Joint and Muscle Pain, Various Arthritic Conditions and Food Sensitivities

James A. Jackson, MT(ASCP)CLS, Ph.D., BCLD[2]; Hugh D. Riordan, M.D.[1]; Ronald Hunninghake, M.D.[1]; Sharon Neathery, M.T.[2]

The Center first started accepting patients/co-learners in 1975. Several years later we were asked to evaluate our first rheumatoid arthritis patient. The prevailing wisdom of conventional medicine at the time for treating arthritis was that a physician would prescribe a medication to relieve the pain and "teach the patient to live with their disease". In some situations, this is still the treatment. We approached our first patient presenting with rheumatoid arthritis in much the same way we approach all our patients: we want to discover the underlying factors that seem to be triggering the body's painful response to a disease. In this patient's case, a diagnostic chelation showed a high body burden of lead (a protoplasmic poison) and many adverse food reactions (especially to corn). Removing the lead burden through a series of intravenous chelation and having her avoid the reactive foods, her symptoms of arthritis (which had been present for many months), disappeared. The patient is an avid golfer and continues to play golf today. During a recent visit to The Center, she stated that she is now hitting the ball farther than she had ever hit it prior to the onset of the arthritis.

The association with various food sensitivities and arthritic conditions have been known for some time. Norman F. Childers, Ph.D., a professor of horticulture at Rutgers University, suggested the elimination of night shade plants from the diet of patients to help control the symptoms of arthritis. These plants include potato, tomato, eggplant, tobacco, and all kinds of peppers except black peppers. Dr. George K. Davis, professor of animal nutrition at the University of Florida, also showed a correlation between nightshade plants and arthritis symptoms in cattle. Cattle eating the leaves of these plants in Argentina, Brazil, Hawaii, Jamaica, and the European Alps, often had to eat on their front knees because their necks were too stiff to feed naturally. The cattle had developed lesions of the soft tissue, mainly the elastic fibers, which had become calcified.[1]

It has also been reported that food is the greatest antigen challenge to the human immune system. Many antigens in food are known to cause reactions in susceptible individuals. These reactions may be allergies (less than 5% of the reactions) which involve the Type I, IgE mediated hypersensitivity reaction. More commonly, there is a delayed IgG, or cell mediated sensitivity reaction that may occur in over 60% of the reactions. Food allergy is a repeated burden on the immune system, and over time, non-IgE responses to food allergies can result in atopic dermatitis and rheumatoid arthritis.[2] Recently, there has been shown an association between the HLA class II antigen (HLA-DR4) found on B lymphocytes and macrophages in patients with rheumatoid arthritis. This finding suggests a potential role for exogenous antigens and rheumatoid arthritis.

Milk, lactoprotein, gluten, inflammatory bowel disorders, and celiac disease are known to exacerbate arthritis. Certain bowel diseases caused by food intolerance, or associated with increased intestinal permeability, sometimes involved joint inflammation. Increased intestinal permeability in osteoarthritic patients using nonsteroidal anti-inflammatory agents has been documented.[3]

Laboratory data from some of The

1. The Center for the Improvement of Human Functioning International, Inc., 3100 N Hillside, Wichita, KS 67219
2. Department of Medical Technology, Wichita State University, 1845 Fairmount, Box 43, Wichita, KS 67206-0043.

Center's patients with various complaints of joint/muscle pain and the cytotoxic food sensitive test results tend to support some of the research discussed above. One of the authors (SN) has over 22 years experience with the cytotoxic food sensitivity procedure.[45] Results of the cytotoxic food sensitivity test (90 antigens) from nine patients with a diagnosis of fibromyalgia (all females, ages range from 45 to 66 years; mean age of 54.2 years, are shown in Table 1 (below). Table 2 lists the number of patients (from Table 1) showing reactivity to antigens from night shade plants.

Table 3 (p. 170) lists antigen reactivity of 41 patients (30 females and 11 males, ages range from 11 to 70 years, mean age 57) with rheumatoid arthritis.

Table 4 (p. 172) lists these same patients and antigen reactivity against night shade plants.

A brief comparison was made with nine patients at The Center with a complaint of "back pain." There were eight females and one male and ranged in age from 16 to 66 years, with a mean age 40 years.

Table 1. Number of reactive antigens in patients with fibromyalgia

Sex/Age	Plus 1	Plus 2	Plus 3	Plus 4	Total Reactive Antigens	Percent Reactive Antigens
F/66	19	16	2	0	37	41%
F/45	20	12	2	0	34	38%
F/51 (only 20 antigens)	6	4	2	0	12	60%
F/55	16	12	2	0	30	33%
F/54	15	7	2	0	24	27%
F/63	14	8	1	0	23	26%
F/65	15	13	3	0	31	34%
F/45	31	17	0	0	48	53%
F/46	18	11	2	0	31	34%
Mean number antigens reactive	17.1	11.5	1.8	0.0	30 (range 12-48)	38.4% (range 26%-60%)

Table 2. Number of patients reactive to night shade plant antigens

	Plus 1	Plus 2	Plus 3	Plus 4	Number Reactive	Percent of patients Reactive (n=9)
Potato	3.0	1.0	1.0	0.0	(5/9)	56%
Tomato	2.0	3.0	0.0	0.0	(5/9)	56%
Green Pepper	3.0	3.0	0.0	0.0	(6/9)	67%
Tobacco	0.0	1.0	0.0	0.0	(1/6)	0.1%

Note: 4 out of 9 (44%) patients had a reactivity to both broccoli and cauliflower (cruciferous plants/vegetables).

Table 3. Number of reactive antigens in patients with rheumatoid arthritis

Sex/Age	Plus 1	Plus 2	Plus 3	Plus 4	Total Reactive Antigens	Percent Reactive Antigens
F/65	22	13	2	0	37	41%
M/51	18	16	2	0	36	40%
F/51	13	13	2	0	28	31%
F/73	16	11	2	0	29	32%
F/72	13	11	3	0	27	30%
F/61	13	7	3	0	23	26%
F/51	15	9	2	0	26	29%
M/48	12	14	2	0	28	31%
M/54	18	13	1	0	32	36%
F/72	13	11	3	0	27	30%
M/83	21	9	2	0	32	35%
F/43	18	10	1	0	29	32%
F/61	17	13	1	0	31	34%
M/66	15	6	2	0	23	26%
F/39	15	6	3	0	24	27%
F/66	14	10	2	0	26	29%
F/52	12	10	5	0	27	30%
F/81	18	13	1	0	32	36%
M/66	15	6	5	0	26	29%
F/49	15	9	2	0	26	29%
F/77	16	12	3	0	31	34%
F/71	20	12	1	0	33	37%
F/60	11	9	3	0	23	26%
F/61	17	13	1	0	31	34%
M/63	18	10	2	0	30	33%
F/47	17	7	3	0	27	30%
F/60	14	7	1	0	22	24%
F/70	6	4	1	0	11	55% (only 20 antigens)
F/43	18	10	1	0	29	32%
F/73	17	10	1	0	28	31%
F/60	16	11	1	0	28	31%
F/53	16	13	2	0	31	34%
F/57	15	10	1	0	26	29%
M/42	17	8	2	0	27	30%
F/43	18	9	1	0	28	31%
M/82	13	9	4	0	26	29%
M/29	17	13	1	0	31	34%
M/58	20	13	2	0	35	39%
F/61	13	8	3	0	24	27%
F/61	14	13	1	0	28	31%
F/61	14	13	1	0	28	31%
Mean number reactive antigens	15.6	10.2	2.0	0.0	28 (range 23-37)	32% (range 24-55)

The results of the cytotoxic food sensitivity test are shown in Table 5 (p. 172).

Conclusion

The Center has found a high correlation between food sensitivities and musculoskeletal diseases. The number of patients listed for fibromyalgia and back pain are small (n = 9), however, there seems to be a strong association between antigen reactivity and the joint/muscle pain described by these patients. The total reactive antigens and total percent reactive antigens were greater in fibromyalgia (30 and 38.4%), followed by rheumatoid arthritis (28 and 32%) and back pain (23.7 and 26.4%). The correlation of reactive night shade plants with arthritic and or joint/muscle pain is found in the patients with fibromyalgia and rheumatoid arthritis (Tables 2 and 4).

Over 50% of the patients with fibromyalgia demonstrated reactions against night shade plant antigens. An interesting finding was a high percentage of patients showing a reaction to antigens of the broccoli and cauliflower, members of the cruciferous plant family. Forty-nine percent of fibromyalgia patients showed a reaction to both broccoli and cauliflower (Table 2), while the patients with rheumatoid arthritis showed reactions of 49% to broccoli and 41% to cauliflower (Table 4). This association, to our knowledge, has not been discussed before.

Two teenagers (Table 5) with back and neck pain showed a 23% and 26% reaction to various food antigens. This tendency for food sensitivities may develop at an early age.

Children's digestive system are much more permeable during infancy to better absorb nutrients. If solid food is introduced too early, infants are prone to develop food allergies and, perhaps, a future bout with inflamed muscles and joints.[2] In adults, a lifetime of low fiber foods, processed foods, constipation, sedentary habits and deficient digestive enzymes, put the gut wall under great stress. The wall may weaken and become hyperpermeable, a condition known as the "Leaky Gut Syndrome." With this condition many toxic substances, incompletely digested proteins, and food preservatives are absorbed through the gut wall. This could be the trigger for fibromyalgia and various arthritic conditions.[6]

References

1. Rheumatoid Arthritis, The Center's Approach, Health Hunter Newsletter, 1966; Richard Lewis, editor, 10-9.
2. Peters S: Hidden dangers: an overview of food allergies. Advance for Physicians Assistants, 1997; 5(12): 46-47.
3. Van Dee Laar MAFJ, Van Dee Laar JK: Rheumatoid arthritis, food and allergy. Seminars In Arthritis and Rheumatology, 1991; 21(1): 12-23.
4. Jackson JA, Riordan HD, Neathery S, Guinn C: The cytotoxic food sensitivity test - an important diagnostic tool. J Orthomol Med, 1995; 10(1): 60-61.
5. Jackson JA, Riordan HD, Neathery S: Comparison of the food cytotoxic food sensitivity test To the enzyme RAST/EAST test. Amer Clin Lab, 1991; 3:20-21.
6. Fibromyalgia: Beneath the Surface, R&D Update Newsletter, 1996; October/November: 1&5.

Table 4. Number of patients reactive to night shade plant antigens

	Plus 1	Plus 2	Plus 3	Plus 4	Number Reactive	Percent patients Reactive
Potato	7	7	0	0	(14/41)	34%
Tomato	11	5	2	0	(18/41)	44%
Green Pepper	10	6	1	0	(17/41	41%
Tobacco	4	7	1	0	(12/41)	29%

Note: 23, or 49% of patients, had a reaction to broccoli while 16 (41%) had a reaction to cauliflower, part of the cruciferous vegetable/plant group.

Table 5. Number of reactive antigens in patients with back pain

Sex/Age	Plus 1	Plus 2	Plus 3	Plus 4	Total Reactive Antigens	Percent Reactive Antigens
F/43	16	8	3	0	27	30%
F/49	9	10	2	0	21	23%
F/50	8	7	2	0	17	19%
F/34	14	8	2	0	24	27%
F/36	14	8	2	0	24	27%
F/66*	20	13	1	0	34	37%
M/49	13	8	2	0	23	26%
F/18**	6	6	1	0	23	26%
F/16	11	8	2	0	21	23%
Mean Number Reactive Antigens	13.4	8.4	1.9	0.0	23.7	26.4%

*= patient also had bursitis. **= patient also had neck pain.