OSTEO

ARTHRITIS

by Ronald L. Myers, CNC

Of the two broad categories of arthritis, i.e., Osteo and the Rheumatoid forms, this form is the most prevalent in our society today and overall it is the easiest to treat with favorable results. I have been using the information contained in this issue for over ten years in treating patients suffering with osteo-arthritis; with patient compliance, the results are remarkable.

PRE-DISPOSING FACTORS
Dehydration.
Hypochlorhydria.
Diets high in refined sugars and other refined carbohydrates.
Thyroid and/or parathyroid dysfunction.
Excess use of antacids.

DEHYDRATION—
This may be a *contributing factor* in a high percentage of patients in your practice suffering with osteoarthritis. It is easy to determine, just ask the patient how much **water** they drink daily. Do not ask the patient if they are getting enough fluids. Fluids are not defined as water in the patient's mind. Ask them how much ***water*** they drink each day, tell them you do NOT mean coffee, tea, soft drinks or juice but WATER! If they say none, which a high percentage of them will, the patient is presenting sub-clinical dehydration. At this point, you will not see a dehydration profile on the patient's blood chemistry, nor will they present with "dry mouth". That does not mean their dehydration is not causing any problems (symptoms) and does not need to corrected at this time. It is causing at least one easily definable symptom—joint pain!

As you know, the chondrocytes look like little bottlebrushes, their cushioning power comes from "held water" within the bottle-brush like structure. If the patient is drinking NO water on a daily basis and is consuming "fluids" such as coffee, tea, cola soft drinks and alcohol, more water is being lost from their body than these "fluids" can provide. Resulting in sub-clinical dehydration with the symptom of joint pain, and if allowed to progress joint destruction! If sub-clinical dehydration is present in your osteoarthritic patient, they must comply with your instructions to begin drinking adequate pure water every day if they ever hope to be arthritis free.

HYPOCHLORHYDRIA—
This is another condition that can directly relate to sub-clinical dehydration. Adequate water is absolutely necessary for the production of HYDROchloric acid.[1] The human gastrointestinal system needs 7 to 8 liters of WATER daily to function normally.[2] Thankfully, most of this water is reabsorbed, but some is lost daily due to urination, perspiration, breathing etc. and must be replaced by intentionally drinking water. It is true that water is contained in many foods that we eat, fruits and vegetables primarily. But with more and more Americans eating a diet high in refined and fast foods, which are relatively poor sources of water, the best answer is to intentionally drink water every day. The water we drink should be pure. City water straight out of the tap is not what I consider to be pure water. Pure water does not contain fluoride and chlorine. A point of use Reverse Osmosis purification system is probably the best source of pure water available today.

Other factors needed for the human body to produce HCl are thiamine, zinc, sodium, chloride and...gastrin. Most people coming into your office have need of thiamine and zinc. It is easy to document these needs using blood chemistry and the Zinc Taste Test (see eBytes Issue 2, zinc). Thiamine need can be established on blood chemistry by an increased Anion Gap with a decreased CO2.

CLINICAL MARKERS OF HYPOCHLORHYDRIA—

- Serum Globulin greater than 2.8 or less than 2.4
- Serum Phosphorus less than 2.9
- Serum Gastrin less than 40
- BUN less than 10
- Serum Calcium less than 9.4
- MCV greater than 89.9 or MCH greater than 31.9
- Total Protein greater than 7.4 or less than 6.6
- Serum iron less than 50
- UA – increased indican
- TMA – mineral deficient
- Health Assessment Form – Category I Section A

With Osteoarthritis, as with ANY condition you are treating nutritionally, always, ALWAYS, **ALWAYS** begin by evaluating and treating (if indicated) the G.I. system ***FIRST!!*** And always treat the G.I. system FROM **NORTH** TO *SOUTH*. You will find many if not most of your patients with Osteoarthritis present hypochlorhydria as well. Many of these patients have turned to OTC antacids trying to get relief from what they believe is “acid indigestion”. And they may have too much acid in their stomach, but it is not too much hydrochloric acid, they are organic acids resulting from digestive failure. Antacids neutralize these organic acids, providing relief, but also neutralize hydrochloric acid as well in all making the problem worse. It becomes like a dog chasing it’s tail.

[1] Your Body’s Many Cries for Water, Batmanghelidj, F., Global Health Solutions, 1995.
[2] Pathophysiology, Concepts of Altered Health States, Porth, C., J. B. Lippincott, 4th Edition, 1994.

DIETARY CONSIDERATIONS—
ABSOLUTELY no Citrus fruits or juices or white sugar or foods containing white sugar. I know, your patient will ask what is there left to eat?

Increase protein and raw vegetables in diet.

ABSOLUTELY no hydrogenated fats or oils (or foods containing them), increase consumption of raw and fresh oils, butter instead of margarine, eggs, dark green leafy vegetables (a good source of quality EFA's).

Avoid calcium carbonate supplements and antacids.

Drink at least 8 full glasses of pure water daily. If they are starting at zero glasses of water now they may think it is impossible to drink an unimaginable 8 glasses of water a day. It is not impossible if they are thinking about it. I used to give my patients a daily water drinking schedule like the following:

Between arising and leaving for work – drink 2 glasses of water. They can do it if thinking about it. Between arriving at work and lunchtime – drink two more glasses of water. Between lunchtime and leaving work for home – drink two more glasses or water. Between arriving home and bedtime – drink their final two glasses for the day. I would give them a copy of this schedule to put up on their refrigerator and at their workstation so they could look at it all day and be thinking about drinking water.

THYROID PARATHYROID DYSFUNCTION—
The thyroid panel available on the Gateway Panel from LabCorp will rule-out or confirm thyroid dysfunction be it primary or one of the secondary forms. TSH greater than 4 confirms a primary thyroid dysfunction. TSH less than 2 confirms a secondary thyroid dysfunction (due to anterior pituitary, adrenal or ovarian dysfunction).

Calculating the calcium to phosphorus ratio can give you a clue to parathyroid function. If the ratio is weighted to the calcium side, hyperparathyroid function may exist. If the ratio is weighted to the phosphorus side, hypoparathyroid function may exist. I feel these are clues to function and an extrapolation at best. Confirm with a parathyroid hormone study before beginning any nutritional treatment. If the lab results indicate hyperparathyroid function, you may want to consider referring the patient to a physician qualified to treat hyperparathyroidism if you are not. Hyperparathyroidism is a serious condition that should never be taken lightly.

Excess use of antacids, and the common reason for this has been covered above.

SUPPLEMENTATION—
Hydrozyme 2 – 3 tablets in the middle of each meal (if hypochlorhydric, which most of them are).

Beta TCP 3 tablets before each meal (if biliary dysfunction, which a high percentage of patients with hypochlorhydria present as well).

Super Phosphozyme Liquid 30 drops 3 times a day on an empty stomach (helps break down calcium deposits).

Osteo-B-Plus 2 tablets with each meal.

BioProtect 2 capsules with each meal (full spectrum antioxidant).

Purified Chondroitin Sulfates 3 tablets with each meal. (Because BRC takes a few extra steps to purify these, they are over 90% absorbable based on patient G. I. function. The down side to using one of the glucosamines available is their synthesis to chondroitin can be blocked at 3 metabolic points if the patient is taking painkillers. You may be interested to know that Rotta Pharmaceuticals, a major European manufacturer of glucosamine admits 82% of glucosamine is to a large extent, broken down into smaller fragments when given orally. So even if not blocked by NSAID use in those who hurt, glucosamine provides only a modest overall increase in chondroitin sulfate production. A logical question is: Why use Glucosamine Sulfate when Chondroitin Sulfate is what is needed and what we are trying to stimulate production of by supplementing the patient?)

Niacinamide 500 2 tablets with each meal. This can be very important in treating joint pain.

MG-Zyme 4 tablets at bedtime can increase to bowel tolerance if necessary. Consider this if the patient is constipated or has sluggish bowel transit time. This can be easily determined by having the patient take 6 charcoal tablets with their evening meal and then reporting how long it takes for them to see **black** stool. If this is more than 16 to 20 hours, sluggish transit time is indicated.

OTHER SUPPLEMENT CONSIDERATIONS—
Livotrit Plus 2 tablets with each meal. This is the target dose. Consider having them start with one tablet at breakfast and then increase by 1 tablet daily every 4 days until the target dose in reached. Positive indicators for this product are SGOT and SGPT > 30 U/L, LDH > 200 U/L, Alkaline Phosphatase > lab range.

Flax Seed Oil 2 capsules with each meal.

This is not an overstatement: Patient compliance with this program can result in them being PAIN-FREE in 30 days or less. That doesn't mean the arthritis is gone, just the pain. But it gives you the time to fully treat the condition.

Available from Viotron International, Ltd. (800) 437-1298