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Gouty Arthritis ®
by Anthony di Fabio

The Roger Wyburn-Mason and Jack M. Blount Foundation for
the Eradication of Rheumatoid Disease
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The Case of Sam Georges

Agatha M. Thrash, M.D. from Uchee Pines Institute, Seale, Alabama describes her patient as a 59-year-old African-American who was a logger by trade working a crew of pulpwood men. For several years Sam Georges had had occasional minor problems with Gout, usually lasting one or two days. This greatest and present episode had lasted over two weeks.

Sam's shoes had been cut to accomodate his painful feet, where toes were swollen and tender. Dr. Thrash reports that "His uric acid was high at 11.1 (normal 3.9-9.0 mg/dl), his blood sugar was borderline, and his blood urea nitrogen was 41 (normal 6-23). Sam's cholesterol was 275, and triglycerides 224, while his HDL (High Density Lipids) cholesterol was only 28, with blood pressure of 218/108 and weight of 286 pounds."

Dr. Thrash placed Sam on a very strict diet without animal products -- no meat, milk, eggs, or cheese -- no visible fats such as margarine, butter, mayonaise, fried foods, cooking fats, salad oils and nut butters. He was advised to drink ten glasses of water daily, plus one glass per hour if he had active sweating, and allowed no food between meals, and only two meals a day -- breakfast and lunch. At supper time Sam was allowed a piece of fruit and a slice of bread. His food was to be taken salt free.

In one week Sam's blood pressure dropped to 140/78, and his weight went down to 271 pounds. He said that he could now bend over and tie his own shoes and make them snug, wearing shoes without cutouts for his toes.

"Within three months Sam had lost 25 pounds, his blood pressure was stabilized at 138/72, and pulse at 72. He felt good and happy. At that point his salt intake was allowed at one-half teaspoon per day, but continuing his fat free diet.

"After 18 months Sam's blood pressure still remained steady, weight continued to come down close to 200 pounds, and Sam had no more episodes of Gouty Arthritis."¹²

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What is Gout?

Gouty Arthritis is a defect in the ability of the body to rid itself of excess uric acid, thus causing uric acid crystals to lodge in the collagen tissue matrices throughout portions of the body, especially near the joints, or at other locations where a supersaturated solution of poorly dissolved uric acid will easily fall out of solution, near cooler portions of the body.

It's possible, but not probable, that those suffering from other forms of arthritis will also suffer from gout, a metabolic deficiency of a nature not completely understood.

"Gouty Arthritis" is the term used, and since the name includes the word "arthritis" many wrongly associate the condition with Rheumatoid Arthritis or Osteoarthritis. (See *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*; <http://www.arthritisrust.org.>)

Distribution of Gout

As osteoporosis is dominantly a woman's disease, Gout is predominately a man's disease, the ratio being about 19 men for 1 women. Ninety-five percent of Gout victims, therefore, are men. The few women who have Gout show signs and symptoms after menopause, so there must surely be a hormonal factor.

The peak age for acute Gout is between 40 and 60 years.

Children are almost never affected.

Gout seems to be inherited, but it doesn't necessarily occur at birth or even a number of years later, but rather often it appears in later life.

While Gout is not the "big" kind of arthritis in numbers, such as Rheumatoid Arthritis (about six million) and Osteoarthritis (about forty million), it is surely big enough in terms of numbers affected, about one million.

About 30% of those who have Gout have a genetic metabolic deficiency, while about 70% have Gout as a result of another disease or drug intake.

The Nature of Gout

The symptoms of gout are that the big toe joint is most frequently affected, but instep, ankle, knee wrist and elbow are common sites, sometimes even the spine; bouts may vary from days apart to several attacks a year; first attacks may be in only one joint, lasting for days; later attacks may affect more joints; there may be joint deformation if unattended; limitation of joint movement is precipitated by stress, or wrong diet; sharp, needle-like pain on movement of joints; skin is tense, hot, shiny and dusky red or purplish; systemic reactions may include fever, heart rate increase, and chills and malaise.

Gout is classified into primary and secondary "hyperuricemia;" that is, the condition of excess uric acid in the blood stream.

Primary Gout refers to genetic deficiencies or disorders.

Secondary Gout refers to a gouty condition that follows from another disease, or as the consequence of drug intake.

Up until the 1960s Gout was a terrible disease without much help from the medical profession. One had attacks of fever, chills and excruciating needle-like pains. The Gout victim suffered for weeks at a time and this often meant loss of work-time and salary. Eventually the attacks of Gout became more frequent and eventually disabling, with kidney disease, heart disease and many other complications that set in.

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Nowadays most Gout victims find the disease simply an inconvenience, as they have available knowledge of how to control it through both diet and the use of at least two medicines.

Gout is viewed as a recurrent acute arthritis of the peripheral joints -- feet, legs, hands, arms, head and neck -- which results from deposits in and about the joints and tendons of crystals of monosodium urate from a supersaturated solution of uric acid in the blood (hyperuricemic).

Gout may become chronic and deforming. Not everyone with supersaturated blood may develop gout, but the greater degree and duration of the supersaturation, the more probability of crystal deposition and of acute attacks of Gout.

Usually an underlying abnormality in the metabolism of a chemical called "purines" is attributed to the Gouty condition, with excessive production of purines and diminished ability to clear uric acid as being the major factors.

Causation Mechanisms for Gout

Although the exact mechanisms for the production of Gout are not entirely understood, many factors may be involved, including decreased urine production, and other conditions associated with decrease of fluids external to cells, renal disease, dehydration, diabetes, the use of diuretics, starvation, acute alcohol (ethanol) ingestion, toxemia of pregnancy, and over production of lactic acid.

Damage to nerves from lead poisoning has been suggested as a mechanism for Gout.

The use of various drugs may contribute to Gout, such as pyrazinamide, aspirin (salicylates), ethambutol, diuretics, and nicotonic acid.

A.V. Costantini, M.D.,^{5,14} who presented a paper involving autoimmune diseases, malignancies, atherosclerosis, hyperlipidemias and Gout, is Head of the World Health Organization (WHO), also Collaborating Center for Mycotoxins in Food Division of Clinical Chemistry, Department of Internal Medicine, School of Medicine, Albert Ludwigs University, Freiburg, Germany, and Retired Clinical Professional Faculty, University of California, School of Medicine, San Francisco, California.

Costantini reports the diseases wherein fungal forms of microorganisms have been found. These include the following: atherosclerosis, cancer, AIDS, diabetes mellitus, rheumatoid arthritis, Sjogren's syndrome, systemic lupus erythematosus, gout, Crohn's disease, multiple sclerosis, hyperactivity syndrome, infertility, psoriasis, cirrhosis, Alzheimer's disease, scleroderma (progressive systemic sclerosis), Raynaud's disease, sarcoidosis, kidney stones, amyloidosis, vasculitis, and Cushing's Disease.

If mycoplasmas are the basis to many of the so-called auto-immune diseases, including Gouty Arthritis, then here is another instance where Thomas McPherson Brown, M.D. and Roger Wyburn-Mason, M.D., Ph.D. have already led the way, Brown in the use of tetracycline (and related antibiotics) against mycoplasmas, and Wyburn-Mason in the use of anti-amoebics (also anti-mycoplasmic), as has already been described.

Gus Prosch, Jr., M.D. of Birmingham, Alabama remarks that "I'm not a bit surprised that someone has discovered a mycoplasmic organism as the basis to

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Gout. Allopurinol is used to lower the uric acid in Gout, but it also kills amoeba-type germs, and possibly weakens mycoplasmic organisms."¹³

Other researchers have shown that many of the medicines recommended for Rheumatoid Diseases by The Arthritis Trust of America/The Rheumatoid Disease Foundation are anti-microbial, viral-static, anti-mycoplasmic, and anti-protozoal, so it is not at all surprising that, where there is a micro-organismic basis to the disease, such medicines will indeed have an effect on the course of the disease.

Possibly what each independent investigator has found represents a cross-section in the life-cycle of pleomorphic (form changing) organisms.⁶ While medical researchers dally behind, microbiologists have accepted the fact that many micro-organisms change their form and function depending upon their surrounding environment. A bacteria can revert shape and function to become a mycoplasmic organism, to a yeast/fungus form, to a protozoan form, to a viral stage -- and can revert back again.

Where one investigator sees mycoplasmas, another sees amoebae, another virus, and another bacteria.

When the human body becomes an environmental sanctuary for a particular form of organism, than that form, found associated with the disease, it appears to be the cause of the diseased condition.

Clinical Symptoms

Acute Gout

Gout attacks are extremely painful, needle-like pains on use of the joint affected. It may start with but one joint in 85% to 90% of first attacks -- apparently while in good health -- but over time attacks may include more than one joint. They will last for variable lengths of time separated by intervals of complete relief.

In at least half of first attacks, the site of pain is the first joint of the toes (metatarsophalangeal), while 90% of Gouty patients experience acute attacks in the great toe at some time during the disease.

Next in order of frequency of attacks are the insteps, ankles, heels, knees, wrists, fingers, and elbows.

Commonly the first attacks begin at night. Within hours the affected joint becomes hot, dusky red, and extremely tender. It may progress to resemble a bacterial inflammation of the tissues (cellulitis).

Systemic signs may include an increase in the number of leukocytes in the blood, (leukocytosis), fever, and an increase in the red blood corpuscle (erythrocyte) sedimentation rate.

Acute Gouty Arthritis may be the presenting symptom of another underlying metabolic disorder. An acute attack usually appears without warning, but may be precipitated by minor trauma, as from minor surgery or ill-fitting shoes, overindulgence in food or alcohol, fatigue, emotional problems, infections, or treatment with antibiotics, insulin or mercurial diuretics.

Systemic reactions may include fever, heart rate increases (tachycardia), chills, malaise and an increase in leukocytes (leukocytosis) in the blood. First attacks may last but a few days. Later, untreated attacks may last for several weeks. Symptoms and signs may regress. Intervals between bouts vary consid-

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erably, but tend to become shorter as the disease progresses. Eventually, without treatment, several attacks will occur each year.

Interval Gout

There is typically a complete remission of symptoms, and then most patients experience a second attack from six months to two years later.

If they are untreated, the attacks will increase in frequency.

Chronic Gout

A third stage of Gout is reached after many years. With chronic Gout, hard or gritty (tophaceous) deposits appear in the joint and tendons. Chronic joint symptoms develop as permanent erosive joint deformity appears. There is limitation of motion, often involving multiple joints of the hands, feet, or both.

Rarely is the shoulder, scacroiliac or sternoclavicular joints involved. Sometimes the cervical spine may be involved.

Monosodium urate deposits are common in the walls of the sacs surrounding joints (bursae) and within tendon sheaths. Increasing deposits of monosodium urate about the joints, erosion of joints and joint destruction, chronic joint swelling and pain may progress to a crippling disease in which acute attacks decrease in frequency and severity.

Visible "tophi," deposits of monosodium urate, occur in cartilage, synovial membranes, tendons, and soft tissues, after an average of about 12 years. Tophi are especially visible in the the margin of the ear lobe (pinna), fingers, hands, knees, and feet, and also the ulnar surface of the forearm.

Grotesque deformation of the hands and feet progress rapidly toward crippling.

Rare Syndromes

Rare forms of Gout have been recognized as overproduction of uric acid (Lesch-Nyhan syndrome), self-mutilation, and other neurologic and metabolic deficiencies.

Associated Conditions

Associated with Gout can be a number of other diseases, including blood (hematopoietic) diseases, psoriasis, thyroid (myxedema), parathyroid (hypo- and hyperparathyroidism), hypertension, heart (myocardial infarction), kidney (advanced renal diseases), obesity, and several hereditary diseases (Down's syndrome and glycogen storage disease, Type I).

There can be a sex-linked presence of uric acid in the urine (uricaciduria) with a deficiency of a certain enzyme (hypoxanthine-guanine phosphoribosyltransferase). This is associated with markedly excessive uric acid production, a tendency to develop uric acid kidney stones, and severe Gouty Arthritis and kidney disease (nephropathy) at an early age.

Traditional Treatments

Usually the characteristics of Gout are so unique as to be easily diagnosed by patient history and examination.

Traditional treatment usually involves (1) use of an anti-inflammatory drug to halt the pain of an acute attack; (2) daily use of a drug, colchicine, to dissolve the already deposited crystals; (3) use of allopurinol to prevent further deposition of crystals; (4) a maintenance program of preventative therapy, usually through diet control.

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Those patients that are intolerant of colchicine may use phenylbutazone or indomethacin.

Colchicine is often compounded with probenecid, a chemical that helps inhibit tubular reabsorption of urate, thus increasing the urinary excretion of uric acid, thereby also decreasing the blood serum urate levels.

Other drugs may also be used to lower the concentration of urate in the blood stream.

One of the advantages of using colchicine is that a gouty condition will usually (90% of the cases) recede within twelve hours of its administration, according to Michael T. Murray, N.D.¹⁰

Allopurinol helps to lower uric acid levels by inhibiting its formation. It also inhibits the enzyme responsible for the final conversion of purines into uric acid, xanthine oxidase. According to Dr. Murray, "Allopurinol is best used in Gout patients who overproduce, as opposed to underexcrete, uric acid."¹⁰ Allopurinol, according to researchers, is anti-protozoal, anti-bacterial, viral-static, and also anti-mycoplasmic, which may be a partial explanation of its effectiveness in the treatment of gout.

Although corticosteroids can produce rapid relief from pain, most authorities recommend use of other drugs. However, if it is necessary to remove fluid from a joint for relief of symptoms, then corticosteroids are often used.

Abundant fluid intake is recommended, also, to combat dehydration and decrease urate precipitation in the kidneys.

Occasionally stronger pain killers are prescribed, when necessary.

It is said that traditional therapy permits patients to live a full and productive life without serious disability, provided diagnosis is prompt and that the patient accepts the treatment.

The hard, gritty deposits (tophi) can be resolved, joint function improved, and kidney dysfunction can be halted.

If necessary, some limited reconstitution of joint structure is possible via surgery.

Progressive, untreated kidney dysfunction leads to further gouty deposits, which accelerates the process, thus forming the greatest threat to life.

What's Wrong With Traditional Treatments?

Certainly a person in pain, with increasing joint dysfunction and other organ degeneration, will welcome the quick relief offered by palliative treatment for pain. The use of colchicine, if tolerated by the patient, and allopurinol, in the absence of chemical sensitivities which might be peculiar to the gout victim, are also a welcome relief, for one will eliminate the growing urate crystals, and the other will prevent their re-growth.

Unfortunately 90% of those afflicted may not be able to tolerate colchicine in optimal dosages. According to Michael T. Murray, N.D.¹⁰ about "80% of the patients are unable to tolerate an optimal dose because of gastrointestinal side effects such as severe nausea, abdominal cramps, vomiting and/or diarrhea, which may precede or coincide with clinical improvement."

Colchicine also has other side effects, according to Michael T. Murray, N.D.,¹⁰ including possible "allergic reactions, loss of hair, suppression of bone marrow resulting in low white blood cell counts, anemia, fatigue, abnormal bleed-

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ing and bruising, peripheral nerve inflammation characterized by numbness, 'pins and needles' sensations, pain, weakness in the hands and/or feet, liver damage, and inflammation of the colon resulting in bloody diarrhea."

So long as the traditional Gout diet does not conflict with other dietary requirements, it is quite useful and should be adhered to, at least during the period when one is at risk for this disease.

According to Michael T. Murray, N.D. "It is a well-accepted fact that most cases of gout can be treated effectively with diet alone. However, with the advent of potent drugs like allopurinol, many physicians do not even stress the value of diet therapy to their patients." Dr. Murray summarizes the proper dietary regimen as (1) elimination of alcohol intake; (2) low purine diet; (3) achievement of ideal body weight; (4) liberal consumption of complex carbohydrates; (5) low fat intake; (6) low protein intake; and (6) liberal fluid intake.¹⁰

Typical Gouty Arthritis Diet Furnished by John Baron, D.O.³

List 1	List 2	List 3
Very High Purine Content	Fairly High Purine Content	Low Purine
Content		
<u>(Avoid These)</u>	<u>(Careful With These)</u>	<u>(Enjoy These)</u>
All Organ Meats* (brain, liver, kidneys, sweetbreads, etc.)	Asparagus	All Vegetables
Anchovies	Beans, Peas, Lentils	except those in List 2
Gravies	Bran	Brands and Cereals
Meat Extracts	Celery	(except whole grain)
Salmon (and Lox, Etc.)	Fish	Eggs
Sardines	(freshwater & saltwater)	Fats and Oils
	Meats (except Organ Meats* — see list 1)	Fish Roe (including Cavier)
	Mushrooms	Gelatin
	Oatmeal	Milk and Milk Products
	Poultry	Nuts
	Radishes	Sugars, Syrups, Sweets
	Seafood (Crabs, Oysters Lobsters)	
	Spinach	
	Wheatgerm	

*Organ meats are often used in preparing sausages, luncheon meats and similar products. These "invisible" organ meats can add large amounts of purine to the diet of the unwary. "Invisible" organ meats should be avoided just as much as any other purine food.

No alcoholic beverages!

A suffering gout victim should probably take advantage of all of these traditional treatment forms. Nonetheless, none of them tackle the basic problem, which is this: John Doe did not have gout for many years, and suddenly, for

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no clearly known medical reason, does have gout. Why? What is there about the body that is changed, and how can this change be reverted?

In other words, again, traditional medicine does not tackle the cause of the presumed metabolic problem.

Non-traditional Treatments

Anti-Amoebic (Anti-Microbial) Treatments

Gus J. Prosch, Jr., M.D.,¹³ Birmingham, Alabama, reports that some of his Gout patients beneficially respond to The Arthritis Trust of America/The Rheumatoid Disease Foundation anti-amoebic therapies used for other Rheumatoid Diseases. (See *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis; Arthritis: Little Known Treatments*; <http://www.arthritisrust.org>.)

Anti-Mycoplasmic, Anti-Fungal Treatments

According to Dr. Costantini,¹⁵ the concept of auto-immune diseases contains a fatal flaw, because no successful species can develop a system of defense which attacks itself.

Antibodies that are measured in the blood stream and which imply an autoimmune condition are actually antibodies against "ubiquitin," a substance that is present in many species including that of fungi.

"Gout and hyperuricemia are clinical entities of previously unknown etiology (cause). Fungi/mycotoxins have been ignored as documented cause of both entities," according to Dr. Constantini. "All of the biochemical findings in gout/hyperuricemia are explainable by fungal production of preformed urates/urate crystals, oxalate, glutamate, glycosaminoglycan, glycoprotein and hormones."

As Gout and hyperuricemia respond to various antifungal treatments, it seems to be established that Gout, along with a number of so-called auto-immune diseases, is based upon a tissue sensitivity to the toxins of fungi and antibodies against a product of the invading mycoplasma, "ubiquitin."

It has also been reported that colchicine is a good anti-mycotoxin, which may be one of the reasons why Gouty Arthritis responds to administration of colchicine.

As many of the drugs recommended for treating various Rheumatoid Diseases are anti-bacterial, viral-static and anti-fungal, here is more circumstantial evidence that the good response to using these drugs with so-called auto-immune diseases, as well as Gouty Arthritis, is based upon infestation by microorganisms, possibly including mycoplasmas.

Dr. Costantini reports that Gout responds to griseofulvin, an antifungal antibiotic which has similar action to colchicine. Among the antifungals are also found lovastatin, griseofulvin, ketoconazole, neomycin, fibrates, tetracycline and others, some of which may also be effective against Gout. Use of these medicines should be under a health professional's supervision, and care should be taken to replace *Lactobacillus acidophilus* that will be killed in the intestinal tract.¹⁵ (See "Friendly Bacteria," <http://www.arthritisrust.org>.)

According to research work and findings of consultant Professor Schiedl (Germany), and the Instituto Medico Biologico of Tijuana, Mexico, physicians Filiberto Munoz-Torres and Fernando C. Ramirez del Rio, a mycoplasmic infection usually results from a focus of infection, such as the gums where either

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a tooth has been extracted, or where there has been root canal work.

According to George E. Meinig, D.D.S., who reports on the extensive work of dentist Weston Price in *Root Canal Coverup*, without special precautions to sterilize the dentin tubules after mouth surgery, aerobic bacteria mutate to an anaerobic (live without oxygen) form. They live in and migrate from the thousands of feet of small tubules. These mycoplasmic forms will invade other organs and systems to be fought off by our immune systems. When we can no longer fight off the invasion, we began suffering from "degenerative" diseases, such as gout.

A number of dentists and physicians can apply non-invasive techniques to determine if there is a mycoplasmic focus of infection in the gums, and, if so, others have been trained to sterilize these sources with laser heat and hydrogen peroxide injections after surgery. Many people have recovered spontaneously after such treatment.

The Instituto Medico Biologico can be contacted at 482 W. San Ysidro Blvd., #808, San Ysidro, CA 92173, or, Allen W. Lloyd Building, Paseo, Tijuana 406-203, Tijuana, Mexico; call (619) 425-3153.

Root Canal Coverup by George E. Meinig, D.D.S. is available through this Foundation; <http://arthritis-trust.org>."

Aroma Therapy

Herbalist Jeanne Rose of San Francisco, Chairperson for the National Association of Holistic Aromatherapy, suggests in her book *Aromatherapy: Applications and Inhalations*, that one can soothe the pain of gout with a massage oil containing 1 ounce of olive oil and 5 drops of juniper oil, which is massaged into the joints several times each day.⁷

Aromatherapist Judith Jackson of Greenwich, Connecticut, author of *Scentual Touch: A Personal guide to Aromatherapy*, uses a cool foot bath "spiked" with juniper and rosemary essential oils.⁷

Dr. Caroline M. Shreeve⁹ reports on the use of 4 drops of essence of juniper on a little brown sugar after every meal, which can be used for all forms of arthritis. For Gout alone, rub the afflicted joint with olive oil containing 10 percent essence of juniper.

Bee Sting Therapy

The International Apitherapy Study begun in 1983, has gathered follow-up data on more than 12,000 bee stung patients. It may take up to 1-5 stings to reduce the pain.¹⁸ (See *Arthritis: Osteoarthritis and Rheumatoid Disease Including Rheumatoid Arthritis*; *Arthritis: Little Known Treatments*; <http://www.arthritis-trust.org>.)

Chiropractic

A case of Gout is reported by Paul A. Goldberg, M.P.H., D.C.,¹⁹ graduate of Bowling Green State University, Life College, and the University of Texas Medical Center Graduate School of Public Health. Dr. Goldberg holds degrees in preventive medicine, nutrition and chiropractic, and is Professor of Clinical Nutrition, Gastroenterology, and Rheumatology at Life College in Marietta, Georgia. He operates The Goldberg Clinic in Marietta, Georgia.

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The Case of Jeff Scales

Jeff Scales, 41-years-of-age, came to Dr. Goldberg with severe gout so painful that he could not walk at times. Jeff was also troubled by fatigue, high blood pressure, an overweight condition, digestive disorders, and ear and sinus infections. His Gout was gradually getting worse despite drugs given him by his physician.

Laboratory tests revealed elevated uric acid, cholesterol and triglyceride levels. He had numerous allergies and a number of mineral imbalances.

Jeff was placed on a liquid diet for detoxification and rest lasting 21 days. His symptoms initially worsened, and the blood uric acid levels increased. By the 10th day the pain began to subside as did the uric acid, cholesterol, and triglyceride levels. Later Jeff was placed on an elimination diet and given acupuncture along with specific nutrient supplementations.

In 40 days Jeff lost over thirty pounds, with normalization of cholesterol, triglycerides and blood pressure. He reported feeling very well with no more joint pain and with increased energy. he was able to get off of all high blood pressure and Gout medications.

Three years later Jeff is still in excellent health. As a bonus, his ear and sinus infections have become a thing of the past.

Diet

Michael T. Murray, N.D. suggests weight reduction in obese individuals, using a high-fiber, low-fat diet. Liberal fluid intake is also recommended, as it helps keep the uric acid diluted, and also promotes its excretion.⁴

Other Dietary Considerations

It's also important that sufficient thyroid⁵ be produced or available to the metabolism, as it may not be easy or possible to change from acidic to alkaline if the thyroid is insufficient. Other hormone replacement therapies, such as dehydroepiandrosterone, and others might be considered. (See *Thyroid Hormone Therapy: Cutting the Gordian Knot*; <http://www.arthritis-trust.org>.)

Enzyme Therapy

Enzyme supplementation, along with proper diet, may be important.

Flavonoids

Julian Whitaker, M.D., Newport Beach, California, and Dr. Michael T. Murray, Bellevue, Washington, report that some gout patients find relief by eating a handful of up to one-half pound of cherries each day.⁷ "Cherries, hawthorn berries, blueberries, and other dark red-blue berries are rich sources of compounds that have been found to favorably affect collagen metabolism and prevent and reduce inflammation of joints."⁴

One can also juice about four handfuls of pitted cherries with 1/2 cup of strawberries to help neutralize excess uric acid, reports Cherie Calbom, M.S., a certified nutritionist in Kirkland, Washington, and co-author of *Juicing for Life*. She also advises using this juice daily to prevent gout attacks.

Other forms of flavonoids may also be of benefit to individuals with Gout. Dr. Murray suggests that "quercetin may offer significant protection by inhibiting uric acid production in a fashion similar to the drug allopurinol, as well as inhibiting the manufacture and release of inflammatory compounds.

"Quercetin is widely found in fruits and vegetables. For best results, 200 to

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400 milligrams of quercetin should be taken with bromelain between meals, as bromelain is believed to enhance the absorption of quercetin and other medications."¹⁰

Dr. Caroline M. Shreeve⁹ reports on the use of four cupfuls daily made of the following: 1 liter of water, 4 slices of lemon, a pinch of lavender and a pinch of dog's tooth.

Folic Acid

Michael T. Murray, N.D. reports that "folic acid has been shown to inhibit xanthine oxidase, the enzyme responsible for producing uric acid." Research, he says, has shown it to be a greater inhibitor than allopurinol, which suggests that "pharmacological doses (10 to 50 milligrams/day) may be an effective treatment in gout."¹⁰

Herbs

Garlic (*Allium sativum*) has been used throughout the world for gout and Rheumatism. According to *Alternative Medicine: The Definitive Guide*, "Studies indicate general benefits from almost any type of garlic, be it raw garlic, dried garlic, garlic oil, or a prepared commercial product. However, odorless or odor-controlled garlic preparations have a high degree of activity and are appropriate. . . ."⁴

A herbal tea long said to be effective with Gouty Arthritis is Kombucha Tea.

Homeopathy

Selection of homeopathic remedies is a function of the individual's physical condition, constitution and personality.

According to Chris Meletis, N.D.

In times of emergency until you see your medical doctor or homeopath, or as a complementary treatment until you feel some relief, Chris Meletis, N.D.⁷ at the National College of Naturopathic Medicine in Portland, Oregon, advises that for red, hot, swollen joints, try *Belladonna* 12c every couple of hours.

If the joints are acutely painful and red, use *Aconite* 12c every few hours.

If the big toe is red and tender, and you also feel irritated and weak, use *Colchicum* 12c every few hours.

For burning, itching and swelling in the gouty area, use *Urtica urens* 12c, every few hours.

According to Dr. Schuessler's Biochemistry

*Dr. Schuessler's Biochemistry*⁸ reports on the use *Natrum sulphur* as a remedy for gout, although in the acute stages alternate it with *Ferrum phosphorus*.

According to Dr. Lockie

Dr. Andrew Lockie¹¹ recommends to be taken every 15 minutes for up to 10 doses, the following:

Colchicum 6c for a person depressed, irritable, weak, and nauseous and whose affected joints are excruciatingly painful, especially at night or when an attempt is made to move it.

Arnica 30c when joints feel bruised and painful.

Ledum 6c when affected joints are slightly swollen, with a cold feeling in them, and discomfort lessened by cold bathing and increased by movement.

Urtica 30c when affected joints burn and itch.

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Benzoic Ac. 6c when symptoms are accompanied by strong-smelling urine.

Lycopodium 6c when one foot is hot, the other is cold, and symptoms worsen from 4 to 8 p.m.

Pulsatilla 6c when pains flit from joint to joint.

Dr. Lockie¹¹ further advises for the ease of pain to "apply a hot compress or ice pack to the affected joint, but do not take aspirin as it may interfere with action of antigout drugs. . . Drink extra fluid (plain water is best, or water with a little sodium bicarbonate in it) to enable your kidneys to excrete as much uric acid as possible."

According to Dr. Catherine Russell

Dr. Catherine Russell, Guadalajara, Mexico,²⁰ uses a lot of stinging nettle, which she picks and prepares herself during the dry season. She administers stinging nettle extract (96 proof alcohol), a tablespoon 3 X daily. The extract is also applied locally to Gout inflammation, and "the next day," she reports, "the patient will feel better." Dr. Russell also may use DMSO (dimethylsulfoxide), and she'll advise a change in diet and lifestyle, more exercise, halting smoking and increasing vitamin C intake.

"If improvement is not forthcoming, I'll use a high potency homeopathic remedy, which usually works unless there is a stubborn genetic factor."

Hydrotherapy

John Abruzzo, M.D., professor of medicine and director of the Rheumatology and Osteoporosis Center at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania, applies a cold, wet compress directly to the sore area for 20 minutes, or he will wrap an ice pack in a plastic bag, placing it over a towel on the skin. He has advised, "Never leave a cold treatment on for more than 20 minutes, . . ., or you could damage your skin. Gout is comparatively easy to treat if it is recognized early enough. If you let it go for too long, it's much harder to get under control." ⁷ So, see your doctor as soon as possible.

Agatha Thrash, M.D. and Calvin Thrash, M.D. write that "Large doses of charcoal by mouth -- ten tablets four times a day for ten days -- charcoal baths and compresses promote a fall in the blood uric acid.

"Mud baths have also been suggested as useful in gout."¹⁷

Agatha Thrash, M.D., Calvin Thrash, M.D., *Home Remedies*, Thrash Publications, may be obtained through this Foundation at <http://www.arthritistrust.org>.

Qigong for Arthritis

The balancing or distribution of bioelectrical energy to body parts in need can be an important therapy.¹⁶ (*Qigong for Arthritis* by Dr. Jang Jwing-Ming available through this Foundation at <http://www.arthritistrust.org>).

The Case of Harry Turner

Harry Turner, 72 years-of-age, is an interesting demonstration of a concept of the Chinese medicine which approaches the cause of the problem (root) as opposed to its symptoms (the branches), according to Roger Jahnke, O.M.D.

Harry had high blood pressure and also suffered from chronic obstructive pulmonary disease. He'd been on drugs for a period longer than 10 years, which

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had completely eliminated his sex life.

"Following the rule, to treat the root and not the branch, what we did instead of treating Gout or high blood pressure, or chronic obstructive lung disease, we treated his syndrome, his constitutional syndrome in terms of Chinese medicine, which was the 'yin' of the kidney." ("Yin," in Chinese medicine, means "deficient."¹⁶)

"What's fascinating about Harry's progress is that without treating Gout or high blood pressure, both of those seemingly unrelated disorders began to resolve, and he no longer needed medicines.

"Harry caught the vision of the value of self-applied, health enhancing methods. He was particularly interested in meditation [which is part of Qigong]."

See Roger Jahnke, O.M.D., books, *Qigong: Awakening and Mastering the Medicine Within, The Self Applied Health Enhancement Methods*; tape, *Deeper Relaxation for Self Healing*, Health Action, 243 Pebble Beach, Santa Barbara, CA 93117; Dr. Yang Jwing-Ming, *Arthritis -- The Chinese Way of Healing and Prevention, The Root of Chinese Chi Kung: The Secrets of Chi Kung Training*, YMAA Publication Center, 38 Hyde Park Avenue, Jamaica Plain, Massachusetts 02130. (Also see <http://www.arthritistrust.org>.)

Supplements

Michael Murray, N.D. recommends "1.8 grams a day of eicosapentaenoic acid (EPA), 400 to 800 IUs a day of vitamin E, 10 to 40 milligrams a day of folic acid (under a physician's supervision) and quercetin (with bromelain), 124 to 250 milligrams three times a day between meals."⁴

Michael Murray's book *Natural Alternatives*, is available through William Morrow and Company, Inc., New York, 1994. (Also see <http://www.arthritistrust.org>.)

Julian Whittaker, M.D. recommends drinking lots of water to keep the urine diluted. Ten to 12 glasses of water daily, as also recommended by Dr. Batmanghelidj (*Your Body's Many Cries for Water*, available this foundation) will help excrete uric acid and prevent crystals from forming. "Tart cherries, blueberries, and other dark red-blue berries contain anti-inflammatory compounds called anthocyanins, which are remarkable in their ability to ease the pain of gout."

Dr. Whitaker also recommends flavonoid quercetin to inhibit uric acid production similar to that involved with prescription drugs. He recommends taking 200 to 400 mg of quercetin along with 1,000 to 1,500 mg of the enzyme bromelain -- to enhance absorption) two to three times daily between meals.

Universal Oral Vaccination

Early research with Rheumatoid Arthritis and "Rheumatism," involved staphylococcus and streptococcus killed organisms injected as antigens, the successful results thus strongly supporting the infectious nature of Rheumatoid Arthritis. As many forms of Rheumatoid Disease seem to have an infectious and/or allergenic component, such as Ankylosing Spondylitis, Candidiasis,

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Crohn's disease, Fibrositis, Fibromyalgia, food allergies, rhinitis, and so on, this form of protection may be not just all-inclusive, but also cheap and all-important.

Injecting known, specific allergens or antigens into the cistern (base of teat) of a cow just prior to calving produces protective substances that are curative.

As Dr. Costantini has shown a mycoplasmic basis to Gout, so this form of treatment may be effective. (See "Universal Oral Vaccine," <http://www.arthritistrust.org>.)

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