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Rheumatoid Arthritis

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A History Lesson

The story of GNLD begins with a man named Mr. Wimmer whose wife suffered with a terrible case of rheumatoid arthritis. The pain was so bad that Mrs. Wimmer could not stand the pressure of the sheets on her bed at night. Mr. Wimmer owned a coal wholesaling business in Portland, Oregon. He spold his business and moved to Southern California where research was being conducted at Hollywood Presbyterian Hospital which he felt offered a glimmer of hope for his suffering wife.

Mr. Wimmer went to work as a medical detail man to pay the bills. He put his wife on the experimental formula which was to later become Formula IV. She gradually experienced a full remission over a period of two and a half years.

When the research was completed, the Wimmer's did not want to lose track of the product which had been so helpful. They approached Dr. Restifo who headed up the research project and asked if they could continue to have access to the product after the conclusion of the research.

Dr. Restifo suggested that Mr. Wimmer take the supplement and share it with others. He said that Mr. Wimmer would be doing something 16 times more important than what doctors were doing because "An ounce of prevention is worth a pound of cure."

Mr. Wimmer partnered with Don Pickett and began the Neo-Life Company. Their first distributor was Fred Alldredge. Fred's wife Jeanne suffered with a terrible case of rheumatoid arthritis. Despite the fact that they had a shelf filled with vitamins, Fred started his wife on the new supplement based upon Mr. Wimmer's report of what the supplement had done for his wife. Jeanne's rheumatoid arthritis was in remission eight months later and even fifty years later when doctors checked her out they could find no rheumatoid factor in her blood. I share these stories because I think supplementation with Tre-en-en oils is well worth a try for anyone with this terrible condition.

The Condition

Rheumatoid Arthritis (RA) is an autoimmune disorder. Conventional treatments include: NSAIDS, glucocorticoids, disease modifying antirheumatic drugs (methotrexate, gold, hydroxychloroquine) and biological response modifiers (etanercept, infliximab). None of these medications cures the disease, all can have adverse, potentially serious, side-effects.

Nutrient Deficiency

Nutrient deficiencies have been repeatedly demonstrated in those who suffer with rheumatoid arthritis. It is unclear whether some of these deficiencies result from the disease or are causative factors.

Among the nutrients which are frequently deficient are polyunsaturated fatty acids (PUFA's), fiber, vitamin A, B6, folic acid, pantothenic acid, B12, C, E, Calcium, Magnesium, iron, Zinc, and copper.

One factor which frequently contributes to deficiencies of nutrients is the digestive difficulties which are common in those with rheumatoid arthritis. Research suggests that one out of four RA patients suffers with malabsorption and villous atrophy.

Reference:

Gaby, Alan, *Nutritional Medicine*, Concord, NH: Fritz Perlberg Publishing, 2011, 597.

Zinc and Copper

Several studies have shown that RA patients often have lower blood levels of zinc and can improve with supplementation. Copper-zinc super-

oxide dismutase is significantly lower in RA patients than in those who do not have the disease. Deficiencies of zinc or copper could aggravate this problem.

Copper has anti-inflammatory properties and some have suggested that NSAIDS become effective by forming complexes with copper. In animal studies a copper chelate of aspirin was 8 times more effective than aspirin itself. Aspirin tends to produce ulcers but the copper chelate had anti-ulcer activity.

Copper bracelets are a popular folk remedy for arthritis. One study found that copper bracelet copper content dropped by 13 mg/month suggesting a reason why some may benefit from the folk remedy—some of the copper is absorbed. Some have suggested 2-4 mg of copper and 15-30 mg of zinc as basic nutritional support for rheumatoid arthritis.

REFERENCE:

Gaby, Alan, *Nutritional Medicine*, Concord, NH: Fritz Perlberg Publishing, 2011, 598-599.

Omega-3 Fatty Acids

Those with rheumatoid arthritis have decreased levels of EPA in joint fluid and in the blood. Nearly every study of fish oil has found supplementation to be helpful for RA. A double blind trial for 12 weeks of fish oil and placebo—with 3.6 g. of fish oil demonstrated significant reduction in morning stiffness and a 24% increase in grip strength in the fish oil group vs 8% decrease in placebo group. Research supports the notion that omega-3 fatty acids are a relatively simple, inexpensive, and effective means of reducing the suffering of those who suffer with rheumatoid arthritis.

REFERENCES:

Nielsen, G.L., et al., The effects of dietary supplementation with n-3 polyunsaturated fatty acids in patients with rheumatoid arthritis: a randomized, double blind trial, *Eur J Clin Invest* 1992;22:687-691.

Stamp LK, James MJ, et al, Diet and rheumatoid arthritis: a review of the literature, *Semin Arthritis Rheum*, 2005; 53(2): 77-94.

Sperling, Richard I., A.M., M.D., Dietary Omega-3 Fatty Acids: The Effects on Lipid Mediators of Inflammation and Rheumatoid Arthritis, *Nutrition in Rheumatic Diseases/Rheumatic Disease Clinics of North America*, May 1991;17(2):373-389.

B Complex

One study found 65% of rheumatoid arthritis patients with subnormal plasma folate and 37% with subnormal red blood cell folate. Anemia often accompanies this condition and folate deficiencies could explain this. Methotrexate, a folate antagonist, is often used to treat RA and is more toxic when folic acid levels are low. Supplementation does not decrease the effectiveness of methotrexate therapy.

Several studies have found B12 deficiency in RA patients, sometimes accompanied by neuropsychiatric symptoms. Vitamin B12 absorption has also been shown to be impaired in rheumatoid arthritis, perhaps due to deficiency of hydrochloric acid or damage to the digestive tract from food allergy.

Other B Complex factors are also important. In a double-blind trial pantothenic acid or vitamin B5 (2g/day) was shown to reduce pain and disability. Laboratory evidence of vitamin B6 deficiency is common in RA. (Vitamin B2 and Mg work with B6.)

Dr. John Ellis identified a common vitamin B6 deficiency characterized by fluid retention in the hands, stiffness of the fingers and tingling of the hands. These patients could not completely collapse the fingers against the palm. He called the test he developed the Quick Early Warning Test (QEW). (See my book *Your Body's Sign Language* for more details on this test.) Those with this condition often experienced great pain when trying to shake hands with even the mildest of greetings.

REFERENCES:

Gaby, Alan, *Nutritional Medicine*, Concord, NH: Fritz Perlberg Publishing, 2011, 601-602.

Ellis, John, and Presley, James, *Vitamin B6: The Doctor's Report*, New York: Harper and Row, 1973.

Ellis, John, *The Doctor Who Looked at Hands*, New York: Arco Publishing Co., 1966.

Vitamin C

Plasma levels of nearly all RA patients are low if they are not taking vitamin C supplements. Both aspirin and prednisone deplete vitamin C. Vitamin C with flavonoids has been shown to reduce the capillary fragility observed in many RA patients.

REFERENCE:

Gaby, Alan, *Nutritional Medicine*, Concord, NH: Fritz Perlberg Publishing, 2011, 602.

Vitamin D

There is an inverse association between vitamin D intake and the risk of developing rheumatoid arthritis. Immune cells which mature in a vitamin D rich environment are less likely to engage in autoimmune activity. Vitamin D also induces the production of an anti-microbial peptide called cathelicidin.

REFERENCES:

Haque UJ, Bartlett SJ, Relationships among vitamin D, disease activity, pain and disability in rheumatoid arthritis, *Clin Exp Rheumatol*, 2010 Sept 24; [Epub ahead of print].

Merlino LA, Curtis J, Mikuls TR, et al, Vitamin D Intake Is Inversely Associated With Rheumatoid Arthritis: Results From the Iowa Women's Health Study, *Arthritis Rheum*, January 2004;50(1):72-77.

Vitamin E

Vitamin E has anti-inflammatory effects and has been observed to re-

sult in clinical improvement—reduction in pain in morning, evening, and after activity. 600-1800 IU. Vitamin E should be mixed forms. Selenium levels are lowest in those with the most severe forms of the disease. Selenium works with vitamin E and is anti-inflammatory.

Iron

The body sequesters iron in rheumatoid arthritis, diabetes, and cancer. The reason for this is perhaps to inhibit bacterial use of the iron. Standard laboratory tests often show anemia but supplementation with iron may make the condition worse in some patients.

Synergistic Effects

Studies suggest that nutrients have synergistic effects in this disease. Lower dosages will probably be more effective than the higher doses of isolated nutrients used in research studies.

Food Allergy

Studies at one clinic found that 1/3 of RA patients could remain well without medication using diet therapy alone for 7.5 years.

Avoidance of foods can lead to partial or complete resolution of symptoms and reintroduction of the offending foods can result in reappearance of symptoms. Young female patients (25-40) appear to have the best results with allergen avoidance.

Milk allergy has been demonstrated among some rheumatoid arthritic patients with double-blind testing. Classic allergy is considered to be IgE mediated. In one case researchers found IgE antibodies to milk even though skin testing to milk was negative. This suggests that some forms of allergy testing may be inadequate to identify the problem foods involved.

Food particles, particularly proteins, can induce cross-reactive autoimmunity in a manner similar to infection. The body develops an immune response to the proteins, yet these proteins are found in one's own tissues. In arthritic disorders the immune system is trained to attack an individual's own joints and other tissues.

In a study by Darlington, 20 of 22 patients improved with a diet that eliminated common allergens after 10-18 days of avoidance. Of these patients, 64% were allergic to grains, 36% to nuts, 23% to eggs, 18% to milk, 18% to beef.

Raw and Vegan Diets

In 1 study 78% improved and 41% had complete remission on a raw vegan diet. This diet excluded a number of common allergens including grains, dairy products, sugar, alcohol, beef and pork.

References:

Gaby, Alan, *Nutritional Medicine*, Concord, N.H.: Fritz Perlberg Publishing, 2011, 597-598.

Darlington, L.G., et al., Diets for rheumatoid arthritis, *Lancet* 1991:338:1209.

Darlington, L.G.,Dietary therapy for arthritis, *Rheum Dis Clin North Am* 1991;17:273-285.

Van Dee Laar, M.A.F.J. and Van Der Korst, J.K., Rheumatoid Arthritis, *Food, and Allergy, Seminars in Arthritis and Rheumatism*, August, 1991;21(1):1991:12-23.

Seignalet, J., Diet, fasting, and rheumatoid arthritis, *Lancet*, 1992:339:68-69.

Infection

Bacterial overgrowth or abnormal bacteria in the digestive tract should be considered likely in rheumatoid arthritis. *Clostridium perfrigens* has been observed in 88% of the fecal flora of rheumatoid arthritic patients.

Henriksson found that 32% of the rheumatoid arthritis patients he examined suffered with hypochlorhydria (low hydrochloric acid) or achlorhydria (no hydrochloric acid at all. Thirty-five percent of the patients with rheumatoid arthritis with normal stomach acid secretion had bacterial overgrowth compared with none of the normal controls. Indices of disease activity and rheumatoid factor titers were significantly higher in patients with bacterial overgrowth than in those without bacterial overgrowth.

Bacterial overgrowth is one of the primary mechanisms involved in training the immune system to attack its own tissues including the joints. Proteins in bacterial or bacterial byproducts mimic the body's own tissues and trigger immune attack against both the bacteria and also one's own tissues. By this means, the bacteria overwhelm the immune system's functioning capacity so they are not destroyed. This is called molecular mimicry.

References:

Van Dee Laar, M.A.F.J. and Van Der Korst, J.K., Rheumatoid Arthritis, Food, and Allergy, *Seminars in Arthritis and Rheumatism*, August, 1991;21(1):1991:12-23.

Henriksson, A.E.K., et al, Small Intestinal Bacterial Overgrowth in Patients With Rheumatoid Arthritis, *Annals of Rheumatic Diseases*, 1993;52:503-510.

Fasting

Support for the idea that rheumatoid arthritis is associated with bacterial overgrowth or food sensitivity is supported by the fact that fasting and vegetarian diets have been shown to be helpful, sometimes dramatically, for the condition. Morning stiffness, joint inflammation, and erythrocyte sedimentation rates were all reduced in two separate studies involving a one week fast.

Fasting is abstention from food. It should not be surprising that inflammation and autoimmune activity resulting from food sensitivities would decline during a fast.

Less well-known and recognized

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is the fact that bacterial populations in the digestive tract decline dramatically during even a short fast. The bacteria in the digestive tract simply have nothing to feed on. Fasting also gives the compromised tissues of the digestive tract an opportunity to heal. Fasting also results in a dramatic improvement in the ability of the white blood cells to gobble up invading bacteria.

REFERENCE:

Palmblad, Jan, M.D., Ph.D., et al, Antirheumatic Effects of Fasting, *Nutrition and Rheumatic Diseases/Rheumatic Disease Clinics of North America*, May 1991;17(2):351-362.

HYPOGLYCEMIA

Hypoglycemia is a condition characterized by low blood sugar episodes. It is usually induced by excessive sugar intake and exhaustion of the adrenal glands.

A patient treated for hypoglycemia experienced dramatic improvement of RA symptoms including pain relief and wider range of joint motion. Blood sugar disorders and adrenal exhaustion are common problems with those who suffer with rheumatoid arthritis.

John Tintera found that 21% of his patients with low adrenal function suffered with rheumatoid arthritis. Tintera found that many allergies and food intolerances melted away when he supported the adrenal functioning of his patients. The adrenals are the command posts of the body when faced with bacterial invasion or exposure to potentially toxic substances. Adrenal hormones such as cortisone also suppress inflammation.

Given the importance of these glands and the impairment they can experience with high intakes of sugar, caffeine, or exposure to emotional stress it is a wonder than more people do not suffer form adrenal exhaustion.

This writer feels that the reason the GNLD Tre-en-en oils were so helpful in the cases discussed at the beginning of this letter was because these oils make an important contribution to the raw materials for optimal adrenal and other endocrine functioning.

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Abrahamson, E.M., Hyperinsulinism—a factor in rheumatoid arthritis, *Am J Dig Dis* 1952;19:1-4.

Tintera, John W., *Hypoadrenocorticism*, Troy, New York: Adrenal Metabolic Research Society of the Hypoglycemia Foundation, 1980, 3.

Tintera, John, and Smith, Delos, What you should know about your glands and allergies, *Woman's Day*, February 1959.

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