

# **Rheumatoid Diseases**

*A Foundational Approach*

*Help For Arthritis and Rheumatism Sufferers:  
The Forgotten Patients*

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## DEDICATION

*Dedicated to all persons suffering as I did with rheumatoid disease, enduring endless days trapped in bodies that give them infinite pain...and to all health care professionals who care more for their patients than for their profession.*

Paul A. Goldberg

# ARTHRITIS/RHEUMATISM SUFFERERS

## ***THE FORGOTTEN PATIENTS***

**Addressing Rheumatoid Disorders through a Foundational Approach**  
***Causes Identified...Causes Addressed...Health Restored***

**Paul A. Goldberg, M.P.H., D.C., D.A.C.B.N.**

### **PART ONE**

Over 40 million persons in the United States suffer from rheumatoid disease including men, women and children<sup>1</sup>. This makes these the most common chronic health problems we have in the U.S. Surveys can estimate the numbers of people afflicted but cannot assess the degree of agony that is experienced by those who suffer. If you are one of those affected you know of what I speak. This booklet was written to help you better understand your problem and start you on the road to effectively addressing it.

The most prominent feature found in rheumatic diseases is the presence of arthritis and rheumatism, inflammation of the joints and musculature. Having arthritis alone, however, does not constitute systemic rheumatoid disease. If one bangs their knuckles on the table they will temporarily have arthritis in their hands, but it soon goes away. An individual with an old football injury may develop arthritis in a previously injured joint, but is not plagued with a metabolic, rheumatoid condition as addressed in these pages. Rheumatoid diseases typically have joint inflammation *but also represent systemic conditions that affect the entire body on an ongoing basis.*

The following definitions will assist the reader in beginning to understand the nature of rheumatoid diseases of which arthritis and rheumatism are a part:

***Rheumatoid Diseases (R.D.):*** A set of over 100 medical diagnoses each having in common *systemic inflammatory disease primarily involving the connective tissues of the body.*

***Arthritis:*** Literally "joint inflammation." Anything which causes inflammation in a joint, even if only temporary, can be referred to as "arthritis".

***Rheumatism:*** Derived from the Greek "rheuma" from "rhein," meaning flowing. The term was based on the supposition that accumulated matters flowed about the system settling in organs and tissues where they caused discomfort.

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<sup>1</sup> National health Interview Survey 1991

The terms arthritis and rheumatism are used far too loosely by both the public and by health care professionals. British physician Dr. Eric Wright says of the term rheumatism:

"The term (rheumatism) is applied to generalized muscular pain which may be provoked by nerve irritation or come directly from the bones, joints, and ligaments....Rheumatism is one of the blanket words which hopefully means something to the patient while concealing the doctor's almost complete ignorance of what the pain is due to."<sup>2</sup>

The term "arthritis" conjures up in many minds, visions of elderly people bent and crippled with gnarled, swollen joints and indeed such circumstances are widespread. There are also, however, millions of young people, including children, who suffer with arthritic symptoms in the form of Metabolic Rheumatoid Diseases just as severely.

Another myth is that the metabolic, systemic, rheumatoid diseases are merely uncomfortable. In reality, these diseases frequently involve a tortuous, hell bent, road leading, in some cases, to an early and unfortunately, sometimes welcomed death. Patients with rheumatoid diseases differ widely one from another but all suffer with daily disease that ranges from being moderate, chronic, pain to excruciating discomforts that make life a continual sea of agony.

If you are afflicted by systemic rheumatoid disease you know of what I speak. You long for the days when you could move about in freedom. The mornings when you would wake up energetic eager to meet the new day. The times when you took long walks pain free. When you could run, chase the kids and the dog, ride your bicycle for miles without a care and enjoy the many simple pleasures of life without the constant, hammering, reminder of the disease ravaging the foundations of your health and well being. You long for the time when your disease was not, by necessity, the focus of your life. Now you may find yourself unable to think about anything but the ongoing pain. Each new day becomes a terrible chore and life seems to be passing you by. Upon waking your first thought is: "Oh no, not yet another painful day!" You envy those you see pass by your front window who move about in perfect comfort, thinking nothing of their blessed pain free existence, whereas for you, to be like those whose joints and muscles function effortlessly and painlessly, it would be as if to enter through the gates of heaven.

The initial entry into the hellish world of rheumatoid disease starts for many with periods of malaise and generally not feeling well, often accompanied by indigestion, depression and vague muscular aches and pains. This may then give way to severe joint and muscle inflammation. Occasionally the onset is more sudden, even to the point of going to bed feeling fairly well one evening and waking the next morning with swollen joints which become a mainstay of life.

### **A Title for Your Symptoms and Some Pills**

If you are an R.D. patient you likely, after the first few days or weeks of having symptoms, went to the physician's office to complain of your discomforts. Your physician, after a few tests perhaps shuffled you off to a

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<sup>2</sup> Wright, Eric H., Executive Ease and Disease p. 61

rheumatologist, who (after running more tests) picked out a rheumatoid disease diagnosis that best fit your symptoms from a list of over a hundred choices, giving you something you could hang your hat on. Little did you perhaps realize that all that was being given to you was a title for your symptoms...something to be able to tell others that you have. *“But what is causing my problem?”* you might have asked. *Unknown* would be the reply.” Will I be able to recover my health?” you inquire. *“No”* is the response, but toxic, body numbing, drugs are available to render your nervous system less sensitive to the sensations your diseased body is delivering to you in order to tell you that something is wrong and getting worse.

Since the causes of the rheumatoid diseases are said to be unknown, what is the value of having over 100 diagnostic classifications of R.D.'s? Many researchers and practitioners argue that the classifications are artificial, do not represent true differences in the disease process and thereby lead to confusion among practitioner and patient.

The late Dr.Hans Selye commented:

*"Since the etiology of all these arthritides is not known, we wonder if it is really justified to stress so much the differences between them, which are often difficult to detect, rather than the similarities which are always obvious".<sup>3</sup>*

Not satisfied with the chronic illness prognosis you have been assigned, you go to another physician who might assign you a different rheumatoid diagnosis, but strangely enough, the same basic slew of drugs is usually recommended. With a trust in the medical/pharmaceutical system that has been nurtured by years of brainwashing from the benevolent images of Ben Casey, Dr. Kildaire, and Marcus Welby, M.D. to the mind numbing drug ads that pepper the airways, most R.D. sufferers take the chemicals the pharmaceutical industry has to sell, in faith that there is no other choice, that this is their fate. Indeed, dependence on drugs does ensure that one's fate will be sealed in ways that are most unpleasant.

How many times have I had patients with Rheumatoid Diseases come to my office pleading for help after taking dangerous prescription drugs for five, ten, twenty, thirty or more years. “I have given up on the medical system Dr. Goldberg,” they say, “I only get worse and worse each year. My doctor keeps throwing one drug after another at me. I am sick and tired of being sick and tired and watching my health dissipate. I met one of your patients who had been diagnosed with rheumatoid arthritis, (or lupus or other R.D.) who recovered their health after working with you. Help me do the same.” For those who start their journey by addressing causal factors and working on restoring health this is frequently possible. Sadly, however, for those who have spent many years taking drugs and ignoring their real health needs, the opportunities for recovery are often greatly diminished. Too often the patient takes the dangerous road of pharmaceuticals as the first route ignoring the road of constructive health measures that should be taken from the start. A well planned approach of addressing causes and building health rather than simply naming and treating symptoms is the rational road to take from the start.

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<sup>3</sup> Selye, Hans, Stress, ( Montreal: Acta, Inc. 1950) p. 393

No matter what the diagnosis received, be it rheumatoid arthritis, systemic lupus erythematosis, ankylosing spondylitis, psoriatic arthritis, mixed connective tissue disease, fibromyalgia or any other, under medical care you will be prescribed drugs along with the cautionary that you will have this problem for the rest of your life. You will almost certainly hear nothing of why you became ill, just that you have “x” disease. Advice on how to regain your health will likely be non-existent because your medical physician, even though he may be well intentioned, does not know...it is not addressed in medical schools. To make matters worse (as any honest physician will admit), the drugs prescribed to you will be of a highly toxic nature, entailing numerous potentially harmful repercussions for those who in ignorance or desperation ingest them. Rheumatoid disease sufferers are, in effect, asked to resign themselves to a terrible fate, to give up hope of restoring their health and to put their trust into bottles of health impairing compounds intended to afford them *at most*, temporary respite from their pains while pushing them further into the abyss.<sup>4</sup> This is the dilemma most patients find themselves in today.

Once you’ve chosen the medical road to hell, pharmaceutical companies will live off your resignation and misery with the pills you purchase now while holding out hope of an improved pill right around the corner. It is a weary battle cry for anyone who has been in the fray. We have heard the repeated promises with each new drug coming down the pike... that it will deliver a long awaited miracle. Those desperate for drug salvation, who think their problems can be solved with a pill, will embrace each new pharmaceutical messiah but soon discover that each drug on parade inevitably has a short honeymoon of notoriety only to inevitably leave the patient worse off than before they took it. The beleaguered rheumatic disease sufferer goes from feeling euphoric with the hope that a new drug will be their salvation, to bitter disappointment when it does not live up to its promise, to dismay when he becomes yet another in a long line of victims that have been grievously injured by pharmaceutical side effects. Our hopes are dashed, complications are discovered and eventually many of these drugs are withdrawn from the marketplace.

Vioxx, originally heralded for its safety and effectiveness had its heyday. It was later found to dramatically increase the risk of heart disease, leading to its removal from the shelves amid television ads from attorneys clamoring for every Vioxx taker to join in the blood bath in yet another law suit against yet another drug manufacturer. Celebrex will likely follow. Indeed all anti-inflammatory pharmaceuticals are suspect and all have been implicated with a variety of dangerous adverse side effects. *The suppression of symptoms by interfering with body physiology inevitably leads to problems at some point.* Meanwhile, ever more potent drugs e.g. Remicad, Humera and Enbrel, all in a class of monoclonal antibody pharmaceuticals, are being promoted widely on the television amidst pictures of women moving about freely, in lovely settings, implying that these women have found their drug salvation while the narrator softly warns in the background of a myriad of side effects, including tuberculosis, lymphoma and death. We know of these potential side effects because patients taking these drugs have already acquired T.B., lymphoma and/or died as a result of taking these potions even though they have only been available for a short period of time.

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<sup>4</sup> When I was diagnosed with rheumatoid disease in 1976, I was shown an “educational” movie with other rheumatoid patients in a physician’s office, produced by a major pharmaceutical company that showed patients with rheumatoid arthritis getting worse over the years being disabled. The narrator said that medical science could offer drugs to ease the pain while research for a “cure” continued. A young lady, who had been diagnosed with rheumatoid arthritis, sitting near me, could be heard sobbing by the end of the film.

New drugs are heralded, have their heyday and then, like clock work when the hazards are realized, taken off the market not only for failing to significantly improve the lot of patients but due to significant side effects. Long time favorites with rheumatologists such as steroids, non-steroidal anti inflammatory drugs and highly toxic immune suppressants also have proven to be extremely hazardous, leading to a host of problems including gastrointestinal, liver, kidney, and bone related disorders.

*This is hardly a new story.* Cortisone, discovered in the 1940s, was heralded as being the solution to the troubles of those with rheumatoid arthritis and other rheumatoid ailments. The pages of *Life Magazine* 50 plus years ago heralded the new steroid era with pictures of patients on cortisone throwing away their crutches and dancing in the streets. This euphoria would be followed by a large dose of bitter herbs, as patients taking the steroids found that not only did their symptoms return, but that they returned with a vengeance. It was soon discovered that the ongoing use of corticosteroids led not only to a worsening of their rheumatoid symptoms but also to osteoporosis, diabetes, mental instability, immune dysregulation, adrenal atrophy and a host of other problems. This did not stop the pharmaceutical industry from creating more potent steroids e.g. prednisone and methylprednisolone which are now employed as treatments for a wide number of conditions including rheumatoid diseases.

## The Most Neglected Segment of the Medical Population

Rheumatoid Disease sufferers have been rightly referred to as the "*most neglected segment of the medical population*"<sup>5</sup>. Most practitioners would rather deal with patients who have acute problems that resolve on their own rather than the Rheumatoid Disease conditions that are so poorly understood by them. The average practitioner simply has no foundation to work from in helping R.D. patients. Even though they comprise about ten per cent of all doctor visits (8), rheumatoid disease patients find physicians ill prepared by their schooling to offer more than temporary, symptomatic relief while the underlying disease process continues unimpeded. Many doctors would empathize with Sir William Osler, who commented in his Principles and Practice of Medicine, a medical text used from the late 19<sup>th</sup> through the early 20<sup>th</sup> century that:

*"When an arthritis patient walked in the front door, I wanted to walk out the back one."*<sup>6</sup>

The Rheumatic Disease patient generally is difficult, but can be helped if building health with a solid foundation is the goal. Hard work, knowledge and experience in addressing etiological factors and patience on the part of the doctor and patient are required. The physician who makes the effort to become proficient in bringing Rheumatic Disease patients back to health, however, will find him or herself capable of assisting those with many kinds of illnesses and can become a Master of their art.

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<sup>5</sup> Eising, L.J., *Bone Joint Surg.*, 45a (1963) p.69

<sup>6</sup> Osler, Sir William, The Principles and Practice of Medicine (1892; 16<sup>th</sup> edition, 1947)

## **“Alternative Medicine”**

Finding their attempts to regain health by pursuing the pharmaceutical route to be futile, if not destructive, the rheumatoid disease sufferer frequently is lured into the burgeoning marketplace of “alternative medicine”. Acupuncture, acupressure, herbology, homeopathy, bee venoms, special baths, creams, pills and potions galore are available from a multitude of sharks waiting in the murky waters with products to sell and services to render to an audience desperate for help and ripe for the picking. Is this an effective route? *No*. Is this a safer route? Perhaps, in light of the fact that *most* of the “remedies” are *relatively* harmless. A clear and present danger nonetheless remains as the R.D. sufferer is still being led down the primrose path since the causes of health and disease are still ignored and “treatments” pursued. The “alternative” routes have the same flaw as standard medical treatments since they draw attention away from the real mission the rheumatoid disease sufferer should pursue... addressing the causal factors involved with their particular case and building a foundation of health. Does it really matter much whether we take aspirin or willow bark which is a “natural” source of aspirin? None of us are suffering from a deficiency of either of these. No one develops Rheumatoid disease due to a deficiency of willow bark or any other commonly hawked “natural” material. Simply put, our society is floundering around in its approach to the rheumatoid disorders. There are a plethora of pills, potions and treatments, conventional and “alternative” but concrete approaches that rebuild the health of the patient and address the causes of impaired health are in short supply.

In light of my reservations of the medical and alternative fields in addressing rheumatoid diseases, based on thirty years of seeing patients who have failed miserably and sometimes irrevocably in obtaining help from these circles, *where should you, the rheumatoid disease sufferer, turn to?* You will need a compassionate, knowledgeable physician who understands the principles elicited in this booklet. You also must turn to yourself and shoulder responsibility for putting your health back together. A good doctor can only help a patient who is willing to work hard to help themselves. There is much wisdom in the saying “*God helps those who help themselves.*”

My own experience in overcoming rheumatoid disease may prove helpful in understanding the role each of us must play in paving the road back to health.

## **Personal Experience**

My interest in rheumatoid diseases stems from personal illness starting over thirty years ago. In my early twenties, while enrolled in a joint degree program in law and preventive medicine at Ohio State University, I became ill with extreme joint & muscle stiffness and fatigue. I had long been an active person and was emotionally and physically crushed by my infirmity, particularly as I worsened week by week. I had lived what I considered to be a healthy lifestyle and had never smoked, taken alcohol or recreational drugs. I exercised regularly and vigorously, ate what I considered to be a natural diet and pursued what I thought were worthy goals of being of service to others. Why was I afflicted? Day by day my discomforts increased as I became increasingly arthritic. I began having trouble sleeping, couldn’t focus on my studies and became increasingly depressed over my condition.



I counseled with numerous medical physicians and was given an assortment of rheumatoid disease diagnoses, including ankylosing spondylitis, mixed connective tissue disease, psoriatic arthritis, and systemic lupus erythematosus... and indeed I had symptoms to fit each one of the titles I was assigned. The arthritic pains would soon be accompanied by severe ulcerative colitis. In addition to the medical (allopathic) physicians I went to, I consulted with osteopathic, chiropractic, and “alternative practitioners” but came up empty handed. No one could offer more than symptomatic care. They gave me names for my symptoms but could not tell me why I was ill or how to regain good health. Frustrated and depressed as my condition became progressively worse, I reluctantly left my studies in law and medicine to pursue answers. It would be over a decade of searching, learning and extensive effort before I would be able to acquire enough knowledge and experience to begin successfully addressing and reversing my condition. I knew, however, that somehow I had worked my way into this and that somehow I would have to work my way out of it. There would be a number of important guiding hands along the way but ultimately the responsibility would be mine.

### *A Journey Requiring Discipline*

My quest led me in different directions. After leaving my studies, I first spent time as a student and employee at a Natural Hygiene Institute in Florida, where I began to understand the concept of cause and effect as applied to health and disease. I was fortunate to have many insightful teachers (professional and non professional) who had learned to think in an independent fashion. Rather than seek out *cures* (a fools paradise), I began to seek out *causes*. Integral to this was learning what the causes of health were. I applied general health measures to myself while focusing on specific factors pertinent to my own case<sup>7</sup>. I took sunbaths, rested, ate a natural dietary and fasted periodically. I studied the works of notable Hygienic Physicians and observed others with serious health problems apply a natural, hygienic, lifestyle to their problems. At the end of nine months of living in accordance with the laws of nature to the best of my ability at the retreat, I saw encouraging signs of improvement. I also came to the realization that while my teachers could lead me in the right direction, the ultimate responsibility for my getting better was my own.

I returned to academia, going to the University of Texas Medical Center, Graduate School of Public Health where I studied Chronic Disease Control and researched the rheumatoid diseases from different perspectives. I wrote my Masters Thesis on the arthritides<sup>8</sup> and investigated the various approaches used by health care professions in managing rheumatic diseases as well as studying the works of physicians from Hippocrates through the 20<sup>th</sup> century.

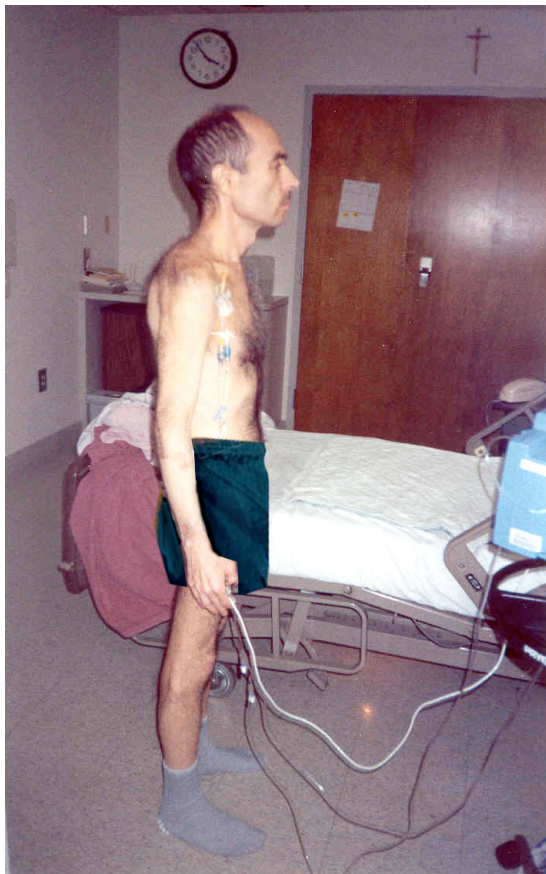
I went from the simple to the complex looking at both the trees and the forest. From the academic to the practical. I continued to apply the knowledge I accumulated to myself. I worked with several learned physicians who focused on addressing causal factors and took me on not just as patient, but as a student. This involved a great deal of trial

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<sup>7</sup> Little did I realize that the lessons I had learned during this period were to be far more important in my helping others with chronic diseases as a physician than the graduate and professional degrees I would later earn!

<sup>8</sup> Goldberg, P.A., Rheumatic Disease – A Biologic Approach The University of Texas Health Science at Houston, Graduate School of Public Health Library, 1979.

and error, hard work, discipline and sacrifice. It was worthwhile, however, as I began to experience what I had been repeatedly told was not possible... *my symptoms continued to dissipate and my health gradually returned*. This was not due to “treating” my condition but rather to addressing causal factors in my own specific case and supplying the essentials needed to allow my shattered body to re-balance itself. *There was no quick fix and a return to old habits brought about a return of the disease*. Knowledge alone was insufficient. I had to put into reality what I had learned.



**The Author ( In Hospital) With Rheumatoid Disease**



**The Author Today**

Continuing my professional studies in Clinical Epidemiology, Clinical Nutrition and other areas important to understanding causes of and solutions to disease problems, I became a Physician and College Professor so as to employ and teach what my research and experiences had taught me.

Over the many years since that time, I have had the opportunity to work with thousands of patients with rheumatic diseases with excellent results. My personal experience with rheumatoid disease has proven invaluable in helping me work with others with similar afflictions. One who has had serious rheumatoid disease can appreciate the

problem and the suffering that others with rheumatoid diseases experience. My painful past would serve me well in helping others.

## Where to Start

Two components are important to consider in all cases of rheumatoid disease:

### I. The Genetic Component

### II. The Environmental Component

## Genetic Component

The majority of Rheumatoid disease patients have a genetic tendency or *diathesis* towards their problem. It may be difficult to track in some cases yet most will have a genetic link in their ancestry somewhere along the way. The diagnosis given to their family member may have been by a different name but usually someone along the line will have had an autoimmune illness...e.g. ulcerative colitis, crohns, psoriatic arthritis, lupus, R.A. etc.

Having that genetic link increases the chances of developing a rheumatoid problem but does not make it a certainty. For most, environmental factors will be required to trigger the problem. Those who believe that genetics is the sole factor responsible for rheumatoid diseases are mistaken, but the role of genetics in the genesis of many cases is clear.

## Environmental Component

The environmental component merits our primary attention since it the area that we can take action on and the one which we can effect positive changes through. Contributing environmental factors include:

**I. Dietary Factors:** A wide variety of dietary factors can trigger rheumatoid diseases. Epidemiologically the Rheumatoid Diseases only became prevalent after the end of the Paleolithic era and the beginning of the Agricultural Era. The introduction of grains into the human diet was problematic, further compounded by the refining of flour and its subsequent usage in a wide variety of dietary atrocities. The widespread addition of vast quantities of refined sugars into the diet both those apparent and those hidden, further compounded the problem. A radical change in the fats we consume compounded the degenerative effects of the modern dietary on humans yet further with the introduction of hydrogenated fats, refined oils and a predominance of omega six fatty acids accompanied by a dearth of omega three fatty acids. Compounding all this was the depletion of trace minerals, fiber and the toxicity created by modern man and woman's over consumption of food in general. While each patient has individual dietary needs requiring evaluation, the evidence is abundantly clear that the health depleting diets of most Americans can trigger rheumatic diseases in those with the genetic tendency.

There is frequently the need for the R.D. patient to not only eat the right foods, but to eat considerably less. In many cases a short fast or series of short fasts under competent supervision are an ideal way to begin a program. This assists the body in clearing out wastes and antigenic materials and rests the entire body,

including the gastrointestinal tract, which is a potent breeding ground for many rheumatic diseases as will be discussed.

**II. Sleep and rest patterns** – In many cases Rheumatoid diseases are triggered by the patient having a long history of too little sleep and rest. Many in our technical country stay up long into the night time, literally turning night into day. This extracts a dear price on our health over time. For the R.D. patient working on renewing their health, getting sufficient rest and sleep is critical.

**III. Sunlight exposure:** Essential to health, exposure to the sun not only supplies us with the precursor to vitamin D, but also lifts our moods, relaxes our bodies, activates our glands and helps to balance the immune system which in most R.D. patients is over-reactive.

**IV. Pure Water Intake:** The R.D. patient should be sure to drink sufficient clean, pure, water as it is required for numerous metabolic processes. The amount needed will vary from patient to patient. Water is the only true health drink.

**V. Allergens** (diet and atmospheric): Allergies to foods, pollens and other environmental materials can greatly aggravate the condition of any R.D. patient. In some cases allergies can even be a primary factor in their creation. Allergy testing is often useful, although the general health of the patient and the other factors listed here should not be overlooked. The more ill one becomes, in general, the more likely they are to react to environmental allergens.

**VI. Environmental Toxins:** Toxic elements from the environment may trigger or contribute rheumatoid diseases in susceptible persons.

**VII. Gut Microflora involvement:** Gut malfunctioning and “dysbiosis” (a disordered microbial imbalance of the gut) can contribute to R.D.’s and should be evaluated for. *Klebsiella pneumonia* and *proteus vulgaris* among other pathogens have been found in greater frequency in R.D. patients. Creating a healthy intestinal environment that discourages their growth will be beneficial to many patients. This is accomplished by clearing and resting the gut, formulating an appropriate, individualized, diet for the patient and the use of the right types of probiotics.

**VIII. Emotional Stress:** Severe and ongoing emotional stress disrupts hormonal balance, creates dysbiosis and disturbs the immune system. Periods of prolonged and severe emotional stressors commonly precede the onset of rheumatoid disease in many patients as well as perpetuating it. Many of my patients have been under so much stress over such a long period of time that they have grown to accept it as a part of their lives.

**IX. Glucose regulation-** Poor dietary habits, emotional stress and hormonal imbalances contribute to glucose dysregulation which in turn exacerbates rheumatoid disorders.

**X. Hormonal Balance-** Disturbances of thyroxine and cortisol production can trigger and perpetuate some cases of rheumatoid disease and should be identified and addressed where they exist.

**XI Climatic Influences** – While cold weather does not cause rheumatoid disease it can aggravate it in a number of ways. Humans are best suited to a warm, sunny, climate and one who is working to improve their health is well advised to seek out the sun and warmth. R.D. sufferers commonly complain of feeling cold and/or feeling worse in cold weather. Warmer weather also allows one to be able to get out into the sunlight and fresh air more frequently which in turn is a significant health benefit. For those with significant pollen allergies, moving to an area with less pollen exposure can be of benefit in helping to quiet down an overactive immune system.

**XII Companionship-** Humans are social creatures. A lack of companionship from other animals (human and non-human) can have a destructive effect on the immune system and general health. Meaningful relationships support the health of the R.D. sufferer in numerous ways while loneliness exacerbates these problems.

**XIII. Stressful life events-** long term marital stress, loneliness, divorce, death of loved ones, financial hardship, loss of career/employment and a variety of other life stressors can both precipitate and accentuate Rheumatic disease. I have on occasions had patients with serious rheumatoid disease whose health greatly improved once their stressful life event was satisfactorily resolved.

**XIV. Earth Connections-** Many ill people, including R.D. patients, have been (literally) disconnected from the earth over the years. Many people in our society live in sterile surroundings apart from the natural world of which we came from. We rarely have contact with the soil as our ancestors did. Our foods are unnatural and depleted. Our homes have fewer windows that open and our offices frequently have none. The sun is our earthly life source and is shunned. Our recreation is taken in arcades and amusement parks and we spend less time on the beaches, in the forests, and in other natural environments which were our ancestral homes.

This separation has affected us in many ways including a lowering of our general resistance and a change in our natural immunity. Epidemiologists in recent years have discussed an important theory which has much supporting evidence called the *Hygiene Hypothesis*. The *Hygiene Hypothesis* contends that this separation from the natural world and our emphasis on scrupulously trying to avoid bacteria and other microorganisms by the employment of increasingly large amounts of antibiotics, cleaners and disinfectants in our everyday lives, has made us less adaptable to the world. It has also made us more susceptible to a host of degenerative illnesses including allergies, asthma and autoimmune disorders.

Rheumatoid disease patients should review these important foundational factors in detail with a knowledgeable practitioner to determine how each of them is involved in their case. Too often the individual is unaware of how these foundational stressors are related to their disease. Once their impact is identified, specific steps can be taken to correct the situation.

## Current Research into Rheumatoid Diseases

Rheumatoid disease research has focused around two inter-related areas.

- I. **Autoimmunity** – The concept that the body's immune system is reacting to the bodies own tissues as foreign materials, i.e. attacking itself. In the R.D. patient this is most commonly discussed in relation to the connective tissues of the body, including joint and muscle components. It is of little benefit, however, to merely ascribe the R.D. patient's miseries to an autoimmune condition unless we can also say *why* this is happening and determine *how* to resolve it. I have found in practice that by taking specific, individualized steps to improve the overall health of the body and improve the quality of the body's tissues, that this abnormal reactivity i.e. autoimmune response, usually diminishes greatly and in many cases goes away entirely.
- II. **Infection** – Bacteriology gained increasing influence in the nineteenth and twentieth centuries, largely due to Pasteur. This led to many teeth being pulled, tonsils yanked and gall bladders removed as a result of looking for *foci of infection*, a practice that has only recently begun to go out of vogue although in some circles it is still employed. Rarely does removal of body parts bring about anything but temporary relief at most. More important is to strengthen *all* the tissues so that their resistance to infectious agents is enhanced and thereby foreign agents are rendered inconsequential. It is insufficient, however, to hypothesize that the patient's problems stem from auto immune, infectious, or other factors unless we are prepared to address these issues in a constructive manner. Environmental factors e.g. diet, rest, sunlight, glucose balance, etc and individually tailored to the individual raises overall body homeostasis and vitality thereby minimizing the consequences of autoimmunity and infection.

## The Effects of the Gastrointestinal Tract on Rheumatic Diseases

The R.D. patient needs to be scrutinized for GI dysfunction. This is not merely the absence of disease, but the possession of good digestion and a healthy internal gut environment.

Current research supports the notion that many rheumatic disease syndromes occur when there are gastrointestinal disturbances.<sup>9</sup> These GI disorders in turn may be caused by a combination of factors including allergies, poor diet,

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<sup>9</sup> See : Goldberg, P.A. "The Critical Role of the Gastrointestinal Tract In Systemic Illness" A two part series published in *Today's Chiropractic* November/ December 2002 and January/February 2003

bacterial and yeast overgrowths, excessive stressors in daily living, nutrient depletion, general toxicity, etc. The wise practitioner will be certain to thoroughly investigate the R.D. patients as to his or her digestive efficiency.

It frequently surfaces that the R.D. patient suffers from some level of chronic indigestion and/ or poor elimination. There is commonly gas, bloating, constipation and/or diarrhea, or other signs of poor gastrointestinal function. Until the causes of impaired gastrointestinal function have been identified and corrected, good results will rarely be obtainable. Patients with ulcerative colitis, crohns, and whipples disease all have an elevated incidence of arthritic syndromes illustrating the relationship between gastrointestinal function and rheumatoid diseases.

When the GI tract has become impaired, protein molecules of high molecular weight may permeate the bloodstream as whole proteins capable of causing an antigen/antibody response. If the patient's digestion/elimination is poor, (as is often the case in the R.D. patient), this is a phenomena much more likely to occur. Genetic predisposition and the patient's overall state of resistance will determine which of the body's systems will be most significantly affected and to what degree. The GI tract, because it is so widely abused by people in our society, often has been damaged. It is not sufficient to merely state that the patient has poor digestion, a "leaky gut" or any other catch phrase. *The doctor must uncover the etiological factors at play and guide the patient towards ways of recovering.* Reducing food consumption, taking a liquid diet or in some instances fasting for a short period under supervision, often does wonders for the health of the Rheumatoid Disease sufferer and helps them begin their way back to health. After the gut has been rested, a diet tailored to the individual is important to continue creating a healthy gut environment. The appropriate usage of fermented foods and/or probiotics can also be used to advantage in most cases.

Along with digestive and bowel complaints, fatigue, depression, skin problems, intolerance to cold, etc., are all common accompanying problems the R.D. patient has. This reinforces the need to address the patient's general state of health and resistance along with specific individual factors, if the patient is to return to an improved state of vitality and comfort.

### **Working From the General to the Specific**

The doctor and patient should begin with a general approach. A thorough case history where all aspects of the patient's life and lifestyle are scrutinized and a thorough physical examination must by necessity kick off the journey back to health. Doctors who lack analytical skills or who are unwilling to spend time thoroughly investigating the patient at hand should be avoided. There must be more than a mere recounting of symptoms, taking the vital signs and a few blood tests to be followed by a quick writing of prescriptions and a trip to the drug counter or simply handing out supplements alone. Rheumatoid Disease patients are well advised to avoid the doctor who wants to see 40 or more patients per day running an assembly line practice. *Conquering Rheumatoid Disorders is a job for a doctor willing to spend the time and make the effort to come up with the right answers to address difficult problems.* No doctor can thoroughly learn about the patient in less than a half hour initial interview to be followed by the physical examination and appropriate laboratory studies. Consideration of each person's physical, emotional, and spiritual aspects are critical as is an understanding of the variety of etiological factors that can play a role in the

patient with arthritic/rheumatic complaints and this takes time. If one feels they are simply part of an assembly line practice and that the doctor is not giving them his or her full attention, they are likely in the wrong office.

No matter how learned the doctor might be in his respective area, *he or she knows little to nothing about you when you walk in the door*. Each new person has a new story to tell (for me this is what makes my practice still exciting after many patients and many years). Each person not only deserves to be treated as an individual (even if their symptoms are identical to a thousand other patients)...each person is an individual with a very different set of genetic and environmental circumstances leading to their condition and requires an approach that addresses their entire health picture not simply their symptoms *if* they are to have the opportunity to not only stabilize but to reverse their condition.<sup>10</sup>

In this regard there is a fundamental misunderstanding most physicians have regarding the rheumatoid diseases, that being the notion that each of the classifications of rheumatoid disorders such as rheumatoid arthritis are distinct entities. If one takes twenty patients with rheumatoid arthritis they will find twenty very different patients with different factors contributing to each one's illness. To address them as if they were all the same is a dreadful error. This approach has been fostered by the medical-pharmaceutical system where treatments are based on signs and symptoms. *Give a "diagnosis" and prescribe a drug!* This cookbook approach is predicated on the belief most physicians have, that little, outside of drug induced symptom suppression, can be done about rheumatoid diseases. The notion of symptom suppression should be discarded for the superior idea of *identifying causes, addressing causes and building health*.

### **Taking an Optimistic Outlook on Rheumatoid Diseases**

Older writings reveal that many ancient physicians took a far more optimistic outlook and apparently handled R.D. patients with greater success. Paracelsus is quoted as saying:

*"Who has filled you with such madness and despair as to believe that there is no remedy for arthritis?"*<sup>11</sup>

Medical History reveals numerous practitioners claiming to have had great success in working with patients with arthritic ailments. Much of their work centered around eliminating poisons from the body, improving the patient's nutritional status and taking steps to improve the body's overall health and homeostasis.

### **A General Guide to Use in Planning Your Strategy**

What should you do if you have a rheumatoid ailment? You have read through the previous pages and are convinced of the need to address causal factors specific to your case and build health as opposed to taking drugs and risking more problems while ignoring your health. Let's summarize the basic steps needed for recovery from rheumatoid ailments:

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<sup>10</sup> See Goldberg, P.A. *Infinite Variety* for a full discussion of this important topic. The article can be downloaded from [www.goldbergclinic.com](http://www.goldbergclinic.com) free of charge.

<sup>11</sup> Aschner, B., M.D. *Arthritis Can Be Cured*, Arco Publishing Co., 1975. p.213



## **I. Find a Competent Doctor You Feel Comfortable With**

A naturally oriented physician who combines natural healing with scientific knowledge and who has had significant experience in working with rheumatoid disease patients *without the use of pharmaceuticals*. The doctor should understand the nature of rheumatoid disorders and focus on rebuilding your health with both general health measures and specifics that are uncovered in your case. He or she should thoroughly understand the *Foundations of Health* and help you apply them individually to your own case. Don't settle for an assembly line practice where drugs, pills and potions take the place of a thorough investigation and a strong desire to restore health through healthful measures. Remember that the term "doctor" means teacher and if your physician is not helping you learn about yourself and your health he or she is not living up to their title.

## **II. Address *the Foundations of Health***

Take an inventory as to where you stand in terms of *The Foundations of Health*. These have been detailed in the environmental factors section, but are listed again below for clarity.

### ***The Foundations of Health***

- 1) Sunlight Exposure**
- 2) Diet**
- 3) Companionship/Significant Others**
- 4) Sleep and Rest**
- 5) Freedom from high levels of environmental toxins**
- 6) Spiritual Orientation (including an acceptance of the challenges that are put before us to face)**
- 7) Contact with the natural world**
- 8) Purpose in living**
- 9) Clean air**
- 10) Clean water**
- 11) Physical Activity**
- 12) Avoidance of drugs, alcohol and other negative materials.**
- 13) Moderation in all good things including food. (Even the right foods in excess can create problems).**

Learn and make proper application of these important factors in your life. Pay heed to those listed, for you need to address all items that are out of balance and contributing to the activation of your genetic predisposition to rheumatic disease. For detailed information on how to apply these, see my book *Earth Connections: The Foundations of Health*. For most rheumatic disease sufferers, careful attention to improving *The Foundations of Health* will result in a significant improvement over time. In addition, specific factors in your own case will likely need to be addressed as well.

**III. Address Factors Specific in Your Own Case:** Everyone is unique no matter what their diagnosis is. A thorough history, physical examination and appropriate functional laboratory testing, including nutritional/biochemical analysis will help identify the specific features about you that can be critical in your recovery.

**iii. Use Nutritional Supplements Appropriately:** The R.D. patient should not place undue reliance on nutritional supplements to restore their health. The use of supplements will vary from case to case. Do not expect the use of supplements alone to be your salvation! Make sure that any you use are of high quality and are taken in a rational fashion.

Perhaps the most critical point to keep in mind is this... if you have rheumatoid disease you must be prepared to make changes. *If you want to get well you must be willing to work hard for it.* We have had many R.D. patients over the years that have made successful recoveries from their diseases and found new lives of health and comfort. Two criteria were essential for their recovery. First, they had to have the right information about themselves. They had to know what to do in order to get better and they needed to understand it clearly. It was my job as their doctor to talk with them, investigate their background and figure out how and why their disease had evolved. I needed to choose the right tests to perform and then interpret them properly for the patient. It was my responsibility to clearly lay out a program for the patient and make sure they understood it. It was my responsibility to help them understand symptoms as they occurred during the healing process. It was my duty to encourage them to persevere until the desired results came about and dispel their fears and insecurities when they arose.

All of the above is never enough, however, for the patient must be an active participant. Even the best doctor can only work as an investigator, guide, teacher and coach. *The patient must do the hard work.* They must be perseverant and determined. They must get themselves out of the sickness mentality that the medical/pharmaceutical model has created for those afflicted with rheumatoid disease. They must see health on the horizon and be willing to reach out for it and work through the highs and lows they will encounter. They must stretch themselves into new territory and have faith in their ability to get well. This is not about miracles. Miracles are when God intervenes and breaks natural laws. I believe in the phrase: *“God helps those who help themselves.”* Those who want to get well need the right guidance and the willpower to execute an individualized program. If the guidance is taken to heart and applied with perseverance, it is rare to have patients who do not benefit.

The following letters from patients at the Goldberg Clinic will help you to better appreciate not only the kinds of steps patients need to take in order to recover their health but also demonstrate that most R.D. sufferers with the right care and hard work can look forward to brighter days. Most of these case studies include a patient history as well as a letter from the patient that demonstrates the human emotions involved in these problems. They also show the renewal of life that occurred for these R.D. sufferers when causal factors were addressed and health became the

goal rather than chasing symptoms and ignoring the causes of health.

For letters to be included the original had to include the patient's full name. The initials are posted here to maintain patient confidentiality. The original letters are on file at the Goldberg Clinic. These cases are representative of typical patients we have seen over the past thirty years. The case studies have been divided according to the medical diagnosis the patient received prior to coming to The Goldberg Clinic.

## **Rheumatoid Arthritis**

Rheumatoid Arthritis is diagnosed more commonly in females than males with more than two million people in the U.S. having been labeled with this condition. Many become severely disabled under medical care. Medical diagnosis is based upon the patient's symptoms and the results of blood tests. Patients are typically informed that their disease is incurable and given a variety of anti-inflammatory drugs, steroids, and immunosuppressants with significant toxic side effects.

Careful investigation of individual factors at play, followed by hard work is required to obtain favorable results. The earlier the patient proceeds with an individualized program of care that addresses good health and the fewer drugs that have been employed, the greater are the chances for success. Once favorable results have been obtained a return to former habits or excessive levels of stress is likely to cause a resumption of disease activity.

### **Case Number One : Rheumatoid Arthritis**

#### **DM**

#### **27 year old male**

*Dear Dr. Goldberg:*

*I want to express my gratitude for your guidance in restoring my health. I hope that your future patients can find encouragement and inspiration in what you have been able to do for me.*

*As an active 27-year-old man, I exercised daily: lifting weights in the gym,, running and playing softball. I studied martial arts. I loved playing guitar and riding my motorcycle. All of this stopped because of a disease.*

*In the early spring, I began experiencing pain in my wrists when exercising and typing on my computer. I started taking ibuprofen, but eventually the ibuprofen was not effective in masking the pain and I was consuming several times the recommended dosage.*

*After a month of enduring the pain I went to a medical doctor. After less than a minute's examination the doctor said it was "probably tendinitis". The doctor prescribed me an anti-inflammatory drug and told me to ice my wrists.*

*Two months later I returned to the doctor with considerably more pain in my wrists and by that point a couple of my fingers had become so swollen I could not bend them. After examination of my x-rays the doctor changed his diagnosis to "arthritis" later classifying it as "rheumatoid arthritis". The doctor said there is no way of knowing why or how our bodies develop this disease and there was not a cure. His treatment was a higher strength anti-inflammatory drug. As the weeks went by I watched more fingers swell with tremendous pain. Then my elbows began stiffening. Each day I was horrified to see my body deteriorating as the disease spread to my shoulders then to my feet, knees, and hips. I no longer was able to enjoy playing sports or exercising. My muscle mass and body weight began to decrease dramatically. My body degraded to a point where I struggled just to walk. I became depressed and very unpleasant to be around.*

*My chiropractor had witnessed the progression of my symptoms over several months. He recommended I seek treatment from Dr. Goldberg.*

*I drove four hours to Atlanta to see Dr. Goldberg. From the very beginning there was a noticeable difference. Where my medical doctor was concerned with identifying and treating my symptoms and hurrying to the next patient, Dr. Goldberg took a significant amount of time to interview me and perform a detailed analysis of my entire lifestyle including diet, sleep patterns, and areas of stress.*

*After several laboratory tests, Dr. Goldberg not only explained how my body was reacting to the disease but also how it started. He then prescribed a method of treatment without any use of drugs!*

*In just a few weeks of changing my diet and other areas of my lifestyle based on Dr. Goldberg's recommendations, I experienced a significant decrease in the severity of pain and swelling. After continued visits to Dr. Goldberg the disease has withdrawn from my feet, knees, hips, shoulders, and elbows. My strength has begun to increase again.*

*There have been many amazing side effects from implementing the changes recommended by Dr. Goldberg. Since childhood I have had asthma. After the initial changes to my diet I noticed a decrease in the frequency and severity of attacks. I have since stopped using my steroid based inhalers that I have used four times a day for years to control the asthma.*

*I used to become very tired and anxious if I did not eat something every couple of hours. I would experience mood swings because of these dramatic fluctuations in energy levels. Since changing my diet my energy has remained constant and my disposition has been very calm.*

*I can not thank Dr. Goldberg enough for my returning health and the education I have received during my treatment.*

*Sincerely,*

*D. M.*

*Savannah Georgia*

#### ***Analysis of D.M.'s case:***

**Presentation / history:** As DM describes, he had gone from being an active young man of 27 to a partially disabled person who felt older than his years. Like many patients, his symptoms started slowly taking some time before the diagnosis of rheumatoid arthritis was made. Increasingly powerful anti-inflammatory drugs were employed and a negative outlook was forecast. In addition to the joint discomforts the patient complained of significant fatigue.

**Examination/Laboratory Analysis:** The patient had inflammation in his wrists, fingers, elbows, knees and other joints causing him great discomfort. The joints were stiff and swollen. The sedimentation rate was elevated. Allergy testing revealed a number of foods the patient had a high titer to. There was evidence of imbalance of the patients blood sugar which coincided with a high intake of soft drinks.

**Program of Care:** The patient was placed on a liquid diet followed by nutritional reform specific to his needs. Specific supplementation was recommended. The patient's condition started to improve in less than thirty days.

**Comments:** This patient is a clear example of how problems such as allergies, blood sugar imbalances, and dietary inadequacies can cause serious symptoms that are medically interpreted as rheumatoid arthritis. Under medical care, patients with this diagnosis are told to expect to get worse. DM's reversal was rapid due to this youth, positive attitude and compliance with the program. It is tragic to realize how many people could be helped if these problems were addressed from an etiological basis rather than a pharmaceutical one.

## **Case Number Two: Rheumatoid Arthritis**

### **Patient: Ms. L.S.**

*Dear Dr. Goldberg:*

*I am a new person. My fatigue and joint pains are gone more than 99% of the time and when I have them, they are mild and very temporary. I sometimes forget that I had Rheumatoid Arthritis for over eight incredibly painful years. My Rheumatologist told me he thought the things we did together in reconstructing my health had nothing to do with my feeling better. He says it is just coincidence, that I am probably only having a temporary remission of the Rheumatoid Arthritis, that diet, good digestion, allergies, etc., have nothing to do with arthritis. So what does? He said it is all genetics. He is a fool. I was sick with the arthritis for over eight years. I was under his care for over seven of them during which time I only got sicker and more deformed. I only felt bad and worse, never any real*

*signs of improvement while under him, while being poisoned with all the steroids, methotrexate and gold. Now I am consistently well for over six months and he says it is just a "coincidence." I never saw any of his patients get improvement nor any of my friends who have serious arthritis get any better under medical care... they just go on suffering and taking drugs and suffering and get worse!*

*Your ability to figure out for each patient what is best for them and teach them at the same time how to stay well are what I admire most about the way you practice. Thank-God I had the good sense to stay with the program and do what was needed rather than give up and stay in a sick condition on drugs and lead a miserable life. The difference between you and the other doctors I went to is like night and day. You made me work (hard I must say!!!) to get well and gave me the tools to stay well. Thank-God I am now free of the Rheumatoid Arthritis that made life a living hell. I hope you know how much I appreciate you!!!*

*L.S.*

*Warren, Ohio*

### **Analysis of Ms. S.**

**Presentation/History:** The patient, a forty-one year old female presented with a diagnosis of rheumatoid arthritis from her rheumatologist seven years prior to being seen at our office. She complained of joint pains throughout her body, most severely in her hands, wrists, and knees.

**Examination:** The patient was significantly underweight at five feet five inches tall and 95 pounds. She found it difficult to gain weight due to poor digestion. She was pale and depressed looking. The blood pressure was low at 96 over 62 and the pulse was rapid at 86 beats per minute. The tongue was bright red and had patchy smooth areas. The sedimentation rate was elevated at 68 mm. per hour. A number of abnormal stool flora was identified including the presence of *Klebsiella pneumoniae*.

**Program of Care:** The patient was placed on a reduced carbohydrate diet centered primarily around lean proteins and non-starchy vegetables. Steps were taken to normalize the bowel flora including the use of appropriate probiotics. Extra rest and sleep were advised.

**Comments:** The Rheumatologist's remarks regarding her recovery are unfortunately all too common. It is unfortunate that he did not show more interest in her recovery and give her encouragement rather than take a "sour grapes" attitude about her improvements.

### **Case Number Three : Rheumatoid Arthritis, headache, irritable bowel, chronic fatigue, hypercholestermia**

**Patient : Ms. M.W.**

*June 25, 2001*

*Dear Dr. Goldberg:*

*My deepest thanks to you for bringing me "back to life". As you know I had received a number of medical diagnoses prior to coming to you including:*

- 1) Cephalgia 2) Rheumatoid Arthritis 3) Irritable Bowel Syndrome 4) Chronic Fatigue Syndrome*
- 5) Hypercholestermia*

*I accepted these diagnoses blindly, never stopping to think that none of them told me anything about what was causing my problems. I remember getting my diagnosis of rheumatoid arthritis and being scared out of my gourd and yet thankful to the medical rheumatologist that he had discovered "what was wrong with me". It was not till years later that it finally got through my thick head that his diagnosis was based only on my signs and symptoms and not on causal factors. My treatments were drugs which did nothing to improve my health. How could they? All were based on suppression of symptoms and had nothing to do with whatever was causing my problems.*

*After five years of drug treatments for all the above during which I continued to worsen with the arthritic pains throughout my hands, feet, neck, knees, shoulders, and hips being worse and having to rely on a walker and having to have my husband assist me just about everywhere I went (at 34 years of age), I get fed up. I was getting worse and worse, I was sick all the time, increasingly crippled up, my bowels were a mess, my marriage was about at an end, and I was tired of running from medical physician to physician for ongoing drugs with numerous side effects.*

*I was referred to you by J.C. who also had bad bowel problems, fatigue, and joint pains along with psoriasis for years and had had a wonderful recovery under your care. I asked her how you had treated her and she said you had*

*not treated her symptoms but had worked with her to uncover underlying problems and then worked to remove those problems while increasing her vitality.*

*My husband who has a Ph.D. in Chemistry was impressed with your extensive knowledge of Nutritional Biochemistry and Clinical Nutrition and I was impressed with the amount of time you spent with me and the thoroughness with which you went over my case.*

*The three months I worked intensively with you were much easier than I had thought they might be. My health began to improve after the first three weeks of care as my energy climbed, my joints became more flexible, my muscle pains melted away, and my plumbing became normal again. I did not feel like I was your patient as much as I felt like you were my teacher as I learned to address the factors that had made me ill..*

*The blood tests showed what I already could feel...the joint and muscle inflammation died down (my sed rate went from 84 down to 24 within the first five weeks!) and my cholesterol went from 220 (on medication before )to 140 (off all medication). My hair took on a new gloss and my fingernails now grow long and strong and I am taking long walks with my husband and our relationship is much better now that I am out of pain and not such a pain anymore to be around.*

*The move to Ohio, which I dreaded, with the heavy lifting was a breeze and I like our new house.*

*Joseph sends his best.*

*Gratefully,*

*M.W.*

*Columbus, Ohio*

**Comments:** The medical diagnoses were inter-related and yet were being treated (unsuccessfully) as separate entities by her physicians.

## **OTHER RHEUMATIC DISEASE CONDITIONS**

There are over a hundred different medical diagnoses of rheumatoid disease that involve joint and muscle pains among other symptoms. Many of these are as severe and disabling as rheumatoid arthritis can be.

### **Case Number Four: Mixed Arthritis along with skin disease, chronic fatigue, & shortness of breath.**

**Patient: Ms. P.N.**

*September 30, 1998*

*Dear Dr. Goldberg:*

*I want to thank you for giving me back my health.*

*When I first came to you five and half weeks ago I was in terrible shape. My skin was broken out with a rash; all my joints and muscles ached. I could hardly walk upstairs due to my aching joints and shortness of breath. I had been to many doctors looking for help over the past ten years with no improvement. The past one and half years it has been hard for me to work.. I was feeling hopeless.*

*I went to see Dr. Williams who recommended that I see you. My whole life has changed since walking into your office ... among other things I have a positive outlook now because I feel so good! I no longer have joint and muscle pains. I can run up steps with no shortness of breath, my skin has healed, no rash or cracks that bleed... I feel like a new person. All my family is very excited over the changes.*

*Today I am retiring and I will be 66 years old in December. I am so excited about feeling good enough to travel and have fun in my retirement. Had I not found you, Dr. Goldberg,, I am afraid I would have been unable to enjoy the rest of my life.*

*Thank you so very much.*

*Sincerely,*

*P.N.*

**Comments:** Ms. N. had worked hard for many years and was facing a well earned retirement with severe pain and fatigue limiting any hope that she would be able to enjoy it. She had been given pain killers to mask her symptoms. Rather than “treat” her individual symptoms, a program was undertaken to address her general health and vitality. As her health, vitality and resistance improved, her symptoms of pain, fatigue, shortness of breath, skin problems, etc., diminished. The removal of causes and the development of an individualized program of health serves patients best and allows them to take control of their own health destiny.

## Ankylosing Spondylitis

Ankylosing spondylitis is a medical term designating a rheumatoid disease that primarily involves the spine, sacroiliac joints, and other joints/ligaments of the body. Some cases are mild while others are very severe and cause fusion of the vertebra as the ligaments calcify resulting in severe disability and deformity. The entire body can be affected including involvement of the chest and lungs.

There is significant scientific evidence to support the observation that there is involvement of the gastrointestinal tract and its immune components in the development of this condition in many people. Frequently inflammatory changes can be detected in the small and/or large intestine.<sup>12</sup> There is evidence that bacteria such as *Klebsiella Pneumonia* may provoke inflammatory responses in people with the right genetic predisposition.<sup>13</sup>

It is important to investigate gastrointestinal functioning carefully and take appropriate measures to improve its efficiency. In many cases specific nutritional changes can create an environment in the gastrointestinal tract that discourages the growth of intestinal bacteria that may trigger the immune system and promote the ankylosing spondylitis condition.

Dietetic, allergic, immunological, gastrointestinal, endocrine and lifestyle factors require careful examination so that a course of effective action may be developed. This includes the necessary effort by the patient. Some cases respond more quickly and more completely than others. Ongoing specific exercises, particularly swimming and Hatha Yoga are often of benefit to complement the individual's program. Hard work, patience and perseverance are required by the patient. Those expecting a quick fix will be disappointed.

### Case Number Five: Ankylosing Spondylitis

#### Patient: Mr. M.P.

*Dear Fellow Patient:*

*I am writing to describe my experiences under the care of Dr. Goldberg. About 18 months ago, I began to experience severe middle and lower back pain. The pain was particularly bad early in the morning. It gradually worsened until it felt like my entire chest and spinal area were inflamed. It hurt to breath deeply. A sneeze caused excruciating pain. I developed a soreness in the area just below my left knee which ultimately prevented me from running and playing tennis. The top of my right foot even became inflamed and it hurt to walk. At night, at first I was unable to sleep on my stomach as the back pain would wake me. Then later, even on my side, I would be waken up with back inflammation. I would start in bed, but after only 2-3 hours of sleep, I would be forced to try and sleep in a chair sitting up. It was the only way I found the pain subside enough for me to sleep.*

*I went to a "doctor" (a standard MD). After several tests, I was sent to a rheumatologist. There, after several other tests, I was definitively diagnosed as having ankylosing spondylitis (which means arthritis of the spine). There's a scale (the sedimentation rate) which they measure the level of inflammation in your body. The normal range is 0-10. Mine was 56.*

*I was immediately put on anti-inflammatories. After a couple of weeks, I began to experience severe stomach aches associated with the drugs. Two more types of anti-inflammatories were tried with similar results. Finally, I was able to obtain some arthritic relief with minimal stomach pain with Trilisate (an aspirin like drug). However, I was taking a high dosage and the prospects of long term damage to the kidneys were present with this drug.*

*At this point, I decided to give Dr. Goldberg a "try". I had heard he had once had the same disease as me and had dramatically improved his condition. Under Dr. Goldberg's care I have made substantial changes in my diet and other behaviors. My diet was probably very typical of most Americans when I initially came to Dr. Goldberg. I ate a large variety of foods, but I am sure it consisted of too high a percentage of meats, dairy items, and sugars.*

*Under his caret the results have been fairly dramatic improvement. My back pain has gradually subsided. The inflammation in my chest has disappeared. My foot is healed and even the pain below my knee is much better (although still present). I am playing tennis again and it feels wonderful. I am not cured however. I still wake up with some morning back stiffness (which stretching exercises helps to overcome). I also have a tender spot (to the touch) on my middle back which remains with me. However, each of these symptoms is minor compared to the pain at the height of my illness. I should add that I am no longer taking any anti-inflammatories. In addition to the improvement with respect to pain, I am clinically in better health as well (as the various blood tests can attest). For*

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<sup>12</sup> Mielants H, Veys EM, Cuvelier C, De Vos. M. "Illecolonoscopic Findings in Seronegative Spondyloarthropathies," British Journal of Rheumatology, Vo.27, (suppl.) pp.85-105, 1988

<sup>13</sup> As evidenced in part by the HLA-B27 antigen genotype

*example, my cholesterol dropped from 226 to under 150 during the last six months.*

*The program which Dr. Goldberg created for me is not easy. However, it is far better than the alternative, which for me was debilitating pain. I am convinced that a person's nutrition does have a lot to do with their overall health. In a way it seems so obvious. What you take into your body does affect how you feel in a very real way. For me, changing what I ate and drank on a regular basis was far more effective than any drug I could take in helping to improve my health.*

*I hope this letter can be of help to you or someone you know in a similar circumstance.*

*Sincerely,*

*M.P.*

**Comments:** Each case of ankylosing spondylitis is different. M.P.'s case was in the early stages which helped make his rapid improvement possible

## **Psoriatic Arthritis**

Psoriasis, like Rheumatoid Arthritis, is classified as an autoimmune condition. In psoriasis the superficial layers of the skin multiply at an excessive rate leading to an ongoing flurry of scales that can prove both uncomfortable physically and socially to the patient. A small but significant percentage of patients with psoriasis will develop joint disease associated with psoriasis termed Psoriatic Arthritis. The severity of the skin problems has little to do with the severity of the joint disease. In those that do have joint symptoms, however, the arthritis can be severe and disabling. Joint symptoms are often similar to those seen in ankylosing spondylitis with typical involvement of the sacroiliac joints and spine along with secondary involvement of the knees, shoulders and other joints. Psoriatic Arthritis is treated medically much like other rheumatoid diseases with steroids, immunosuppressants, anti-inflammatory drugs, and skin ointments. These are toxic and often have significant adverse affects on the patient's overall health.

### **Case Number Six: Psoriatic Arthritis**

**Patient: Ms. B.P.**

August 30, 1999

*Dear Dr. Goldberg:*

*I wanted to let you know how much I appreciate everything you have taught me. My life has drastically changed because of you. When I was 14 years of age, I was having a great deal of trouble walking, my first days of high school. I went to multiple bone specialists, and they all told my parents I was just having growing pains. Pain yes, growing no! The pain proceeded and someone finally suggested that I had arthritis. My parents were referred to an arthritis specialist in Chattanooga, Tenn. and they made me an appointment. We went to an appointment and at 14 years old I, was diagnosed with Psoriatic Arthritis. The doctors gave me so many medicines that made me sicker by the day. The doctor would drain my knees with huge needles to get the fluid off of them. Soon it spread to every joint in my body. The doctor told me there was no cure, that it was a chronic illness and I would have it forever. I was prescribed some anti-inflammatory medicine to prevent the swelling. When we left the office I did not know what to say, I had a disease that will never get better and would only get worse. I took the medicine which was prescribed and followed the other orders I had been given.*

*Time progressed and my condition only got worse. The arthritis became worse and soon was in my elbows, hips, spine, and ankles. The next problem that arose was weight gain, from 140 to 206 lbs. All of my symptoms only got worse and the medication made me nauseous. I began to not sleep at night because the pain was so bad. I was no longer able to do the things I enjoyed with my friends because I could barely walk. So one day my mom heard of Dr. Goldberg from a friend. Her friend told her that the doctor had really helped him, so my Mom contacted the office and made me a appointment.*

*My mom went with me on the first visit, I met Dr. Goldberg and he talked about getting better. He ran several tests on me, I found out I was allergic to several things that only making my arthritis worse. My cholesterol was a grand total of 289. (I was a major junk food addict.) I had lost my self-esteem from all the weight I had gained. Dr. Goldberg put me on a special diet and gave me some nutrition supplements. I went home and had to totally adjust everything I did. The results started to show within three weeks. I began to lose weight, sleep better, regaining my self-esteem and energy. The constant pain has disappeared, I would have never known things could get this good after the pain I had.*

*I owe my good health and happiness to Dr. Goldberg and his help to show me how I could get well and live a better life. If I could give any advice to anyone with the same health problems it would be to allow Dr. Goldberg to help them as it would be the best help they could ever receive. Thank You!*



B.P.  
Cleveland, Tenn.

**Comment:**

Ms. B. history was typical. No effort had been made to identify the causes of her symptoms. A medical diagnosis was made and drugs were given for that medical diagnosis. The disease was being “treated” but not the patient. By addressing her overall health status she not only was able to get rid of the symptoms of her disabling disorder and avoid the ongoing progression of disability, but also able to lose excess weight, improve her ability to sleep, improve her appearance, gain new energy and in her own words, regain her self esteem. When we address the health of the patient rather than just the disease symptoms, the whole body benefits.

## GOUT

Gout is a metabolic disorder that can produce severe pain and joint destruction. Rather than address the causes of the problem and the overall health of the patient, medically these patients are given drugs to disperse accumulations of uric acid. While this relieves some symptoms it does not address the overall health of the patient.

**Case Number Seven: Gout**

**Patient: Mr. M.L.**

This story starts 40 years ago. I was always having problems with weight control, ear and sinus infections, high cholesterol, bad blood work indicating future heart and arterial problems, digestive disorders, fatigue, zero energy, blood pressure problems and the one main reason why I sought Dr. Goldberg’s help, which was severe joint pains that I was having and getting worse by the day.

I received treatment from every type of doctor and specialist. My condition still got worse even after taking medication. The medication had terrible side effects on my liver, stomach and other organs. My job was on the line also, because I am required to pass a flight exam every six months so I may act as a pilot.....The testing Dr. Goldberg wanted to do was different and I had never heard of it. After it was completed the results were analyzed by him and we went over all of them in detail. He then gave me a plan of action. The responsibility was then on me to follow through.

I had to first detoxify my body which was tough. I was in pain before I started this but within a week or two it got worse. Dr. Goldberg warned me that this might happen in my case. After a period of a several weeks the pain began to get better. After the cleansing was over my healing began. I began to lose weight without trying. My joint pains got better, my blood work showed an improvement. I did everything I was told to do.....It has now been six months since I started. *I have lost 55+ pounds and my joints are much better.* I have stopped all medications. My blood pressure is normal. My blood work is perfect. Dr. Goldberg has given me the tools to live a healthy life. I could go on and on about how this has changed my life and the way I feel about myself. I will close by stating, It is wonderful to have someone dedicated to help people achieve good health as Dr. Goldberg has helped me.

Thank-you,

M.L.

**Analysis of M.L.**

**History and Presentation:** A forty one year old male, Mr. M.L. presented with severe gout. It was painful and difficult for him to walk. The condition was getting worse despite drugs given by his medical physician. He was also troubled by fatigue, high blood pressure, an overweight condition, digestive disorders, and ear and sinus infections.

**Laboratory Testing:** Laboratory testing revealed elevated uric acid, cholesterol and triglyceride levels. The patient’s food allergy test showed numerous allergies. Mineral imbalances were noted.

**Program of Care:** The patient was placed on a liquid diet lasting 21 days. His symptoms initially worsened, and the blood uric acid level increased. By the tenth day the pain began to subside as did the uric acid, cholesterol, and triglyceride levels. He was later placed on an elimination diet along with nutrient supplementation based upon his condition and blood work.

**Outcome:** In forty days the patient lost thirty pounds. His cholesterol dropped from 258 to 165 and triglyceride

levels dropped to 80. Blood pressure normalized. The patient reported feeling very well with no more joint pain and with increased energy. He gave up all high blood pressure and gout medications. At last contact three years later, the patient had maintained excellent health.

## LUPUS

### Case Number Eight : Systemic Lupus

**Patient: Ms. A.N.**

*August 14, 2002*

*Before I came to see Dr. Goldberg I had experienced years of bouts with medications and surgeries. When I was seventeen I was diagnosed with lupus. Heart complications, achy joints, and kidney problems are just a few of the symptoms I was facing. I was seventeen and until I was twenty-one I thought this was how I would spend the rest of my life. I had trouble leading a normal life and being sick was a focus.*

*Then I met Dr. Goldberg. We did tests and though I may not always have enjoyed his treatments.... they worked! Within months I had minimal problems and now after two years I feel as though I can carry on a normal and healthy life. Lupus is no longer a focus and I love that.*

*Thank you Dr. Goldberg for making me do the things needed to get better. You have done what no medical doctor could do for me.*

*I will always be grateful.*

*Thank-you,*

*A.N.*

*South Carolina*

**Comments:** Systemic Lupus Erythematosus is an inflammatory connective tissue disorder of unknown (medically) etiology. Symptoms can be similar to rheumatoid arthritis due to the joint and muscular involvement. About 90% of cases occur in women. Medically the patients, as happened with Ms. N. are put on anti-inflammatory drugs, steroids, and immune suppressants as with other rheumatoid diseases. Though Ms. N. had a diet largely of hot dogs, soft drinks and other junk foods, her medical physician had made no inquiry as to her dietary habits and as is typical, started her immediately on pharmaceuticals. When I first saw her she was depressed looking, pale, underweight, and clearly in discomfort. She is now drug free, working, active, of normal weight and energy, and a bright, attractive, pleasant, young lady.

## Additional Rheumatoid Disease Case Studies

The following are additional Rheumatoid Disease case studies from the Goldberg Clinic that have been presented professionally to physicians as part of continuing education seminars.

### Case Number Nine: Rheumatoid Arthritis With Ulcerative Colitis

**Patient Presentation:** A forty year old female presented with complaints of ulcerative colitis over an eighteen year period, accompanied by severe arthritic complaints in the hands, elbows, shoulders and knees. Prior care included eighteen years under a gastroenterologist *resulting in removal of fifty percent of the colon* and ongoing antibiotics. She also saw a rheumatologist who placed her on prednisone. The patient complained of chronic fatigue, ongoing bloody diarrhea, severe stiffness and pain, and depression. She described her condition as "desperate".

**Laboratory:** The patient was tested for intestinal permeability, mineral imbalances, and food allergies. Intestinal permeability was elevated. Mineral testing showed a pattern of general depletion and malabsorption. Food allergy testing was positive (mostly of the IgG4 variety). Foods the patient was allergic to such as egg, wheat products and dairy were *the same foods recommended to her by her gastroenterologist and medical dietitian to "sooth the colon"*. The patient had subluxations of the low back which her Chiropractor adjusted but could not get to hold.

**Program Of Care:** The patient was put on a hypo-allergenic liquid diet for a period of ten days followed by a diet of cooked vegetable foods and moderate amounts of proteins excluding all allergens. The patient was instructed on

hygienic measures to take e.g. additional rest and sleep, fresh air, emotional poise, etc. The patient began to reduce the amounts of corticosteroid compounds prescribed for the colitis and arthritis. Appropriate natural anti-fungals and antibacterials accompanied by probiotics were employed to restore a healthy flora balance to the G.I. tract.

**Outcome:** During the first two weeks the patient went through a stormy period of discomfort. By the eighth day the bowels began to quiet. Joint pain subsided by the sixth week accompanied by an increase in the energy level. In three months the patient reported her stools were partially formed without blood and that joint pains had reduced by 80%. In her fourth month of care she went off her plan and ate a variety of foods she had been warned to avoid. Within ten days she was again passing bloody stools and experiencing severe joint and muscle pain. We gave her a program for resting the gastrointestinal tract and urged her to follow the entire health program carefully. She was soon feeling well again and reported she had "learned her lesson."

**Follow up:** The patient has continued well for four years without joint pain or colitis. Only mild looseness of stool (no blood or mucus) remained due to having had 50% of her colon removed. Had she come to us earlier this operation, I believe, could have been avoided.

**Comments:** It is common to see patients with medical diagnoses of crohns and ulcerative colitis, report that they also have rheumatoid arthritis, fibromyositis, etc. These patients frequently have poor digestion and allergic problems. Medical care including corticosteroids, anti-inflammatory drugs (NSAIDS), and surgery serves to aggravate and complicate the clinical picture. Resolution of the patient's digestive dysfunction frequently results in ending the bowel problems and rheumatic complaints simultaneously.

## Conclusion

Rheumatoid Diseases have resulted in lives of ongoing pain and frustration for millions of people. This tragedy is largely due to widespread ignorance of how to address rheumatoid diseases at their roots. Patients have for too long succumbed to dangerous, symptom suppressing, medical/pharmaceutical methods or resorted to alternative medicines that also address symptoms rather than causes.

It is more than time for new ways of thinking that address individual causal factors and emphasize the re-building of health at its foundations. This should be the mainstay of care for all Rheumatic Disease Sufferers. The responsibility for this lies at the feet of physicians who are willing to re-orient themselves away from symptomatic care and to patients, who once given the proper guidance are willing to work hard to regain their health.

It can be accomplished. The histories of many hundreds of our patients as well as myself are living proof of it.

## **About The Author**

Dr. Paul Goldberg is a Chiropractic Physician and a graduate The University of Texas Medical Center, Graduate School of Public Health where he earned a Masters of Public Health Degree focusing on Rheumatoid Diseases and Chronic Disease Control. He holds Diplomate Status with the American Clinical Board of Nutrition and is the Director of The Goldberg Clinic in Atlanta, Georgia where he has had an active clinical practice since 1983. For twenty three years he served as a Professor of Clinical Nutrition, Public Health and Gastroenterology at a Major Chiropractic College where he remains a Distinguished Adjunct Faculty Professor.

Dr. Goldberg's clinical focus since 1976 has been on rheumatoid diseases, gastrointestinal disorders and other chronic health problems. He is well known for his successful work in the reversal of chronic disease conditions, utilizing clinical epidemiology and an individualized nutritional/ biochemical/ approach.

Further information, related articles, and links can be found at [www.goldbergclinic.com](http://www.goldbergclinic.com)

