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Supplement to
The Art of Getting Well
Proper Nutrition for
Rheumatoid Arthritis

Sources are given in references.

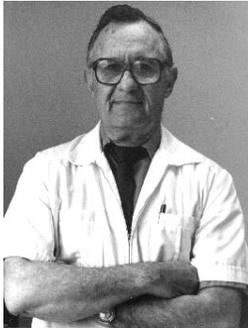
Authors of contributions/quotations are alphabetically arranged;
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Gus J. Prosch, Jr., M.D.

When using the Rheumatoid Disease Foundation's treatment protocol, or anyone else's treatment protocol, proper nutrition is essential for arthritics. In fact, the foundation to proper healing for any disease condition is that of proper nutrition. (See "The Perfect Plan for Perfect Health," and "The Roger Wyburn-Mason, M.D., Ph.D. Treatment for Rheumatoid Disease," <http://www.arthritis-trust.org>.)

Rheumatoid Arthritis victims, however, may require special attention to certain nutrients, such as the proper Essential Fatty Acids, and also possible additional vitamin and mineral supplements, including the various anti-oxidants, and perhaps even boron, an element once thought not to have any use by the human body, but determined by the research of Rex E. Newnham, Ph.D., D.O., N.D. to be vital for all arthritics and reported in our article, "Boron and Arthritis."

Gus J. Prosch, Jr., M.D. has long advised patients on proper nutritional supplements and diets. In our "Essential Fatty Acids are Essential," we have printed the relationship between certain foods and the influence on our bodies of oils derived from those foods. His information is also extremely important for arthritics. (See "Essential Fatty Acids are Essential," and "Boron and Arthritis," <http://www.arthritis-trust.org>.)

There have been many books written over several generations on

the subject of nutrition as it relates to Rheumatoid Arthritis — and probably most of them are correct.

Some physicians and health oriented advisors will take the stand that nutrition alone can cure arthritis, and they also may be correct under certain conditions. It obviously happens with sufficient frequency for the truth to linger, but not with high enough frequency to convince all of us who have tragically become victims of the crippler.

What I believe happens is this: Major factors that contribute to the precipitation of Rheumatoid Disease (RD) are genetic, stress, and weakening of the immunological system. Many people are under continuing stress, thus weakening their ability to fight off infection and Rheumatoid Arthritis. Several kinds of stress exist, including emotional, physical and nutritional. (See "Stress," <http://www.arthritis-trust.org>.)

Whenever we RD-prone folks ignore good nutritional habits over long periods, our bodies lose ability to produce the necessary fighting tools to ward off physical and emotional problems and also we lose the ability to repair tissues and organs properly under normal wear and tear. We generate "free radicals," chemicals that have the need for more electrons and which easily, quickly attach to other body molecules that would be better off without the additional burdens. These free radicals disturb our bodily functions, and inhibit our ability to repair ourselves, or to restore our good health.

If Rheumatoid Disease begins at this point, and if the individual returns to a good and proper diet at once, and if the individual knowingly or unknowingly reduces emotional stress, then I believe the regression of Rheumatoid Arthritis is much more likely without any further treatment — but not certain!

What is probably normal is that stress continues onward — we are unable to leave a particularly detested job, weighty family responsibilities seem unsolvable, children continue to perplex us with their persistent problems, the husband or wife is a "suppressive personality," constantly undercutting our beingness, and so on.

Under such circumstances perhaps no amount of good nutritional habits will help the genetically predisposed arthritic.

More than likely, the arthritic continues on with the same poor food habits of a lifetime, and so nutritional aspects are ignored in any case.

Perhaps either relief of stress or improved nutrition, or combinations of both stress relief and improved nutrition "spontaneously" brings about remission of the disease, at least for the time being. About 1/3 of those first afflicted seem to recover "spontaneously," at least for the time being.

Usually the initial plea for help is to the rheumatologist who, being trained in the traditional and "time-honored" "accepted" treatments (treating symptoms, not causes), first provides costly tests, presumably confirming the condition of arthritis. Then secondly aspirin is tried. When aspirin no longer helps (or becomes dangerous in quantities needed to suppress pain symptoms) he/she writes prescriptions for NSAIDS (non-steroidal anti-inflammatories). When these fail — and they eventually will — s/he advises use of dangerous gold shots which not only have damaging side-effects but in any case will not be effective — if at all — beyond thirty months. When this fails or proves too toxic for a patient to tolerate, penicillamine is used, and after that methotrexate. All of this will or will not accompany the increasing use of corticosteroids in increasingly heavy dosages — and sickness rages onward!

Having failed in this direction, from light to heavy symptomatic treatments, peer-group practicing rheumatologists have now begun to lean in the other direction, beginning first with the most dangerous, and the most damaging cytotoxic drugs.

There are two accepted possible hypothesis for the causation of Rheumatoid Arthritis (as opposed to the possibility of a multiplicity of causes). These are that (1) something is wrong with the immunological system; and (2) that some organism, unknown, creates an internal

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"allergic" response which manifests itself as the symptoms of Rheumatoid Arthritis. While the second guess may be wrong, at least there is often success in following treatments that derive from that clue; whereas there is never success in the first guess. Furthermore, why a defect in someone's immunological system should suggest that we damage his/her immunological system further -- as happens with cytotoxic drugs - gold, penicillamine and long-term cortico-steroids has never been satisfactorily explained by rheumatologists.

The peer group publication, *Clinics in Rheumatic Diseases*¹ is a scientific standard for evaluating clinical applications. It clearly shows that gold shots when subjected to standards of double-blind tests failed the pre-defined criteria by 1% but was accepted as a "safe and effective" treatment nonetheless. After thirty months, the "effectiveness" fails almost completely in any case. The studies, of course, do not dwell on the tremendous toxicity when using the drug, nor on the fact that after its use, the immunological system may be damaged.

The same publication presents the fact that there is absolutely no scientific evidence for the use of penicillamine, yet that is the substance often prescribed after gold fails. Penicillamine, of course, is also toxic and dangerous.

I believe that the chief advantage to use of penicillamine after use of gold is the fact that it is a chelator for the gold. A build up of gold in the bodily tissues contributes to increasing toxicities which add to the arthritic symptoms and burdens. The two symptoms — toxicity of gold and RD symptoms — appear to the patient (and doctor) as symptoms of progressive Rheumatoid Disease. When gold is no longer even marginally helpful, the physician, knowledgeable or otherwise, in resorting to penicillamine chelates out (removes out) the toxic gold, thus giving the patient a sense of improvement as the symptoms due to toxicity of the gold is lifted from his/her tissues.

Of course, the Rheumatoid Disease rages onward.

When penicillamine fails, Methotrexate, or some other dangerous cytotoxic is often next, and it is a most dangerous and futile drug. I would challenge any physician to demonstrate that this drug, or any of those listed above will cure or bring about long-range remission of arthritis in any number of significant cases in quantities greater than the normal placebo effect of 30%!

It is most probable that had the rheumatologist instead concentrated on helping the patient to learn about and relieve stress and also to change dietary habits, the percentage of successes would have been greater than the placebo effect of 30%. This approach would have taken a great deal of extra time, at greater cost — or certainly lowered earning capacity for the physician. Sadly for our society, most physicians are taught by medical schools to treat symptoms, not causes, which results in the administering of drugs to relieve symptoms, not in searching out causes and teaching the patient to understand the stresses of his/her immediate environment. While this approach serves well pharmaceutical companies, and keeps patients returning to the physician's office, it cannot cure.

This accepted rheumatology treatment process is rather hard on you and me.

It is difficult, if not impossible, to purchase the food that our bodies require from restaurants and quick-food franchises. While dieticians and corporate stock advisors explain how nutritious the local hamburger joint is, you and I as arthritics should be better educated and behave accordingly.

Like most folks I like mother's cooking best. She's deceased and I still like her recipes best. What you and I like to eat is what we've been conditioned to like from childhood, not of choice. Because we are able to make a choice, and because we always choose what we like best — mother's cooking — does not mean that we have exercised that free choice, but rather that we have determined our choices by our likes which were determined by our earlier conditioning — before we had a choice

— which is no longer "free choice".

Since becoming a victim of arthritis I've read many books on nutrition, but I will not pretend to know what there is to know about the subject. Possibly one reason that the subject of proper nutrition is not taught in medical schools -- or underemphasized if it is taught -- is that it is the most complex of medical subjects, requiring far more knowledge of the human biochemistry than modern day undergraduate medical schools can provide.

There are hundreds of good books³ on nutrition, but not all books on good nutrition are really about good nutrition. The old fashioned method of stating that all you need for good health is the four groups, or the six groups or whatever the common buzzwords happen to be is misleading. No successful farmer would feed his cows, chickens or hogs without careful consideration to total nutrient needs. To do otherwise would invite bankruptcy. The human body, being composed of similar physiological functions and elements, needs no less consideration.

In Maureen Salaman's *The Cancer Answer*² excellent points are made that the closer we can get to eating as did our primitive forefathers, the healthier we shall be. After all, our bodies are the product of millions of years of evolution in conjunction with other organisms such as plants and animals. We have, through this joint-evolution, adapted, just as plants and other animals have adapted to our precursors.

"Normal" Diets vary worldwide and encompass for humans almost everything edible and safe, whether insect, mammal, cacti, fungi, eel, snake, fish, tuber....

In addition to our very early conditioning and the daily barrage of huxterism by food processing monopolies and fast food franchises, there is the fact that more and more polluting chemicals are being spread on our crops even as trace elements in our soils disappear. How food is shipped, stored and handled or processed affects nutrition values. The food that looks so healthy on supermarket shelves may not be so nutritious on laboratory analysis. So we, as arthritics, are faced with another problem: Where to get food that is wellness-forming?

Speaking of modern-day food sources, one article by specialists in biochemistry and nutrition starts out like this: There are two kinds of things that people place in their mouths and eat. One of these we shall call "food", and the other we shall call "non-food". We shall define "non-food" as every kind that is packaged, processed, refined, or otherwise changed from its natural form. This will include all canned goods, all dried fruits and vegetables, frozen foods, all sterilized and otherwise cooked foods that are then cooled and sold in supermarkets, all irradiated foods, and so on. Candies, gums, cakes, pies and such mixtures are also "non-food". Quite obviously plastic and chemical substitutes for foods are not foods. Examples of these are margarine (more a plastic than anything else) and even insects have sufficient instinct to ignore it; imitation ice-cream, fake eggs, imitation whipped cream and so on.

So what is left to be called "food"?

Well, fresh fruits and vegetables, nuts, whole grains, fresh poultry, beef, lamb and pork and so on.

Incidentally, by this definition of "food", vitamins are not foods, as they are the result of having been processed or synthesized, but this category is an exception to the general rule stated, to ignore "non-foods." As the soils have been depleted of essential minerals, that everything during the preparation, packaging, transportation, and sale of the product is aimed at extending the shelf-life of perishable products, to the vast detriment of the nutritional content of the product, vitamins and minerals are increasingly necessary for maintenance of good health, and especially so the various antioxidants.

The point is that "food" is nature's complete package container that has not only a lot of nutritional elements that we need and know about, but also a lot of food elements that we need and don't know about, particularly trace minerals, enzymes and compounds that our body will utilize for processes unknown. Processing nature's package for the

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purpose of preserving shelf-life destroys necessary compounds and enzymes or eliminates trace elements.

Each of us was created uniquely and endowed genetically differently, which means that each of us has different nutritional requirements in addition to a commonality of nutritional requirements. Anyone who is dogmatic about what you need, and tells you that you need only so and so in certain amounts to be healthy is probably mistaken, just as the standard minimum daily requirements of vitamins and minerals when applied to the individual are usually mistaken.

The reason that the minimum daily requirements (or Recommended Daily Allowance, RDA) as to daily amount required is usually wrong is because such figures represent averages of groups of people, not a unique individual requirement for you. Some folks require far, far more Vitamin D than others, and can tolerate enough that would poison others, some may require less. Whenever a physician or know-it-all academician tells you that you must or must not take a certain amount of a vitamin or mineral each day to be healthy, in the absence of specific information about you, he/she is ignorant of individual differences and how the minimum daily requirements (or RDA) were ascertained.

For the most part, the standards of minimum daily requirements for vitamins and minerals were established as lower boundaries to prevent disease states, like scurvy, **not** to define quantities required to furnish individualized wellness!

Neither can anyone guess at what foods you should eat, and how much, except in special circumstances where disease states are to be prevented, and certain requirements are well known outside of your individualized biochemistry.

Consider vitamin C, for example. As you probably are aware, there has been much controversy over the usage of vitamin C in larger or smaller quantities. Only certain mammals besides man are incapable of producing their own vitamin C. Did you ever wonder how so many animals, like dogs and cats, can eat garbage and disease-ridden foods and remain healthy? It is because God has found in his wisdom that their bodies shall produce the chemicals required to fight off infection and poisons, and vitamin C is a requisite part of that system.

As described in our "Vitamin C: How to Use The Great Missing Vitamin"³, Robert F. Cathcart, M.D. has shown that each individual, at different times during the day, and on differing days, requires differing amounts of vitamin C to handle stress, disease and other physiological problems. (See <http://www.arthritis-trust.org>.)

It becomes clearer with the study of various dietary recommendations, that Maureen Salaman's "cave-man diet" recommendations are probably one of the best synthesis in the dietary field, and should be read by all lay people.

Different people require different things, and they require different things at different times. As people grow, mature, and become old, they require differing quantities of different foods. Different disease states require differing quantities. The field of nutrition and nutritional supplements is indeed complex — too complex for simplistic answers given by health professionals who have had virtually no -- or very little -- training on the subject in medical schools.

What is wrong with our diets is easier to answer: According to William Campbell Douglass, M.D., we Americans consume 18 percent of our calories as refined sugar which has no vitamins or minerals necessary for metabolism. We consume another 18 percent of our calories in the form of refined, enriched white flour which is nutritionally deficient in about 28 essential nutrients, including vitamin B₆³. Nancy Appleton, Ph.D. in her *Lick The Sugar Habit*, devastates the industry with facts on figures on the damage done by sugar in the American diet⁴. The Price-Pottenger Nutrition Foundation⁵ is an excellent source for nutritional information.

Although there are some well-known general principles to use as guides for good health through nutrition, there are no easy answers. You

must solve the problems yourself. If you can't grow them, you must find the best fresh fruit and vegetables possible, and you should probably supplement your diet in ways that are guided by the best nutritionally oriented physician possible. Additionally you should read books about the nutritional aspects of arthritis. The Price-Pottenger Nutrition Foundation is an excellent source for this purpose.

Having stated some of the general principles that apply, and my personal conclusions, I now go on to The Arthritis Trust of America/The Rheumatoid Disease Foundation's treatment protocol respecting nutrition.

Having first had the Foundation treatment for Rheumatoid Disease, and having halted disease progress, I was able to maintain my wellness state for but two to three months. Our treatment says to take a trial dosage every six months to learn if one again has the Herxheimer, indicating renewal of the disease. If so, one is to then take the full six week treatment. I found that I was taking the medicine every two to three months, and from time to time suffering for an evening or so with a severe Herxheimer reaction. (See "The Herxheimer Effect,"⁷ <http://www.arthritis-trust.org>.)

Note that the Herxheimer reaction lasted me, during these trial periods, but an evening or so during which I was terribly sick, to the point where I cared less if the world turned or not. But the next morning I would feel absolutely great again, and ready to tackle the lions of this world. As a precautionary measure, of course, I would complete the full treatment for six weeks.

I also received letters and talked to people having the same repeat cycle. We learned from a research pharmacologist that metabolization of metronidazole did not occur with natural stomach processes but rather required good intestinal microflora, and I therefore supplemented with *Lactobacillus acidophilus*, but that obviously was not the complete answer. We also learned from Alan Gaby, M.D., that some vinegars used on salads contained small amounts of alcohol, and alcohol combined with metronidazole, one of our recommended medicines, acted as an anabuse, i.e., a terrible reaction which drives people away from the use of alcohol. Thus, vinegars were to be avoided while taking metronidazole. (See "Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium,"⁷ <http://www.arthritis-trust.org>.)

To be "cured" meant to me not to have a return of the disease. Physicians will accept a "cure" of tonsillitis, and call its return as "another infection" which was not good enough for me with a disease that might still lead to crippling each time it returned.

We arthritics will not be satisfied with two to three months halt in disease progress, although that is infinitely better than no halt at all.

And so, during those early The Arthritis Trust of America/The Rheumatoid Disease Foundation days we continued our search for a better answer for ourselves, in addition to pushing to the limit of our resources various University medical research.

Some of our referral physicians constantly spoke to us about the importance of diet, which we ignored, as some of our other physicians who are not diet oriented still do.

I, like you, was severely conditioned by mother's cooking. I also believed the authoritarian attitude of physicians who were generally unlearned respecting nutrition, but rather prescribed pills and shots for everything — the symptomatic approach — treat symptoms and ignore the cause! Usually their doggerel is that "your present diet furnishes you with all necessary vitamins and minerals."

False!

At last I paid attention to the diet requirements for arthritics. The principles are quite simple to state. The intestinal track must have acidity (hydrochloric acid) to properly utilize food and prevent overgrowth of "bad-guys" microflora. Other bodily tissues should be slightly alkaline, rather than acidic. A simple test developed by Carl Reich, M.D. of Canada using pH litmus paper told me that my saliva

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was exceedingly acidic, whereas testing of other healthy people, children and friends, found that their saliva was basic. A test that you can easily perform is this: Purchase a small amount of litmus paper through your pharmacy. When a child has not eaten for an hour or so -- no liquids or food -- place it in their saliva. Do the same with a healthy teen-ager, and then another healthy adult, and also yourself. You will most probably find the youngest having a very dark purple, and then shades of purple becoming lighter until you reach yourself, where yours will be of no color at all. The test which is easy to repeat on many others as well as yourself will demonstrate that as we grow older and more careless of our diet, our tissues become more acidic. This test is also a very good monitoring device over many months of diet change, to determine if you are indeed making progress with the right kinds of healthier foods.

It took me two years — mostly procrastinating (remember my mother's early conditioning) — before I turned this test about, and also sustained permanency in relief from the arthritic condition!

To eat properly at last, I followed Gus Prosch's, Jr., M.D. advice. He is also a specialist in clinical nutrition. Although I haven't always adhered strictly to a good diet since, I haven't had a recurrence of Rheumatoid Arthritis in more than sixteen years.

As all Rheumatoid Arthritis victims also suffer from Candidiasis (*Candida albicans*) Dr. Prosch says that the Candidiasis diet, being more restrictive than a general arthritic diet, should probably be followed first. (See our "Candidiasis: The Scourge of Arthritics,"⁸ <http://www.arthritistrust.org>).

Dr. Gus J. Prosch's Dietary Recommendations for the Rheumatoid Arthritic

(Transcribed with permission from *The Rheumatoid Disease Foundation's Second Annual Medical Convention*, lecturer, Gus J. Prosch, Jr., M.D.)

I would like to discuss the importance of diet, nutrition and vitamin and mineral supplementation in Rheumatoid Disease patients. Many different opinions and conclusions among most physicians today are fairly rampant and many doctors do not believe this subject is important, so I'm going to tell you about my beliefs and observations as to how and why I treat my patients.

In my observations and research there are several things that to me stand out to be quite significant in most patients with Rheumatoid Disease.

1. The great majority of Rheumatoid Disease patient's body fluids are too acid in nature.
2. The great majority of these patients show signs and symptoms of a deficiency in free or ionic calcium.
3. Most Rheumatoid Disease patients eat margarine instead of butter and they demonstrate a lack of Vitamin A and natural D₃ plus severe deficiencies of the essential fatty acids.
4. Diet in Rheumatoid Disease does help control the severity of the symptoms.
5. Vitamin and mineral supplementations help shorten the recovery time by strengthening the immune system.

In studying the nutrition status and diet of Rheumatoid Disease patients, I made three observations that have caused me to look deeper into this subject.

1. I observed that many patients who are blood-related to arthritic patients do not develop any arthritis especially when different dietary habits were followed.
2. I observed that often-times arthritic patients exhibited slight to significant improvement when self-administered home and folk remedies were taken, like alfalfa tablets, bone meal tablets, cod liver oil, vinegar with honey, peanut oil, . . . or cherries.
3. I observed that some arthritic patients are more susceptible to getting reinfected after being treated with the medication that

apparently eliminated the offending organisms.

I found by checking the acidity of saliva and urine of arthritic patients, that the great majority were considerably more acid than normal and I concluded that an alkaline diet could only benefit these patients.

I also found by careful observation that Rheumatoid Disease patients more often than normal exhibited certain physical signs during the physical examination. To summarize these signs, they are as follows:

1. Longitudinal ridges and increased opacity in fingernails.
2. Mild to moderate tenderness with strong palpation of the soleus or trapezius muscles.
3. Generalized slight increase in deep tendon reflexes.
4. Generalized irritability of skeletal muscles to percussion.
5. Acid saliva of pH 4.5 to 6.5.
6. Slight to severe coating on the tongue.

Many of these signs are related to calcium metabolism in the body and most arthritic patients drink 2% or low fat milk and eat margarine instead of butter.

The previously mentioned physical signs demonstrate strong evidence of free or ionic calcium deficiency as well as a deficiency of Vitamin A and D₃ which is natural Vitamin D. Blood calcium studies are misleading as they measure the ionic calcium as well as calcium bound to proteins. Whereas normal body fluids ideally are slightly alkaline as opposed to acid, and I believe the one primary cause of the deficiency in Rheumatoid Disease patients of the ionic calcium which in itself is very alkaline.

An even more important cause of this acidity is due to the diet and nutritional habits of these arthritic patients. Most cellular mechanisms of the body and particularly those involving the use of ionized minerals such as the secretory glands, nerve function processes and muscle contraction, etc. proceed best in a mildly alkaline state. For this reason a diet consisting of high alkaline foods should be consumed, combined with the avoidance of acid-forming foods. Acid-forming foods are those which are high in one or more of three elements: phosphorus, sulfur, and chlorine; alkaline diets are those high in potassium, calcium, magnesium and sodium. The diet used to treat and prevent development of Rheumatoid Diseases should definitely avoid as much as possible the following foods. All processed and most canned foods should be avoided along with caffeine, sugar in all its forms, as well as the simple carbohydrate foods that quickly upon digestion turn into sugar, like white flour foods, crackers, many cereals, macaroni (pasta foods) white rice and corn products. Ideally nicotine and alcohol should be avoided, along with any sweets, candy, soft drinks, pastries and desserts. The "nightshade plants" (foods containing solanines) such as white potatoes, tomatoes, egg plant and garden peppers should be avoided. (Robert Bingham, M.D. states that about 1/3 of arthritics are affected by solanines: Ed.)

As a rule, most protein foods tend to be acid forming since they contain phosphorus and sulfur. Animal sources of protein — lean meat (beef, lamb, veal) poultry, fish and eggs — are definitely in this category. With the exception of shrimp, most sea food is extremely acid forming. These foods must not be avoided in the diet, however, as they provide the building blocks for all bodily functions and processes. Therefore one of these proteins should be eaten with each meal. Pork meats should be limited however. Just try not to eat an entire meal consisting of protein foods, but balance these foods with alkaline forming foods. Ideally your breakfast should always consist of some high protein foods, balanced with whole milk, fruit juices, etc. Also remember to cook protein foods at low temperatures, as enzymes and trace minerals are reduced with excessive heat and no foods should be eaten that have been deep fried. (Also see *Food Pain!*, <http://www.arthritistrust.org>.)

Avoid processed and hydrogenated, or "hardened" oils and fats. Most margarines, peanut butters, restaurant prepared French fries and potato or corn chips are prepared with hardened oils. Sweet cream butter

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is best and use "cold pressed" vegetable oils. [Possibly coconut oil and virgin olive oil are the very best cooking oils, using slow cooking heat. Ed.]. Also watch those high calorie salad dressings. Most fats and fatty foods (butter, oils, sausages, bacon, etc.) are neutral in their acid-alkaline content but they greatly contribute to excessive weight gain which severely complicates arthritis. Therefore, it would be wise to limit all oily, greasy, fried, fatty foods if one tends to be overweight.

Most all vegetables (except corn) are highly alkaline in nature and should be emphasized in the eating program. Salad vegetables are excellent and should be eaten daily. All other vegetables are very good and when "Wok" cooked or stir fried in cold pressed vegetable oil are even better.

Fresh vegetable juices (not canned) are nearly perfect and should be part of the diet. It is important to prepare and serve as many foods in their raw and natural state as possible.

All fruits and fruit juices (excepting cranberries, plums and prunes) are alkaline forming and are good to "munch" on.

Whole milk is one of the best alkaline forming foods due to its high calcium content. Raw certified whole milk is much preferable if you can find it. (available in very few states: Ed.) At least two glasses of whole milk should be taken each day and use butter instead of margarine. Plain yogurt is an excellent alkalizing food and not only is easy to digest, but tastes great when mixed with fresh fruit such as raisins, dates, dried figs and apricots. It also makes excellent munching foods.

This diet will change one's system to be more alkaline as it should be.

Concerning vitamin and mineral supplementation, the most important point to consider here is to correct the free calcium deficiency present in most arthritics. This requires much larger amounts of vitamin A and D in their natural form than what is usually recommended by the "Recommended Daily Allowances" tables.

The synthetic Vitamin A and D₂ preparations on the market simply do not work. Synthetic Vitamin D₂ does increase the calcium absorption from the small intestine but seems to be totally inadequate in regulating the use of the calcium and especially calcium excretion by the kidneys. The only preparation I have found that is adequate is the natural D₃ which is found in fish liver oils. Therefore I recommend Norwegian Cod Liver Oil as the ideal which seems to be even better than cod liver oil capsules. It is easily taken when mixed with some orange juice and stirred rapidly. The preparation I recommend is plain Norwegian Cod Liver Oil liquid which contains 10,000 units of Vitamin A and 1000 units of Vitamin D per teaspoon. I recommend that patients take two teaspoons on arising each morning and two teaspoons at bedtime. This preparation can be found in most health food stores and should be taken for at least four months, then the dosage should be cut in half.

I explain to the patients not to fear any Vitamin A or D toxicity with this dosage as it is less than 1/3 the toxicity level that has been reported in the literature. If the patient absolutely cannot take the liquid, they can usually find capsules at a health food store which will provide approximately 4,000 units of Vitamin D daily.

I also explain that exposure to sunshine for at least 20 minutes each week will activate the Vitamin D.

Concerning the calcium preparations I have found that none of the available inorganic calcium preparations are effective. I discovered that organic bone meal tablets (3-4 per day) work better than other calcium preparations but I continued to have reservations. I located a calcium preparation which seems to work ideally. This compound is Calcium Orotate (500 mg 4 times daily). This calcium preparation also seems to enhance the ability of the body to use and metabolize other forms of calcium ingested. It is the naturally occurring Calcium in plants; but this compound has been taken off the market by the FDA. Calcium Chelate or Calcium Aspartate can substitute, although most any Calcium is good except bone meal or Calcium Carbonate.

I also have prescribed 500 mg of Magnesium Orotate twice daily to balance the calcium/magnesium ratio. The above calcium preparation is also excellent for osteoporosis and it greatly strengthens the bone and cartilage structures in the body. However, since the Orotates have been removed from the marketplace by the FDA, like the Calcium preparations, one must substitute other forms of Magnesium, such as the Chelates or Aspartates. [See our *Magnesium Chloride Hexahydrate Therapy*]

Concerning other vitamins for arthritic patients, I recommend an ideal supplemental program the following:

- a. Vitamin B Complex, two to three "Stress" B vitamins daily in divided doses. (These should contain 50-75 mg of each B vitamin).
- b. Vitamin C, two to three grams daily in divided doses.
- c. Zinc Orotate, 500 mg one to two tablets on an empty stomach, or again, as the Orotates have been removed from the marketplace by the FDA, use Zinc Chelate or Zinc Aspartate.
- d. Selenium, 250 micrograms daily as yeast selenium.
- e. B-Carotene, 25,000 units daily.
- f. Vitamin E, 400 units daily.

The above vitamin and mineral supplementations will not only help the patient's arthritis by stimulating the immune response system but will play an important role in counteracting the aging process as well as acting as a deterrent to some forms of cancer since many of these preparations act as free radical and peroxide scavengers in the body.

With painful hands and feet, I recommend in addition 100 mg Vitamin B₆.

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