

NATURAL TREATMENT FOR REACTIVE ARTHRITIS – A CASE STUDY



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BACKGROUND INFORMATION

Reactive arthritis (ReA), also known as infectious arthritis or Reiter’s syndrome, is a spondyloarthropathic condition that causes inflammation, pain and swelling of the joints and tissues.^{1,2} ReA usually develops after a gastrointestinal or urogenital bacterial infection, and although some can self-resolve within six months, up to 63% of cases develop into a chronic form.¹

The pathogenesis of ReA is a clear example of how an acute infection creates immune dysfunction and can potentially contribute to the development of an autoimmune disorder. ReA highlights the importance of early diagnosis and how effective treatment strategies which address the inflammation, underlying infection, and immunological imbalance can provide long term relief.

CASE PRESENTATION

A 28 year old man presented to the Health World clinic with reactive arthritis. Three months earlier, he contracted a severe gastrointestinal infection that lasted for one month. Arthritic symptoms commenced five days after the onset of gastrointestinal symptoms. This situation left the patient with minimal range of motion in both knees and ankles, and he was unable to walk unaided. His condition was managed with both folic acid antagonist and corticosteroid medication. He was unable to continue work or study during this time, lost 15 kg and became low in iron and haemoglobin stores due to malabsorption.

TREATMENT PLAN

Based on this patient’s presentation, the Practitioner prescribed the following interventions:

- Diet:** For the initial month, the patient followed a Wellness diet excluding legumes, dairy and grains. After the amelioration of gut symptoms, a grain-free Wellness diet was followed.
- Lifestyle:** Due to the patient’s tendency to over-train (weight lifting), exercise was restricted to minimise the impact of further inflammatory processes.
- Supplements:** The patient was prescribed a number of supplements to reduce inflammation, antimicrobials to address the bacterial infection, immune-stimulating and modulating compounds to regulate the immune response, and herbs and nutrients to support GI mucosa and integrity, and support liver function (see Table One).

Table One: Prescription.

	Weeks 1-3	Weeks 4-10	Weeks 11-13
Glutamine & Boswellia for Intestinal Integrity	*		
Zinc with Vitamin C Powder	*		
Lactobacillus Plantarum 299v	*	*	
Magnesium Alkalisng Combination for Stress	*	*	*
Phellodendron, Hops & Selenium for Autoimmunity		*	*
Small Intestinal Bacterial Control		*	
Lipids and Tocotrienols for Healthy Cell Membranes and Cognition		*	*
Gut Friendly Anti-inflammatory Pain Relief		*	*
Cordiceps, Coriolus & Reishi for Immune Stimulation			*
Herbal Liver Protection			*

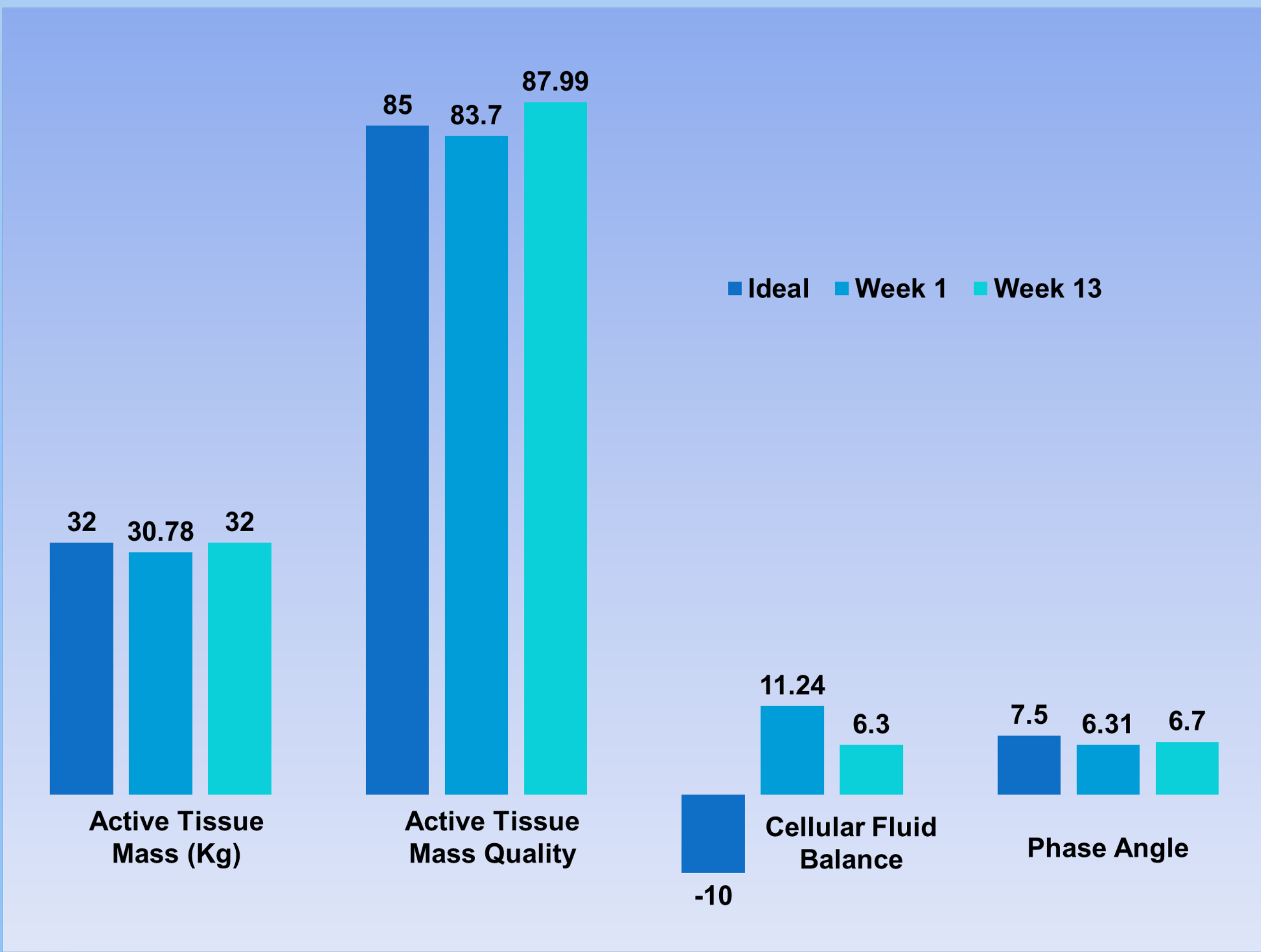
CLINICAL OUTCOMES

With targeted treatment to address the gut-immune axis, the patient’s digestive disturbance was completely resolved at week four. At the end of the first four weeks he was able to walk unassisted and no longer required pharmaceutical medication. Each week saw a consistent improvement in symptoms which coincided with improved bioelectrical impedance (BIA) parameters (see Figures One and Two). At the end of the 13 week program the patient was able to return to normal activity with a complete amelioration of symptoms in the less affected leg and a 90% improvement in the more severely affected leg.

Figure One. Improvements in Pathology Results

	Ideal	Week 1	Week 13
ESR (mm/hr)	< 15	47	2
CRP (mg/L)	< 6	37	5
Serum iron (umol/L)	10 - 30	4	13
Haemoglobin (g/dL)	135 - 180	118	146

Figure Two. Improvements in BIA Results.



CONCLUSIONS

This comprehensive treatment program provides an excellent example of the complicated web of autoimmune pathophysiology. Poor diet, ongoing stress and consistent physical overtraining may indeed have provided the ‘perfect storm’ of inflammation and immune suppression for acute infection to activate an autoimmune crisis.

As Practitioners in this modern age, we are encountering more and more patients with complex immune disorders. Although they may present with multiple pathologies, mounting evidence indicates the need to simplify our approach and to trace back along the patient’s timeline in order to discover the connections, especially when we see a history of infection.

REFERENCES

¹ Ajene A, Fischer Walker C, black R. Enteric pathogens and reactive arthritis: a systemic review of Campylobacter, salmonella and Shigella-associate reactive arthritis. Journal of Health, Population, And Nutrition. 2013; 31 (3): 299-307

² Arthritis Victoria. Reactive Arthritis (Online). 2012 (as cited March 2014); Available from: <http://www.arthritisvic.org.au/Conditions-and-Symptoms/Reactive-Arthritis>

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