

Arthritis

Patients suffering with arthritis and other autoimmune diseases may seek out acupuncture treatment when standard antiinflammatory medications cease to be effective, or must be discontinued due to side effects. While needling can bring immediate relief from pain and stiffness, complete and long lasting remission of symptoms can be difficult to achieve with acupuncture alone. Traditional Chinese herbal formulas prescribed on the basis of syndrome differentiation can also provide symptomatic benefits, but often fail to obtain lasting results.

Our clinical experience points to a three part process where infection and/or exposure to environmental toxins triggers hyperactivation of the immune system, followed by chronic inflammation and tissue destruction. In our experience both Western and Chinese medicine inadequately address the issue of subclinical infection and toxic chemical exposures as a root cause of autoimmune disease. Chinese herbal formulas prescribed on this basis may provide excellent and rapid clinical responses, with long periods of complete remission of symptoms.

Rheumatoid arthritis occurs in about 1% of the population, with three times as many females as males affected. Rheumatoid factor, an autoantibody to streptococcal IgG immunoglobulin, is present in about 75% of cases. High titers of RF are associated with more severe disease, and a poor prognosis. Acute onset occurs in 20% of patients, with the usual course being slow progression with occasional flare ups. Standard therapy includes exercise, non-steroidal antiinflammatory drugs, and in severe cases, steroids and chemotherapeutic agents that suppress immune function.

Traditional Chinese Medicine defines arthritis as a condition due to "wind damp", which can be complicated by "heat" and "cold". We consider "wind" to be a roughly equivalent term for infectious processes due to bacteria and/or viruses. "Damp" indicates both the response to climatic changes and the swelling that accompanies the inflammatory process. Chinese herbal medicines with strong antiinflammatory effects are generally in the therapeutic category known as "expelling wind damp". Antiviral and antibacterial herbs are classified as "clearing wind cold", "clearing wind heat", and "clearing heat and toxins". By combining these classes of herbs, we can both eliminate the infection at the roots of the disorder, as well as control inflammation.

The first step in diagnosis of autoimmune disease is to locate the source of infection causing hyperimmune responses. The most common sites of chronic bacterial infection triggering joint inflammation are the lymph nodes, lungs, and digestive tract, oral cavity, and spleen. Residual effects of past illness as a hidden pathogenic factor are common causes for autoimmune disease including tonsillitis, ear infections, and pneumonia. Minor symptoms suggestive of low level infection such as night sweats, palpitations, and insomnia may be the only indicator of remaining lung pathology.

The second step is neutralize the antibody formation and assist the clearance of circulating immune complexes with blood tonics and wind damp herbs. Antibodies may be formed against the bacteria itself, or the toxins excreted by the bacteria. In lupus, antinuclear antibodies may trigger inflammation in multiple organ systems, and in rheumatoid arthritis, antibodies are cross reactive with bone, cartilage, tendon, and connective tissues.

The third step is to address the inflammatory process. The modern literature on Chinese herbal pharmacology confirms the regulatory effects of wind damp herbs on many aspects of immune function, including the interleukins, interferons, and tumor necrosis factor. Acanthopanax (wu jia pi), curcuma longa (jiang huang), and smilax (tu fu ling) are three examples of herbs that reduce TNF alpha. Blood tonics like angelica sinensis (dang gui) and blood movers like cnidium (chuan xiong) inhibit the effects of bacterial endotoxins which trigger the immune response.

In addition to infectious organisms, environmental toxins can also induce autoimmunity. Occupational silica exposure is associated with scleroderma (SSc), rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), glomerulonephritis (GN) and small vessel vasculitis (SVV). Exposure to

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cleaning products, formaldehyde, solvents, synthetic adhesives, and vinyl chloride has been linked to systemic sclerosis.

Scleroderma is associated with exposure to paint thinners, paint removers, perchloroethylene, and trichloroethylene. Mercury can induce autoimmune kidney disease and SLE. Chronic exposure to low levels of chromium and other chemicals in tap water can increase SLE incidence. Cadmium, lead, and mercury all stimulate proliferation of T and B cells, increasing immune responses and production of IgG1.

The 21st century practitioner of Chinese medicine must include these factors when taking a case history. Air travel, recent home remodeling or repainting, occupational chemical exposures, house cleaning products, vaccinations, and dental history are all risk factors for autoimmune disease and multiple chemical sensitivity. A common example is a patient with recurrent sinusitis and bronchitis that is triggered by the use of Clorox bleach as a bathroom cleaner. Many sensitive patients will be subject to constant respiratory tract infections due to the damaging effects of chlorine gas on the lungs and immune system.

By taking a complete history, and noting the subtle signs of chronic infection, we can assemble an herbal prescription that addresses the totality of the pathogenic and environmental factors that trigger autoimmune disease. The non toxic nature of Chinese herbal medicines and their beneficial effects on reducing the inflammatory process and assisting the clearance of pathogens allows for long term, effective treatment with the minimum of side effects. Integrated pharmaceutical and herbal treatment can optimize the patient response and limit drug toxicities as well.

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