ARTHRITIS

and its

EFFECTIVE TREATMENT

If you have been diagnosed with arthritis, we know what you are going through. In addition to seeing countless arthritis patients in our clinic over the years, our chief of staff once suffered with crippling joint pain himself. This was the beginning of the search for a better method of treating this all-too-common malady. The end result was a remission of his arthritis, and a proven method that has helped many others since then.

The benefits of effective arthritis treatment go beyond joint pain. **How would you like to experience…**

- **…More energy**
- **…Better sleep**
- **…Improved digestion**
- **…Sharper mental functions**
- **…Fewer colds and other acute illnesses?**

Any effective arthritis program should give you increased flexibility and range of motion in your joints while you suffer less pain and stiffness. But when the *causes* of arthritis are addressed, the functions of your organs and systems should improve as well. This is because your joints are affected by your deeper structures and processes.

Ready to learn?

You may have been given literature explaining about the various types of arthritis, or maybe you did your "homework" yourself. We are going to briefly discuss the different forms that this disease takes, but please don't skip over this section. Keep in mind that the information you have had access to so far comes from the institutions that have no interest in an arthritis cure. That's right—the various foundations and researchers are always *looking* for the cure. But they never seem to find it. At the same time, they will tell you about the long list of therapies that are "unproven" or "dangerous". We can tell you that very few people have ever been killed by unorthodox treatments, but many hundreds die every year from *accepted* treatments.

Even if you have read everything you could find on the various types of arthritis, please don't skip over the following section. The descriptions of the different variations are necessary for you to understand the real causes that are overlooked.

THE COMMON TYPES OF ARTHRITIS

Osteoarthritis

This type of arthritis causes an ongoing degeneration of the cartilage in a joint. This is often referred to as “wear and tear” arthritis, and was usually considered to be part of the aging process. This is now known to be untrue, although you will still hear many doctors insisting that it is. Osteoarthritis (OA) can also be found in younger people when there is some excessive strain on the joints, either through heavy labor or from sports activities.

Primary osteoarthritis is a condition where there is progressive deterioration of a healthy joint. The cause, medical science says, is unknown.

Secondary osteoarthritis is caused by a mechanical imbalance (such as a short leg or a foot that turns out), an injury to the joint, or sometimes a birth defect. This type of OA often follows a bone fracture, or can result from repetitive injuries such as the percussion that occurs in the joints from constant running. Although secondary osteoarthritis is caused by external factors, the degenerative process is the same as primary osteoarthritis.

As the cartilage in the joint is gradually destroyed, the surfaces of the ends of the meeting bones become raw and tender. This can cause agonizing pain on motion. Because the cartilage does not have the elements and conditions needed to regenerate itself, the body tries to replace it with bone. More calcium is drawn to the ends of the bones in an attempt to shore up the unstable joint. This is what causes the enlargement of the joints, and the bulging of the last finger joints in a person with arthritis is a good illustration of this. Also, bony spurs may form around an arthritic joint. These are spikes of calcium that can dig into the soft tissue and the nerves. These commonly occur in the spinal column, particularly in the neck. Although people usually picture them

as sharp barbs, they are in actuality more blunt. But many surgeons emphasize the supposedly sharp nature of spurs in order to motivate the patient to undergo surgical removal.

Reactive points (sometimes called “trigger points”) are formed in the soft tissues around such areas as degenerating joints and bone spurs, and much of the pain the person feels comes from these areas of concentrated inflammation in the muscles and connective tissue. Luckily, this can be resolved without surgery!

Rheumatoid Arthritis

Rheumatoid arthritis is a different process than osteoarthritis. It is a systemic condition that can change location and sometimes disappear for a time (remission), only to return with a vengeance. The intensity of the pain can range from mild aching to powerful inflammation and pain, and can involve a single joint or vast portions of the body. In the old days, this type of arthritis was referred to as “rheumatism”. It affects three times as many women as men.

Rheumatoid arthritis (RA) typically begins with an acute inflammation of the synovial membrane in a joint. The synovial membrane lubricates a joint and provides a smooth, gliding action for the joint. When the rheumatic process is present, more synovial fluid is secreted. This is what causes the swelling around the joint, from an accumulation of that fluid. The overworked synovial lining gradually thickens and enlarges. This causes the entire joint to enlarge. Ligaments, which join one bone in a joint to the other, become stretched by this enlargement. This makes the joint unstable, and the movement of the joint becomes uneven and inefficient. This not only causes some destruction of the cartilage, but causes intense pain that makes the person stop moving the joint. This only adds to the destruction. Reactive points appear in the musculature surrounding the joint and some distance away from it. Once again, these inflamed sites are responsible for much of the pain the person feels, and these can be cleared up with gentle treatment.

Infectious Arthritis

Although this is an “official” category of arthritis, many doctors believe it to be an almost rare occurrence. Our research indicates otherwise. Although many cases of arthritis have been traced to a verifiable local infection that has settled in the joint, far more are related to an undiagnosed low-level infection or infections that are at large in the person, but which escape detection.

Psoriatic Arthritis

This type of arthritis is associated with psoriasis, a skin condition sometimes affecting the nail as well. It appears in only 7% of people with psoriasis.

Gouty Arthritis

Although technically this is not considered an actual form of arthritis, it is usually grouped with the others because its symptoms are so similar. In reality, gout is a metabolic disease that occurs because of a defect in converting the purines in rich foods. The body then produces large amounts of uric acid, which is normally excreted in the urine. When such a large quantity is produced, it does not clear easily, and uric acid deposits are trapped in the joints, where they crystallize and cause intense pain and inflammation. Some authorities feel that the crystallization process is initiated by an injury; others feel that the whole process is purely due to a genetic predisposition. While it can affect any joint, it typically settles in the joints of the big toe. 93% of the sufferers are men, as opposed to rheumatoid arthritis, which is more common in women.

THE REAL CAUSE OF ARTHRITIS?

In actuality, arthritis may be the result of any combination of over 150 conditions, many of which go undiagnosed. But conventional medicine has arrived at the basic categories with

which to describe the *end result* of this process. We want to emphasize the term “end result” because the diagnosed disease is not the thing to be treated. The many co-factors that keep creating the arthritic process are what should be addressed. We will go into these shortly.

WHO GETS ARTHRITIS?

It may be surprising to you, but arthritis is more common in rural areas than in cities. Farmers have arthritis more often than technical laborers or professionals. Arthritis is also more common in the lower income bracket. And arthritis is more prevalent in the cold damp regions than anywhere else. In the United States, New Mexico and Arizona have the lowest incidence of arthritis. The warm and dry Southwest has conditions that contain fewer triggers for arthritis flare-ups.

Here is a breakdown of the incidence of arthritis among the various professions, in *decreasing* order:

1. **Farmers**. Raising crops has a lot of uncertainty due to weather changes, which creates a certain type of stress and insecurity, in addition to overwork. Farmers have the highest rate of arthritis.
2. **Factory workers**. Limited free movement combined with repetitious motions all day long create a physical stress that can be translated into chronic pain, as well as the mental state to support it. Boring repetition creates a different kind of job stress than the unpredictability that stresses farmers.
3. **Foremen and supervisors**. One might think that giving orders to other workers would be less stressful than doing the work itself, but those who are in charge of others are held responsible for the quality of the work, and this responsibility often becomes a crushing burden. Having your job performance evaluated based on what other people are doing is another insecure, unpredictable situation similar to that of the farmer’s.

4. **Executives, managers, and business owners**. Here again, responsibility stresses contribute to the problem even though the physical labor is not heavy. Executives' major stressor is competition, both with other companies and infighting among corporate higher-ups.
5. **Construction workers**. Although the work is physically demanding the varied activity and movement actually helps to alleviate stress, and the incidence of arthritis is less in this category.
6. **Workers in the retail field**. Although there is stress in dealing with the public, the retail worker interacts with a wide variety of people and moves around quite a bit, and these factors seem to play a part in the reduced amount of arthritis, and to these people.
7. **Realtors, insurance agents, and financial planners**. These people are usually self-employed, have a moderate amount of responsibility, and usually divide their time between the office and the outside world. Because they are able to determine their own activities to large extent, they have less problems of arthritis.
8. **Repairmen and service workers**. The job requires some traveling, physical movement, varying locations and conditions, and no heavy responsibility beyond getting the job done.
9. **Clerical workers**. Although lack of physical activity is a shortcoming, the responsibility for the quality of the work is usually attributed to someone else. The average clerical worker does not usually feel the full impact of his or her efforts, but simply turns out the work day after day.
10. **Public utility and transportation workers**. Here again there is no responsibility for another's work; only one's own performance matters. Those who drive public transportation are at more risk for heart attack than arthritis, interestingly.
11. **Common laborers**. These workers have a low

incidence of arthritis even though they may perform heavy labor. Although there is a relationship between arthritis and certain types of heavy labor, it is now known that there is a stronger connection between mental/emotional stress and arthritis.

12. **Professional and technical workers**. Statistically, doctors have a high rate of heart attack and a lower rate of arthritis.
13. **Sales personnel**. Their hours are typically regular, the duties predictable, and most of the responsibility falls on the manager. Hence, less arthritis.
14. **Homemakers**. Modern appliances have made household work much easier in recent decades and the amount of physical activity in keeping house tends to offset the stresses.

Conclusion: Those with unpredictability, insecurity, responsibility for others' work quality, and little variety in their lives develop arthritis to a much greater degree than those with more variability, more security, and those who are responsible for only their own actions.

CO-FACTORS IN ARTHRITIS

We find that the average patient with arthritis has not one but many different imbalances that collectively create the arthritic process. The autoimmune mechanism can be triggered by many things, including viral or bacterial infection. You may have one or several problems that, on the surface, may seem to have nothing to do with your joints:

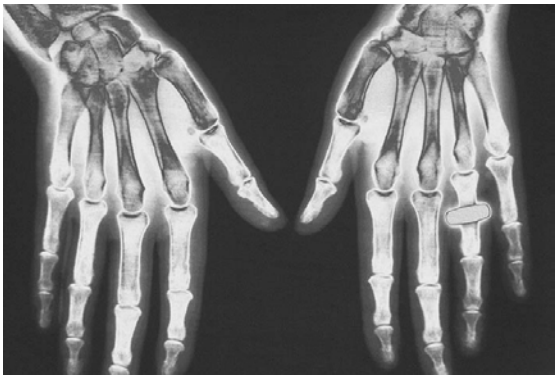
- **Chronic sinus infection**
- **Chronic infection of a tooth socket**
- **Problems with digestive ability and damage within the gastrointestinal tract**
- **Intestinal parasites**
- **Impaired uptake of vitamins and minerals**
- **Deposition of unabsorbed minerals in the connective tissue**
- **Metallic toxicity or other environmental contaminants**
- **Food sensitivities or intolerances**
- **Electromagnetic pollution from current-drawing appliances, power lines, etc.**
- **Poor biomechanical function due to habits of posture and movement**
- **Thyroid dysfunction (Note: the usual tests do not reveal the most common problems with this gland)**
- **Emotional trauma and mental stresses**

Pay attention to that last item on the list. When a case is analyzed very carefully, many times the onset of arthritis can be traced to an event or sequence of events that impacted the person very strongly. The first appearance of symptoms will often follow some type of emotional trauma. This factor is

never looked at in conventional treatment.

You have seen a list of which people are more prone to arthritis. By now, you should be getting the idea that there are more than physical, chemical, or microbial factors in arthritis. If emotional triggers for the arthritic process are present and are not neutralized, the best therapies in the world will not eradicate your arthritis. We're not talking about long-term psychotherapy, however. Every emotional shock causes a specific pattern and deposit in the brain. It is not necessary to analyze and talk to death the old issues; often by isolating an association with the old trauma, it can be "erased" with a minimum of effort. We have special therapies for accomplishing this.

For the rest of the typical co-factors in the previous list, we use testing that reveals which of these are present and contributing to the problem. Systematic neutralizing of those elements is done, and a targeted healing of the tissues involved is carefully created. A customized nutritional program is designed for you based on your individual picture. There is no one correct diet for everyone with a particular problem. There may be some perfectly healthy foods that, unknown to you, are keeping you in pain. We will find out.



Infrared thermogram reveals affected areas

THE INFLAMMATORY PROCESS

Arthritis is typically treated with anti-inflammatory drugs. The first and most common category is non-steroidal anti-inflammatory drugs (NSAIDS). The most common are aspirin, ibuprofen (Advil®, Motrin®), and sodium naproxen (Aleve®). A subcategory of anti-inflammatories contains the COX-2 (cyclo-oxygenase-2) inhibitors like celecoxib (Celebrex®) and valdecoxib (Bextra®). They can cause bleeding of the gastrointestinal tract, "leaky gut syndrome", and even lung and heart conditions. Because they cause heart attacks and strokes, some COX-2 inhibitors have been taken off the market (such as Vioxx®, in 2004, and Bextra®, in 2005). Although Celebrex® is still available, it is known to put you at two and a half times greater risk for a cardiovascular event.

It is now known that anti-inflammatory drugs actually *increase* the deterioration of the joints they are intended to protect, because in stopping the inflammation, they turn off the repair process that the inflammation is designed to activate. They interfere with the chemistry of cartilage repair, causing more destruction of the protective cushions in the joints. This is an important point that we will discuss in the next section.

Another category of arthritis drugs are the steroids (cortisone and its derivatives). Steroids block and suppress the natural inflammatory process that occurs when the immune system is activated to address a problem. While delivering short-term pain relief, they lower the body's ability to defend against many problems, including life-threatening infections, because of suppression of the immune response. In addition to the effects of oral drugs, steroid injections into the joint can create scar tissue, adhesions, and further damage to the joint tissues. Sometimes joint infection occurs.

Severe cases are often treated with amethopterin (Methotrexate), a cancer drug. Since it interferes with metabolism enough to kill cancer cells, it is used to simply shut down the ability of the body to produce symptoms. Along with that effect, the person taking it risks liver toxicity, kidney

failure, disorganization of the blood cells, lung fibrosis, seizures, and other serious adverse events. In addition, *joint pain* is on the list of side effects!

Newer arthritis drugs like adalimumab (Humira®) and infliximab (Remicade®) actually double the chances of serious infection, and triple the chances of developing cancer. Studies have already linked them to pneumonia, tuberculosis, breast and lung tumors, and lymphoma.

Then there is surgery. Before total replacement of a joint, people often undergo arthroscopic surgery—the insertion of a scope into the joint space and the scraping off of any spurs and irregularities of the bone ends and fragments of cartilage. Two studies published in the *New England Journal of Medicine* six years apart (NEJM 7-11-02 and NEJM 9-11-08) showed that, in controlled trials, arthroscopic surgery of the knee had no more benefit than fake surgery. "In fact, the later study found that when MRI imaging revealed knee cartilage destruction, only a third of the people experienced any pain. So the source of your pain is not necessarily related to the degree of damage to your joints. Many medical authorities now admit that the improvement some people experience after the surgery is due to the "placebo effect"—their expectations produce the relief. Even though a peer-reviewed crossover controlled trial (the supposed "gold standard" for testing medical procedures) showed no benefit to the surgery, it continues to be widely done.

THE TRUE PURPOSE OF INFLAMMATION

Many medical experts feel that the old explanations of the arthritic process and the conclusions about them are mistaken. The idea, for example, that osteoarthritis is a disease of "wear and tear" effects on the joints, and that exercise is damaging to a person with OA, has been found to be false. Exercise is in fact vitally important, and many people have deteriorated unnecessarily because their doctors told them not to exercise.

> "We have learned that OA, rather than a passive 'falling to bits' of the joints, is an active form of joint disease that seems to stem from an out-of-kilter degradation and repair response of the matrix."
>
> --Paul Dieppe, MD

Take a look at that quote again. Dr. Dieppe is confirming what doctors who practice natural medicine have been saying for many decades: **What we perceive as the illness is actually the body's attempts to correct the problem, and the usual treatment interferes with that process and makes cure impossible.** This is why it is so often said, "There is no cure for arthritis."

Dr. Dieppe goes on to say that the process is "…thought to be a mechanically driven, but chemically mediated, process that seems to be dominated by an attempt by joints to repair damage or abnormal biomechanics."

What this means is simple:

1. There is injury and/or damage to the joint.
2. The body moves to repair it.
3. The body does not have all the elements it needs to make the repairs or cannot direct the process.
4. Typical treatment interferes with the body's attempt to fix things, in order to shut off the symptoms.

Once again: When the immune system is healthy and doing its job, there is a normal inflammatory response followed by repair. The degree of repair depends on the body's access to the needed elements for making it, and the removal of elements that interfere with the process.

Our treatment protocol addresses both these goals. We have already listed many of the factors that interfere with the repair process—environmental toxins, digestive problems, emotional stress, etc. In testing for these, we know what to eliminate or neutralize in an individual, and which elements are needed to build the body tissues back up.

WHY IS THIS NOT MORE WIDELY KNOWN?

Although this viewpoint is much more common in Europe, where more doctors practice what is called “functional medicine” or “biological medicine”, American healthcare is vastly different. Pharmaceutical companies more or less dictate how medicine is practiced today, and non-drug solutions are *not* welcome. Because materials used successfully in the natural treatment of arthritis cannot be patented, there is no potential for huge profits. Also, if the problem would be corrected, the need for lifelong prescriptions would vanish, anyway. These types of corporate losses will not be tolerated. The unfortunate result is that the consumer loses. People are not told that they have other options than the anti-inflammatory/steroid/immunosuppressive drugs and surgery.

WOULDN’T IT BE NICE…

…to take gentle, natural medicines with no life-threatening side effects?

…to undergo therapies that effectively reduce pain and increase function?

…to become healthier overall while addressing your arthritis and watching other health problems clear up as well?

Although our main clinic is in West Virginia, our practice is national in scope and we handle cases from all over the country. Regardless of where you live, we can likely design a program for you that involves minimal travel. Once you have been examined and evaluated, much of the protocol can be monitored by telephone contact.

Remission of Arthritis

There are many factors associated with an increased chance of remission or improvement. Younger people seem to do better than the elderly, though not always. The more faithfully they follow the instructions for the cleansing diet, the less likely they are to have a severe flare-up (and the more likely their arthritis will improve). Smokers have on the average a less dramatic response than non-smokers. The longer the patient has had the illness, and the more severe the illness has been, the more difficult it seems to treat. The integrity of the person's immune system is also an important factor.

If patients discontinue the protocols before testing shows positive changes in lab work (see below), there is a greater chance that the disease will recur. If the patient meets the above criteria, one can have them try to stop their anti-inflammatory medication once they begin to experience these improvements. If the improvements are stable for six months, then we discontinue the botanical medicine(s). If symptoms should recur, it would be wise to restart the regimen. Lasting benefits require one to two years on the average, but reduction of symptoms occurs much more quickly.

A similar program (but instead using synthetic antibiotics for long periods of time) has been used on over 10,000 patients, evaluated by the National Institutes of Health, and found effective. You are not likely to hear a similar report on a protocol using only natural agents, but the results are comparable.

Overall, nearly 80% of the patients were remarkably better with this program. Approximately 5% of the patients continued to worsen and required conventional medicines to relieve their symptoms. Approximately 15% of the patients who started the treatment dropped out of the program and were lost to follow-

up. The longer and more severe the illness, the longer it takes to achieve remission. Smokers tend not to do as well with programs like these.

Establishing Remission

We use the following criteria to help establish remission:

- A decrease in the duration of morning stiffness to no more than 15 minutes
- Little or no pain or tenderness on motion
- Absence of pain during rest
- Absence of joint swelling
- Improved overall energy level
- A decrease in the ESR to no more than 30
- ANA, RF, & ASO titers returning to normal
- A normalization of the patient's CBC. Generally the HGB, HCT, & MCV will increase to normal and a seeming “iron deficiency” that is often present will disappear