

Arthritis is Reversible

(Turning a Slippery Slope into a Ladder) September 2007



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"But, Doctor, my xrays show advanced arthritis"

"But, Doctor, I've already failed with physical therapy ("PT"), medications and injections."

"But, Doctor, the TV commercials tell me that I all I can do is deal with the pain, not correct the problem"

"But, Doctor, my doctor told me that surgery is inevitable"

"But, Doctor, I'm ___ years old, what can I expect?"

Recognize any (or all) of the above? So how can I make the claim that common osteo-arthritis ("OA") is reversible? Because science and experience tells us so. I have seen hundreds of patients, of all ages, improve their conditions dramatically. Yes, some will need a joint replacement; or are unable or unwilling to make the investment to heal their arthritis; but the *process* of developing OA is proof of the body's wisdom and attempt to repair.

True Stories

The first evidence of healing was with my brother-in-law, over 20 years ago, when he was in his early 30's. He had knee surgery to repair a torn ligament, followed by months of PT. He then developed a new, aching pain in his knee. He went back to his orthopedist who told him he was now developing arthritis in his knee and there was nothing more to do. He said to me, "Why did I go through all of that, just to develop arthritis and pain". I asked him to show me the exercises he was doing. He was essentially doing strengthening exercises, but no stretches. The muscles and soft tissues around his knee were so strong and tight that they were forcing his knee surfaces to rub on each other excessively. I showed him some yoga stretches and his pain resolved within weeks.

A similar situation occurred with a colleague, an avid squash player, in his early 50's. He already had numerous surgeries on both knees, many courses of PT, and Synvisc injections (a substance that is supposed to help cartilage repair). He was taking so much Motrin (Advil, ibuprofen) that he was chronically bleeding from his gastrointestinal tract and was risking a fatal bleed. When I examined his knee, though it showed some wear and tear, again I found excessive tightness in the muscles around his knee. In fact, his quadriceps muscle (the front thigh muscle) was so tight from over-zealous PT that he couldn't even bend his knee to 90 degrees. He was a disciplined athlete with lots of motivation. He enrolled in my yoga class (the only male there!), and followed the program of medical acupuncture and nutritional supplementation that I designed for him. Within four months, his pain was so improved that he was able to stop his Motrin. He is still playing squash, almost 10 years later.

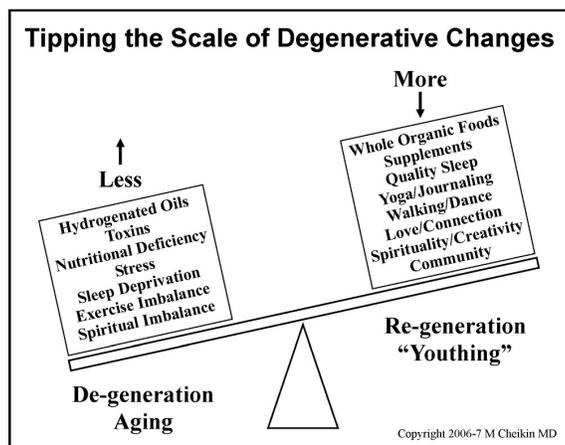
The next story is a 60+ year old woman, overweight, who had severe arthritis in her low back. She had already done everything except surgery, including PT, epidural injections, and medications. I found her blood levels of Vitamin D were very low, and her diet/supplement program was not providing

enough anti-inflammatory support. A combination of diet, acupuncture, and a special yoga-based PT helped her heal in six months. She has remained pain-free for years.

There are many similar stories involving shoulders, thumbs, necks, ankles, and other joints. The process of degeneration is the same. Many people still don't know about the work of Dean Ornish MD, a yogi who became a cardiologist. He proved, despite initial ridicule by the medical establishment, that clogging of the coronary arteries is reversible with diet and stress reduction. If these small vessels that supply blood to the heart can repair themselves, why shouldn't a joint be able to repair also? The process of degeneration (and aging) should be out-paced by the process of re-generation (and "youthing"!).

What Is Osteo-Arthritis ("OA")

OA is a wear-and-tear of the cartilage and bone of the joints. Unlike non-living things, when a joint is stressed through use, the body attempts to make it stronger. It does this by removing and then replacing some collagen in cartilage and bone underneath the cartilage. In fact, bone and other tissues are designed to be constantly "re-modeled" in response to the forces placed upon them. With every stress, bone, muscle, and surrounding soft tissues are torn down and re-built. It's how we get stronger with exercise. We start this process of breakdown and repair very early in life. If this process goes right, we are stronger and more limber; if it goes awry, then we form "bone spurs" and the soft tissues get too tight or loose. (This process is very different from the severe destructive process of rheumatoid arthritis, which will be discussed in a future article.)



Measurement of OA

Imaging studies such as xrays, CAT scans, and MRI's show us the structure of joint tissues. These studies will begin to show "degenerative" changes beginning in the 20's or even earlier. However, since these changes occur in us all, it is not yet possible to distinguish the changes that cause pain and dysfunction from those that are benign. In fact, scientific research has shown that there is very little correlation between pain and imaging studies. A person can have a "horrible" xray but be pain-free their entire life; or a person can have a "beautiful" MRI and be in severe, disabling pain. In fact, most surgeons will not base decisions on these studies--it's usually intractable pain, not an MRI that drives the decision to operate.

Because of their "false positive" nature, when I order radiologic studies, say of a painful knee (a rare event, usually to rule out a more serious disease), I always order both sides. An MRI of a knee in anyone over the age of 30 will always show some "torn cartilage". To help determine if the findings are significant, an MRI needs to be compared to a prior study, or if one is not available, to the other side. When I do this, I do not tell the radiologist which side is the painful one. In the vast majority of cases, the radiologist does not see a difference

between sides.

This issue was further demonstrated by research in Boston several years ago. They performed arthroscopic "clean-ups" on middle age men with knee pain that had not responded to PT. However, in half the cases, they only did sham surgery, putting the patient to sleep, making cuts in the skin around the knee, but doing nothing more. "Post-op" care was the same, involving more PT and exercise. The outcomes were the same. Therefore, while imaging studies can be helpful, especially to rule-out serious conditions such as cancer, they don't really help us measure the extent of OA.

Patterns of OA

In assessing the "cause" of OA, more important than imaging studies is the history, physical exam and biochemical tests (blood, urine, and sometimes stool). The natural history of OA usually falls into two patterns: a generalized process involving several joints, or a focussing process involving one or two joints. A generalized process speaks to the systemic process of *inflammation*. A local process suggests a prior injury with a persistent *injury pattern*. Sometimes both processes occur simultaneously.

Inflammation

As discussed in prior articles, inflammation refers to a fire that burns up our body from the inside. It affects virtually every tissue of our body--our joints, our blood vessels, our brain, our hormonal glands, and our immune system. If a person has a "pro-inflammatory" lifestyle, with poor eating, sleeping and stress-reduction habits, then very often there are other signs of inflammation. These can include: general aches and pains, pre-diabetes, hormonal imbalance, fatigue, poor skin healing, depression and memory problems, digestive problems and others. Often there are special blood tests that are abnormal, such as those looking at adrenal and thyroid function, heavy metal toxicity, sub-clinical yeast or bacterial infection, and nutritional deficiencies. OA and inflammation are affected by sex hormones, which is why we can see flares related to menarche, PMS, pregnancy and menopause.

Injury Patterns

After an injury, minor or major, the body alters the way it moves. For example, after a minor ankle strain, one may walk differently for a few weeks. However, after the ankle has healed, some of the altered (imbalanced) patterns of movement may persist. Over a decade or two, this may cause an accelerated wear-and-tear of a specific joint, such as the knee or hip. As an analogy, a car with an imbalanced front end will keep wearing out the tires. Replacing the tires will not solve the problem. The alignment of the front end must be fixed. Same with the body. Conventional imaging studies and PT often focus on the "problematic" joint, not looking at the body as a complex system. I have learned over time to look at least one or two joints above and below the problem joint. For example, low back pain is often caused by tight hips. Knee problems can come from tight ankles, feet or hips. Shoulder problems can come from a tight chest or forward neck.

Using the same logic, therapies geared toward single joints in many cases will be of limited benefit, since the root cause has not been addressed. Often, chronic pain is caused by problems in two or more areas. Exercises designed to help make one area better make a second area worse, and visa versa. While strengthening exercises can support a joint, too much strength can tighten muscles and increase the stress on a

joint.

The Holistic Approach

While conventional medicine offers medications, PT and procedures (injections and surgeries), the holistic approach utilizes education, yoga, nutrition, acupuncture, and lifestyle modification. It may take a bit longer, but it is a balanced approach. Not sleeping well, or having chronic constipation or diarrhea may not seem as a "cause" of progressive arthritis and pain, but such conditions indicate a situation where there is inflammation, toxicity, and malabsorption of nutrients.

As implied above, the evaluation and treatment of OA is not cookbook--it's not as simple as taking a Vioxx every day. The plan is very individualized. While many of these modalities are not "covered" by insurance, they are very cost effective. The investment in sleep, diet, stress reduction and lifestyle change can promote a global healing of many conditions at the same time, and ultimately save money in copays, prescriptions, and lost quality of life. Not only does the OA heal, people notice improvement in their other chronic diseases of aging including depression and anxiety, constipation, cardiovascular disease, cognitive decline, fatigue, etc.

IMPORTANT NOTE: This educational material may not be used to make decisions about medical care without the help of an experienced practitioner.

For More Information

- o See Dr. Cheikin's related articles on: Hormone Havoc, Adrenal Fatigue, Thyroid Disease and others
- o Dr. Cheikin's website, www.cheikin.com, has helpful articles on related topics
- o Dr. Cheikin offers workshops on various holistic health topics and classes in yoga, meditation and other wellness methods. Please call to be placed on his contact list or if you wish to host a Workshop.
- o Cheikin, Michael: Fibromyalgia and Chronic Fatigue Syndrome: A Nine-Step Pathway to Healing. Optimal Health, 2007. ISBN 9780-9795-20303.
- o Campbell, TC et al: China Study: The Most Comprehensive Study of Nutrition Ever Conducted and the Implications for Diet, Weight Loss... Benbella, 2005. 1932-100-385.
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- o Sivananda Center: The Sivananda Companion to Yoga. New York: Simon & Schuster, 1983. ISBN: 0684-87000-2
- o Ornish, Dean: Dr. Dean Ornish's Program for Reversing Heart Disease. New York: Random House, 1990. ISBN: 0394-575-652.

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