

INITIAL REPORT

C**** T****



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Brief report and diagnostic recommendations

C***** T***** - 53 y.o.

HEALTH DATA AND GOALS

Joint/muscle pain

Morning stiffness

Polypharmacy

Dietary guidelines formulation

SUMMARY

C**** T****, 53yo, reports he has been experiencing joint pain since he was 20 years old. Specifically, it prevented him from playing with his children. He visited a rheumatologist who diagnosed rheumatoid arthritis. In 2003, he started taking Enbrel. Although it helped initially, he continued to have symptoms and doubled the dose for four years after which he reduced it again. By 2021 he had sporadic and mild discomfort with this scheme.

In 2020 he developed an infection after an accident for which he took extensive antibiotics. Thereafter he presented with symptoms of knee pain. The swelling appeared in the other knee as well and he was put on cortisone. When the pain spread to the shoulders, he stopped the Enbrel and was placed on Remicade, which seemed to significantly worsen his symptoms. Despite this, the dose was increased with corresponding deterioration. In January 2021 he stopped the Remicade and was started on a different biological agent, Kevzara. In the last 1.5 months the symptoms have worsened. Currently he reports pain in the hips, knees, wrists. There is no clear trigger and he cannot relate the pain to a particular food or sleep.

Useful data:

- Vegan diet of no help
- Family history of gastric and lung cancer
- Morning stiffness that lasts up to 1 hour
- Neuropathy after the surgery
- Polypharmacy
- Allergies
- Poor dietary habits

Indicative daily meal program

06:30

Awakening

08:30

- Tea

14:00

- Oatmeal

14:30

- Eggs
- Muffins+honey

18:00

- Rice w/lentils
- Chicken w/rice
- Red meat w/starch
- Fish w/rice
- Sweet

22:00

Sleep

Other information

Rx		General
Kevzara	Valtrex	Weight: 75kg
Zirtek	Magnesium	Height: 173cm
Celebrex	Multivitamin	BMI: 25.1
Allegra	D ₃	Hydration: >20 glasses/day
Prednisone	Quercetin	Exercise: 3x week (currently)

DIET STATISTICS

Dairy	1	
Sweet	7	
Tea	7	Chai
Wheat products	5	
Juice	0	
Coffee	1	
Soda	0	
Chicken/Poultry	3	
Red meat	1	
Fish	3	
Pasta	1	
Rice	5	
Potatoes	1	
Eggs	5	



DIAGNOSTICS

1. Biochemistry blood tests

- IGF-1
- Prolactin
- 25(OH)vitamin D3
- PTH
- TSH
- fT4
- Fasting insulin
- Homocysteine
- Total IgA
- Total IgE
- Total IgG
- C3
- C4
- Folate
- Vitamin B12
- Iron
- Magnesium
- Selenium
- Calcium
- Zinc
- Ferritin
- Lp(a)
- Albumin
- Creatinine
- Glucose
- Uric acid
- Urea
- SGOT
- SGOT
- γ -GT
- CBC
- Stool calprotectin
- Urinalysis

2. Cytokine quantification

The quantification of specific cytokines may help target the appropriate inflammatory signal.

3. Heavy metal testing

Several heavy metals have been implicated in the pathogenesis and worsening of rheumatopathies.

4. Spine/brain MRI

Due to the nature of the disease and the accident you were involved at a younger age, it is prudent to repeat an MRI of your spine.

INITIAL RECOMMENDATIONS

1. Rheumatoid arthritis

- **Combine fasting with increased vegetable content in your diet.** Clinical experience suggests that fasting followed by vegetarian diet may help patients with rheumatoid arthritis. Changes in disease activity were found to be associated with concurrent alterations in the fecal microflora and in the antibody activity against *P. mirabilis*. These findings may indicate that the beneficial effect of dietary treatment is caused by alterations in the microflora secondary to changes in the diet^{a,b}.
- **Reduce the chicken and rice you consume to 2 times per week each, at most.** Both these foods contain higher than usual amounts of arsenic. Arsenic is an inorganic metal which has been shown to increase oxidative stress and inflammatory indices in patients with inflammatory disorders^c.
- **Use Valtrex only when indicated.** Valtrex is an antiviral that is used for the treatment herpes and should not be used as a long-term preventive measure.
- **Maintain an ideal weight.** According to a seminal study of 2007, patients

a Müller, Horst, F. Wilhelmi de Toledo, and K-L. Resch. "Fasting followed by vegetarian diet in patients with rheumatoid arthritis: a systematic review." *Scandinavian journal of rheumatology* 30.1 (2001): 1-10.

b Kjeldsen-Kragh, Jens. "Rheumatoid arthritis treated with vegetarian diets." *The American journal of clinical nutrition* 70.3 (1999): 594s-600s.

c Prasad, Priyanka, and Dona Sinha. "Low-level arsenic causes chronic inflammation and suppresses expression of phagocytic receptors." *Environmental Science and Pollution Research* 24.12 (2017): 11708-11721.

diagnosed with rheumatoid arthritis should aim for a BMI of 21, whereas over 23 they are considered overweight^d. This means that you should keep your weight around 70 kgs.

- **Avoid any fluid intake during the meal and for 45 minutes after.** In fact, the addition of high volumes of liquids with neutral or alkaline pH significantly changes the physicochemical properties of the gastric phase, leading to longer digestion and higher demand for histamine, gastrin and acetylcholine. The same goes for all liquids. **Drink your water and any other beverage 45 minutes after you finish your meal.**
- **Chew your food thoroughly.** You should have the best possible preparation of food for digestion in the mouth and stomach.
- **Reduce acidogenic foods from your diet.** As a general rule, animal protein and grains are considered acidogenic foods, while fresh fruits and vegetables are non-acidogenic. This is not absolute, as the final acid equivalents that will be produced are also affected by additional conditions, such as food combinations, and even the time it will be consumed. In any case, it is clear that excess consumption of acidogenic foods permanently alters the balance towards osteoclast activation, and therefore bone degradation^{e,f}.

d Stavropoulos-Kalinoglou, Antonios, et al. "Redefining overweight and obesity in rheumatoid arthritis patients." *Annals of the rheumatic diseases* 66.10 (2007): 1316-1321.

e Sebastian, Anthony, et al. "Estimation of the net acid load of the diet of ancestral preagricultural Homo sapiens and their hominid ancestors." *The American journal of clinical nutrition* 76.6 (2002): 1308-1316.

f Jehle, Sigrid, et al. "Partial neutralization of the acidogenic Western diet with potassium citrate increases bone mass in postmenopausal women with osteopenia." *Journal of the American Society of Nephrology* 17.11 (2006): 3213-3222.

The following table is indicative:

Acidogenic	Net acid load	Non acidogenic	Net acid load
Fish	+14,6	Nuts	-1,1
Red meat	+12,4	Fresh fruits	-5,2
Poultry	+7,8	Tubers	-5,4
Eggs	+7,3	Mushrooms	-11,2
Shellfish	+7,3	Roots	-17,1
Cheese, yogurt	+3,3	Vegetables	-17,5
Milk	+1,3	Greens	-23,4
Grains	+1,1	Stems	-24,9

- Twice a week try bathing with thiomagnetic (Epsom) salts. Fill the tub with lukewarm water and dissolve in 250 g of Epsom salt. Before entering, you should do a few minutes of intense exercise to the point of sweating. Soak as many body areas in water as possible for 20 minutes. Then sit up and air-dry for 3-4 minutes as you wait for the tube to empty. Then rinse normally^g.
- The reason why your symptoms are more intense after immobility and after a night's sleep is due to the accumulation of fluid (inflammatory) in your joints making the surrounding tissues more stiff. There is a signal of pain until the fluid mobilizes and the tissues become elastic again. **Some tips are the following:**
 - a) **Heated underblanket.** The temperature helps the problem areas to maintain a fluid mobility by reducing inflammation locally
 - b) **Stretching.** Before getting out of bed try to move and stretch your joints

^g Prabhakaran, B. Evaluate the Effect of Hot Affusion Bath with Epsom Salt on Pain Management in Osteoarthritis of Knee. Diss. Government Yoga and Naturopathy Medical College, Chennai, 2019.

c) **Early dinner / light dinner.** With each meal we consume a number of toxins, bacteria and other compounds that lead to increased intestinal permeability. This increase, also known as leaky gut, has been strongly linked to the development of arthritis by activating the TLR4 receptor. For this reason, it is good to have limited digestions during the day and to finish early in the afternoon. The schedule you follow is good regarding the timing, however, some days we recommend having a lighter dinner and moving your main meal earlier.

d) **Before going to bed at night take a generous dose of magnesium and curcumin**

- Solanines, present in nightshades, are a family of molecules that have been shown to aggravate arthritic inflammation. They are a powerful inhibitor of cholinesterase, an enzyme involved in the flexibility of muscle movement. Hence consumption of these foods can interfere with muscle function and lead to subsequent stiffness. Examples of nightshades are eggplants, potatoes, tomatoes, paprika, peppers. The recommendation is complete avoidance of these foods for 3 months.
- **Consume ginger tea daily.** Ginger tea possesses potent anti-arthritic properties and daily consumption seems to increase pain threshold in patients with rheumatoid arthritis^h.

^h Ravikumar, Chandini. "Review on herbal teas." *Journal of Pharmaceutical Sciences and Research* 6.5 (2014): 236.

INITIAL RECOMMENDATIONS SUMMARY

Replace at least 3 days of animal protein with plant derived meals	Chew your meals thoroughly
Minimize chicken and rice consumption to 2 times weekly	Avoid any fluid intake during the meal and for 45 minutes after
Use Valtrex only when indicated	
Maintain an ideal weight of 70 kg	Reduce acidogenic foods from your diet
Sleep before midnight as frequently as possible	Consume ginger tea daily
Twice a week bathe with thiomagnetic (Epsom) salts	Use a heated underblanket
Stretch before getting out of bed	Consume magnesium and curcumin right before bedtime
Avoid eating solanines	

Reminder: This is an initial report. Upon completion of the recommended testing you will receive a very precise and personalized comprehensive report.

Our secretary is available to assist you with the procedures.

Please read the report carefully and contact us at 0030 2106109205 (daily 08:00 to 14:00) or by email at endothrapia@gmail.com or 0030 6947811203.

With appreciation,

Theodoros Prevedoros, Biochemist MSc

cc:

Panagiotis Sechopoulos, Gastroenterologist

Nora Mansour, Secretary

NOTE THE FOLLOWING:

The Endotherapia team has created a report that does not include treatment nor diagnosis of specific diseases. Your personal biochemical/genetic analysis is based on current scientific data, however it does not ensure absolute protection against disease. If you suspect that you may have a disease that may require medical attention, then it is recommended that you consult your doctor without delay.

Endotherapia does not function as a primary care provider. All patients should have a primary care provider and medical coverage for acute needs, routine care and preventive examinations (such as mammography, Pap smear, colonoscopy, etc.). Every patient should have seen their doctor in the past year and done the necessary laboratory tests.

Endotherapia focuses on wellness, disease prevention and optimal health using natural, non-toxic dietary therapies as well as lifestyle adaptations. The goal is to educate and motivate patients to take more personal responsibility for their health by adopting a healthy attitude/lifestyle and proper nutrition.

ENDOTHERAPIA



ADVANCED DIAGNOSTIC TOOLS

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