidence that vitamin B12 either improves neurological symptoms or favorably alters the course of the disease.

Minerals

Minerals are elements widely distributed in nature that perform diverse and critical roles

in human health and disease. The potential roles of selenium, calcium, and zinc are considered here.



Selenium

Selenium is a mineral that has antioxidant effects. For a brief review of the relevance of antioxidants in MS, see the section on antioxidant vitamins on page 12. As with the other antioxidants, it is difficult to determine the exact effect that selenium has on people with MS. Good sources of selenium include seafood, legumes, whole grains, low-fat meats, and dairy products.

Some studies indicate that selenium levels may be lower in people with MS than in the general population. Partly based on that observation, some have speculated that increased amounts of selenium might have beneficial effects in people with MS.

However, in a study using laboratory animals, selenium supplementation worsened an MS-like disease. In one five-week human study, selenium supplementation seemed to be safe. However, that study was too short and involved too few people to reliably assure safety. Furthermore, selenium may increase

the immune response, which may be undesirable in people who have MS.

For adults over the age of 19 the RDA of selenium is 55 micrograms. Until more information is available, it may be best for people with MS to obtain selenium from foods or to use selenium supplements only in moderation. Toxic effects may occur with daily doses greater than 200 micrograms.



Calcium

Important in the formation of teeth and bone and in the regulation of many body processes, calcium is the most abundant mineral in the human body. Good food sources for calcium include dairy products, eggs, and green leafy vegetables.

An old hypothesis about the cause of MS connected it to calcium intake. Based on the studies of populations, the incidence of MS appeared linked to high intake of milk during childhood followed by a large or sudden reduction in milk drinking during adolescence. Very little evidence supports this hypothesis.

On the other hand, calcium is a critically important supplement for those who are at risk for very thin bones, or osteoporosis. As

indicated in the section on vitamin D on page 11, many people with MS have risk factors for osteoporosis.

People between the ages of 19 and 50 should consume 1,000 mg of calcium in the diet. Daily doses greater than 2,500 milligrams should be avoided.



Zinc

Zinc is a mineral that plays a role in many different processes in the body. The results of limited studies of MS and zinc are unclear. Some studies indicate that zinc levels are low in people with MS. Other studies indicate that zinc levels are high in MS, that zinc may activate the immune system, and that zinc supplementation may worsen an animal model of MS.

The RDA for zinc is 11 mg for men and 8 mg for women. Given the uncertainties about zinc and MS, it would seem preferable for people with MS to avoid doses of zinc in excess of the RDA.

Herbs

The word herb generally refers to a plant, or part of a plant, used for medicinal purposes. Herbs, like drugs, interact with the cells of the

body and can sometimes produce changes in body processes. The changes produced by both herbs and drugs may be beneficial, but they may also be harmful.

To minimize the risk of harmful side effects, herbs should only be used with caution. Herb users should be aware of proper dosing, potential side effects, and potential drug-herb and herb-herb interactions. It is important to recognize that there are many unknown aspects to herbs. Specifically, herbs contain many different chemicals. Their effects on the body, on different diseases (such as MS), and on drugs have not been fully determined. In addition, the quality and composition of herbal preparations currently marketed in the United States are extremely variable.

The six herbs described below are among those commonly considered to have potential relevance to people with MS.

Ginkgo Biloba

Ginkgo comes from one of the oldest tree species and has been used in China for medicinal purposes for thousands of years.

There is some limited evidence to support ginkgo's ability to improve cognitive function



among older people with mild to moderate dementia. There is no evidence that it improves memory or concentration in healthy adults or people with MS.

Ginkgo is an antioxidant (the function of antioxidants is discussed above). It also inhibits a substance known as platelet activating factor (PAF). By inhibiting PAF, ginkgo can cause a decrease in the activity of certain immune cells. These activities provide theoretical support for the use of ginkgo to treat MS.

Ginkgo has been studied in both the animal model of MS and in people with MS. In the animal model, ginkgo decreased disease activity. Two studies have been done in people. One suggested a benefit, but the larger of the two trials suggested no benefit. In that study, ginkgo was used to treat exacerbations, or attacks, of MS. The study did not consider whether ginkgo might have a role in preventing attacks or in improving MS-related cognitive dysfunction.

Few serious side effects with ginkgo supplementation are known. Ginkgo may inhibit blood clotting and therefore should be avoided by people with bleeding disorders, those who take blood-thinning medications, and those

who plan elective surgery. In all cases, regular ginkgo use should be reported to all health-care providers.

Echinacea

Echinacea, an extremely popular herb, is a flowering plant native to North America and a member of the daisy (Asteraceae) family.



Of the three species available, the best studied is *echinacea purpurea*.

Echinacea is generally used to treat the common cold. Some studies suggest that it may be helpful for decreasing the duration and symptoms of the common cold. But many studies of echinacea have been criticized by scientists for being poorly designed and performed. No definitive conclusion can be drawn regarding the efficacy of echinacea to treat colds.

Because viral respiratory infections may be linked to exacerbations or acute attacks of MS, treating colds with echinacea is an appealing strategy. The problem is that echinacea may stimulate the immune system. This is a theoretical risk for people with MS because their immune systems are already inappropriately stimulated. No study has been done to investigate this theoretical risk in people with MS.

St. John's Wort

St. John's wort is a yellow flower that grows in many parts of the world. It is generally used as an antidepressant. Many studies indicate that St. John's wort indeed has antidepressant effects. However, the claim was not supported by data from the first large-scale multicenter clinical trial of St. John's wort versus an inert placebo or Zoloft. This trial, conducted by the National Institute of Mental Health, National Center for Complementary and Alternative Medicine, and the federal Office of Dietary Supplements, was completed in 2002. It concluded that St. John's wort is **not** effective in treating major depression of moderate severity. The NIMH and cosponsors are now planning to study the herb in people with mild depression.

St. John's wort is generally well tolerated and no reported study has identified effects on the immune system that could be concerning to people with MS.

Interaction with other medications is one important risk of using this herb. St. John's wort appears to alter the body's metabolism of certain drugs, which may include birth control pills and drugs commonly used to treat heart disease, seizures, certain cancers, and depres-

sion. Medications taken by people with MS that could possibly be affected by St. John's wort include amitriptyline (Elavil), nortriptyline (Pamelor), carbamazepine (Tegretol), phenobarbital, phenytoin (Dilantin) and primidone (Mysoline).

There is a relatively high incidence of depression among people with MS. It is important to recognize that depression should not be self-diagnosed or self-treated. If you think that you may be a candidate for treatment with St. John's wort, you should first seek a professional evaluation. St. John's wort is **not** suitable for anyone with severe depression.

Valerian

The unpleasant-smelling root of a flower called valerian is sometimes used as a sleep aid. (It is also sometimes used in root beer!) People with MS may have difficulty sleeping, and difficulties with sleep may contribute to MS-related fatigue. Thus, a sleep aid may be very useful to some people with MS.

A few well-designed trials not involving people with MS show that valerian can decrease the amount of time required to fall asleep without residual feelings in the morning. Valerian is usually well tolerated. However, its immune effects have not been studied.

People with fatigue should consider the possibility that their fatigue may worsen when they take valerian as it may have a lingering sedating effect. Also, valerian may increase the sedating effects of prescription medications such as diazepam (Valium), baclofen (Lioresal), and tizanidine (Zanaflex).

Asian Ginseng

Asian ginseng, also known as Panax ginseng, has been used for centuries by the Chinese for its supposed ability to enhance physical performance and resistance to stress and aging. The evidence in support of these vague claims is not very strong. One clinical study supported the use of ginseng to enhance quality of life, and another study showed an improvement in the speed of mathematical computations among college students. But other studies have failed to find benefits.

An herb that increases energy and strength would be of great use to people with MS who sometimes suffer from debilitating fatigue. Although some evidence suggests ginseng might be safe in people with MS, other experiments raise the possibility that ginseng may stimulate the immune system in ways that may be detrimental to people with MS. In



short, there is too little evidence to conclude whether ginseng is safe for people with MS or not, and nothing to indicate that it improves energy or strength.

Cranberry

Cranberry is grown in bogs in North America for juice, jelly, and seasonal decorations. Many people use the ripe fruit from this plant to prevent or treat urinary tract infections.

Evidence suggests that cranberries prevent bacteria from sticking to the cells that line the urinary tract. This unique action of cranberry is attributed to two compounds, fructose (a type of sugar), and another chemical known as proanthocyanidin. Recently published preliminary evidence suggests that cranberry may also kill bacteria directly.

Cranberry has very few side effects. Therefore, using cranberry tablets or juice to **prevent** urinary tract infections is probably reasonable. Increased fluid intake and improved hygiene may also be helpful preventive measures.

Cranberries should never be used to **treat** existing urinary tract infections. Urinary tract infections can have serious consequences for people with MS. Urinary tract infections

require immediate antibiotic treatment from a physician to get them under control quickly.

CONCLUSION

People with MS and other chronic diseases often consider using complementary and alternative medicine (CAM). Doing all that one can to live well with MS is reasonable, but the use of CAM implies that people accept important responsibilities as well.

Nowhere in this booklet do we recommend any particular treatment. Rather, the pros and cons for each are described as well as space and available data permit. As with most CAM treatments, the evidence regarding dietary supplements is inconclusive. The lack of better evidence is frustrating. Nevertheless, an inquiry into CAM can also be rewarding. It may help restore a sense of control and hope to people who are struggling with an unpredictable disease. Hope and a good quality of life are tightly linked, and both should be cultivated.

We hope this booklet provides enough useful and specific information to allow more informed decision-making about the supple-

ments we described. Just as importantly, we hope that it provides a framework for thoughtful consideration of other CAM treatments not discussed here.

REFERENCES

Web sites

- The National MS Society offers local referrals, education programs, counseling, self-help groups, and other booklets and brochures on MS. Log on to nationalmssociety.org.
- Regularly updated information focused on CAM and MS is available on an interactive Web site at www.ms-cam.org. This site is managed by the Rocky Mountain MS Center.

Non-technical books

There are many non-technical books on CAM. One book that specifically deals with CAM and MS is:

- Bowling A.C. *Alternative Medicine and Multiple Sclerosis*. New York: Demos Medical Publishing, 2001. Web site: www.demosmedpub.com. Tel: 800-532-8663.

Other non-technical books with objective general information on dietary supplements and CAM are:

- Dillard J., Ziporyn T. *Alternative Medicine for Dummies*. Foster City, CA: IDG Books Worldwide, Inc., 1998.
- Steven Foster and Varro E. Tyler, PhD, *Tyler's Honest Herbal: A Sensible Guide to the Use of Herbs and Related Remedies*. Binghamton, NY: Haworth Press. Web site: www.haworthpressinc.com. Tel: 800-HAWORTH (1-800-429-6784).

Note: The above-mentioned books may be available for loan at your local chapter of the National MS Society, or at your public library.

Technical References

Detailed technical references include:

- *2006 Physicians' Desk Reference for Nonprescription Drugs, Dietary Supplements and Herbs*, Thomson Healthcare, NJ. Web site: www.pdrbookstore.com; Tel: 800-232-7379. ISBN: 1-55363-530-5.

- *Physicians' Desk Reference for Herbal Medicines*, Second Edition, Thomson Healthcare, NJ. Web site: www.pdrbookstore.com; Tel: 800-232-7379.
- Bowling, A., Stewart, T. *Current complementary and alternative therapies for multiple sclerosis*. Current Treatment Options in Neurology, 5:55-68, 2003.
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- Fetrow, C., Avila, J. *The Professional's Handbook of Complementary and Alternative Medicines*. Springhouse, PA: Springhouse Corp., 2003.
- Fragakis, A.S. *The Health Professional's Guide to Popular Dietary Supplements*. Chicago, IL: The American Dietetic Association, 2003.
- Jellin J.M., Batz F., Hitchens K., et al. *Natural Medicines Comprehensive Database*. Stockton, CA: Therapeutic Research Faculty, 2006.

Sources of information on health fraud

- National Council Against Health Fraud, 119 Foster Street, Peabody, MA 01960. Tel: 978-532-9383. Web site: ncahf.org.
- Quackwatch. Web site: www.quackwatch.com.

Federal government sources

- Federal Trade Commission, Consumer Response Center, 600 Pennsylvania Avenue, NW, Washington, DC 20580. Tel: 877-FTC-HELP (877-382-4357). Web site: www.ftc.gov. Investigates false advertising.
- Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Tel: 888-463-6332. Web site: www.fda.gov. In 1988, the FDA established the National Health Fraud Unit to fight medical fraud. This unit helps coordinate federal, state, and local regulatory actions against fraudulent products and practices.

- National Center for Complementary and Alternative Medicine Clearinghouse, P.O. Box 7923, Gaithersburg, MD 20898-7923. Tel: 888-644-6226. TTY: 866-464-3615. Web site: nccam.nih.gov. E-mail: info@nccam.nih.gov.
- U.S. Postal Inspection Service. Web site: www.usps.gov/postalinspectors. Monitors products purchased by mail.

Sources of additional information and other services

1-800-FIGHT-MS (1-800-344-4867) can be used to reach the National MS Society chapter nearest you. Your chapter offers local referrals, education programs, counseling, self-help groups, and booklets and brochures on many aspects of living with MS.

If you join the Society, you will receive our national magazine, **InsideMS**, a quarterly packed with news and features of interest to anyone affected by MS, and **MS Connection**, a newsletter from the Society office closest to you, which covers nearby events and resources.

For the best MS information online, consult the National MS Society Web site. You can find information on diagnosis, treatments, medications, clinical trials, research news, issues in coping and management, MS publications, news on advocacy, events and services offered by your chapter, MS clinics, and how you can join the Society. Log on to: nationalmssociety.org.