



# Center for Traditional Medicine Newsletter

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www.MyCTM.org

Winter 2005

## ARTHRITIS AND KNEE PAIN: The best solution is not drugs or surgery

Noel Peterson N.D.

Osteoarthritis of the knee is a worrisome problem for millions of Americans, and the pharmaceutical giants know it. Television, radio, magazine, news papers and medical journals are full of advertising featuring the sweet smiles of arthritic actors freed from the jaws of their pain, doing Tai Chi and playing ball again with their children, saved from a life of pain by Celebrex, Vioxx, Advil, Naproxin, and the other non steroidal anti-inflammatory drugs (NSAIDs).

Doctors themselves have been seduced by these multibillion dollar advertising blitzes, and have long advocated NSAIDs or injected cortisone to control pain. When that is not enough, doctors perform arthroscopic surgery. But according to recent studies published in the New England Journal of Medicine and the British Medical Journal, none of these treatments really work! In fact, they often do more harm than good, and cause multiple side effects.

To understand why they don't work, and why they cause problems, one only needs to compare the mechanism of osteoarthritis to the mechanism of NSAIDs, cortisone and surgery.

Osteoarthritis (OA) is caused by the gradual wear and tear of joint cartilage. OA happens whenever the joint's ability to repair itself is outpaced by the rate of joint injury. When the conditions are right, OA of the knee can happen at any age and any level of activity. I have teenage patients with OA, and patients in their 80's without OA. What conditions make the difference?

First, our ability to self repair our joint surfaces is controlled by our nutrition. For example, excess intake of sugar and high phosphorus-containing foods like meat and soft drinks combined with deficiencies in essential minerals like calcium,

magnesium, zinc, and boron causes the loss of the boney foundation underlying cartilage. When the joint's foundation crumbles, the cartilage is weakened and wears more quickly. When people have good nutrition and exercise, the foundation is strengthened, and cartilage repair can keep up with wear and tear no matter what their age.

Second, knee joint stability is enhanced by strong leg muscles. To be stable, a joint requires strong muscles for support. Weak muscles = weak joints. When muscles are weak the joint is lax and moves in a sloppy manner, enhancing friction and wear much like the way a sloppy wheel bearing overheats and wears out. When the muscles support the joint, it glides smoothly and cleanly.

Third, when it comes to healing both acute and chronic injuries, immobilization combined with NSAIDs, COX 2 inhibitors (Celebrex, Vioxx, Bextra), or steroid injections is a prescription for disaster. Why? To be successful, healing requires a specific inflammatory response. No inflammation, no repair. Steroids, NSAIDs, and COX2 inhibitors are toxic, have lots of side effects, inhibit healing in multiple ways, and actually weaken your joint tissue and accelerate degeneration.

Fourth, if not treated properly, trauma to the knee can set in motion ever advancing degenerative changes in the knee. The healing response is dependent on the migration of the body's repair cells, called fibroblasts, to the injured area where they remove damaged cells and lay down new cells. At least five different growth factors have been identified as necessary for this healing response.

Drugs have been shown to shut down this healing reaction, inhibiting the migration of fibroblasts into the injury,

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## COULD YOUR WEIGHT PROBLEM BE COMING FROM INSULIN RESISTANCE?

Lori Horan, N.D., L.Ac.

I often have new patients come to my office with weight gain as one of their primary concerns, but not likely their most pressing health issue. Consider Fran, who is a fairly typical case. Her doctor had given her a statin drug for high cholesterol and another medication for high blood pressure. He told her that her problems were caused by her obesity, and that she should go onto a low-calorie, low-fat diet to lose weight.

For several months she had tried very diligently to lose weight, by limiting her calories and exercising daily. After eating less and exercising more, she'd lost only a few pounds and was very frustrated. Her cholesterol and blood pressure were lower, most likely due to the medications, but she didn't feel quite like herself on the medications, and wanted to know if there were any vitamins or herbs that would control her cholesterol and blood pressure any better.

Fran had a family history of Type 2 Diabetes. She thought that because her blood sugar was normal, that diabetes wasn't her problem. The doctor who'd prescribed the medications hadn't checked her for insulin resistance or told her about "Syndrome X". I explained to her that her high cholesterol, high blood pressure, and even her weight were probably secondary problems, and her primary problem was very likely a case of undiagnosed insulin resistance. When her test results came back positive for insulin resistance, we were able to customize her treatment plan and saw some great progress.

Insulin resistance is an ever-increasing condition in the U.S. It has both a genetic and an environmental component. (It is estimated that 90 million Americans are

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## INSULIN RESISTANCE

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genetically predisposed to this condition.) If you have these genetics, and you eat refined sugar or processed carbohydrates, your pancreas responds by making an overly large quantity of insulin to help clear the excess sugar from the blood stream. People with a genetic predisposition towards insulin resistance and Type 2 Diabetes also have an extra burden in terms of diet: simply eating too many simple carbohydrates overall can lead to insulin resistance.

If you've inherited the genetics for insulin resistance, and this pattern happens over and over again, your cells that receive insulin become resistant to repeated exposures. Because of this resistance, your pancreas is forced to make more and more insulin to keep your blood sugar levels under control. Those higher levels of insulin work for a while, but then the receiver cells become even more resistant, so your pancreas must make even more insulin, and the "more insulin/more resistance/even more insulin/even more resistance" spiral continues until the insulin simply can't overcome the resistance at all. At that point, the blood sugar can't be regulated, and Type 2 Diabetes is the result.

While insulin is on the way up, it causes other problems as well. High insulin can cause your liver's production of LDL (bad) cholesterol to increase and its production of HDL(good) cholesterol to decrease. It can also prompt the kidneys to retain sodium, and the adrenal glands to secrete too much adrenalin, resulting in higher and higher blood pressure. Insulin also increases the inflammatory mediators known as prostaglandins, which can lead to a thickening of blood vessel walls and resulting coronary artery disease, and increased stroke risk. Most noticeably, the combination of refined sugar and carbohydrate consumption combined with excess insulin secretion causes increased synthesis of triglycerides (the fat inside body cells,) resulting in obesity.

In mainstream medicine when Type 2 Diabetes ultimately shows up, they prescribe yet another medication to "control" blood sugar, adding it to the diet of antihypertensive and lipid-lowering patent medications most likely already prescribed.

How we treat insulin resistance naturally is done in a few simple steps. For Fran, we started her program by diagnosing her insulin resistance. It is done in the same way as the glucose tolerance test, which is the standard test used to diagnose diabetes. If your test shows you do have insulin resistance, it means you are at an increased risk for Type 2 diabetes. Type 2 Diabetes is always preceded by insulin resistance. There is no reason for Type 2 diabetes to sneak up on anyone. It can always be predicted by a positive insulin resistance test.

Eliminating all refined sugars is priority number one. Humans are designed to digest and metabolize whole, natural foods, not refined foods. This was probably the hardest step for Fran. When she realized that refined sugars included high fructose corn syrup, dextrose, sucrose, and enriched flour, she realized that the produce department and the meat and fish department were the safest places to shop. She learned to eat a moderate-protein, low-carb diet to regulate her blood sugar swings to avoid the release of excess insulin.

Finally, Fran took supplements daily to reduce insulin resistance. Good glucose balancing formulas are available at Center for Traditional Medicine, such as Ultraglycemex and Vanatrace. She also added 30 minutes more of aerobic exercise to her program three times per week. After 6 months of treating insulin resistance, Fran lost 40 pounds, and was able to go off her high blood pressure and statin medication entirely.

If any of the following criteria apply to you--high cholesterol, high triglycerides, high LDL cholesterol, low HDL cholesterol, or high blood pressure, overweight, a personal history of hypoglycemia (low blood sugar), a family history of Type 2 Diabetes, or any combination of these--you may have insulin resistance. The more of these problems you have, or your family has, the more likely it is that you have insulin resistance. The great news is the treatment for insulin resistance also treats your blood pressure, your cholesterol, and your hard-to-lose extra weight by treating their cause. Call Dr. Horan to evaluate your insulin status today.



### **Center for Traditional Medicine Newsletter**

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make great gifts  
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# M.E.A.T. IS BETTER THAN R.I.C.E.!

## Resting an Injured Limb Slows Recovery

Noel Peterson, N.D.

*The Journal of Family Practice* ( Sept. 2004, pg. 706-712) published a study which compared the common practice of immobilization vs. the uncommon practice of mobilization after joint injuries. The authors reviewed existing studies and found that resting, splinting, and casting of injured limbs or joints delays recovery, and mobilization speeds recovery. Specifically the study concluded that, compared to rest:

- 1) Early mobilization decreases pain, swelling, and stiffness in the short term without any long term cosmetic or radiologic deformity. Six and 12 month follow-ups also confirm the advantages of early mobilization, including better range of motion.
- 2) Patients return to work sooner and usually prefer early mobilization.
- 3) Rest is an overused treatment for limb injury, and the medical profession errs too conservatively on the side of immobilization. Systematic review of all upper and lower limb injuries, including fractures, consistently found in favor of early mobilization.

Rest is part of the so-called "R.I.C.E." protocol (Rest, Ice, Compression, Elevation). R.I.C.E. has been the standard approach of coaches and doctors for decades, and only recently have we begun to understand how R.I.C.E. can interrupt the natural course of healing.

M.E.A.T: Insuring the best clinical outcome.

Mobilization, Exercise, Analgesia, and Treatment (M.E.A.T.) insures the best clinical outcome. When our patients have injuries, we want them to recover as quickly as possible, so we encourage them to use the injured area to the maximum safe level.

In almost all cases, we want them to use moist heat, not ice, to speed healing. Heat enhances circulation and repair, unlike ice which constricts blood flow and inhibits the necessary healing response. We want our patients to use mild compression, bromelain and elevation to control swelling.

Though we do not recommend anti-inflammatory drugs, we do, however, recommend analgesic pain medication, when necessary, so patients can exercise with comfort. We want them to mobilize the joint, exercise and strengthen the muscles that provide stability to the joint.

We want our patients to get specific treatment and help from their personal trainer, their chiropractor, masseuse, physical therapist, and when necessary, their surgeon.

We want them to see us for definitive care, including trigger point injection, myofascial release. We want them to have Prolotherapy to repair weakened and unstable joints, tendons, and ligaments.

And most of all we want them to stick with it, keep it strong, stay active, and enjoy life.

## ARTHRITIS

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and turning off the growth of new cartilage. Remember, no inflammation, no repair. Cortisone is the drug most toxic to this repair process, and actually causes the structural breakdown of the very collagen, cartilage, bone and ligament tissues that make up your knee joints.

Fifth, What about NSAIDs for pain? In fact, multiple studies conclude that NSAIDs and COX2 drugs offer insignificant pain control while causing serious side effects and are not worth the risk in osteoarthritis. The November 30, 2004 online issue of *The British Medical Journal* reported on an analysis of 23 randomized trials of NSAIDs, including drug company sponsored studies, in the treatment of osteoarthritis of the knee. They found only a temporary, short term 15% reduction in pain, and no improvement in function in 7,807 patients using NSAIDs, even at the highest (and most dangerous) doses. Due to the long-term harm and lack of demonstrated benefit, these investigators recommend against long-term use of NSAIDs for OA.

Sixth, arthroscopic knee surgery has been shown to have no measurable benefit in OA of the knee! The definitive double-blind study on surgery for OA of the knee was performed by Dr. J. Bruce Moseley and his team at Baylor College of Medicine and the Houston Veterans Affairs Medical Center and published July 11, 2002 in the *New England Journal of Medicine*.

Dr. Moseley studied a total of 180 patients with osteoarthritis of the knee who were randomly assigned to receive arthroscopic débridement, arthroscopic lavage, or placebo surgery. Patients in the placebo group received skin incisions and underwent a simulated débridement without insertion of the arthroscope. Outcomes were assessed at multiple points over a 24-month period with the use of five self-reported scores — three on scales for pain and two on scales for function — and one objective test of walking and stair climbing.

At no time in the 2 year follow-up did either of the intervention groups report less pain or better function than the placebo group. Moseley concluded that "in this controlled trial involving patients with osteoarthritis of the knee, the outcomes after arthroscopic lavage or arthroscopic débridement were no better than those after a placebo procedure". Since this study was published, this surgery continues to be performed on over 650,000 knees in the US at a combined cost of over \$5.2 billion a year!

### What are the alternatives to drugs and surgery?

- First, take good care of your knees by following a nutritious diet and regular exercise.
- Second, if you have knee pain, avoid drugs and don't let anyone inject cortisone into your knee.
- Third, seek treatments that build your cartilage and strengthen the knees.
- Fourth, let us help you recover function and vanquish pain with our cost-effective osteoarthritis protocol that provides specific nutrition, focused exercises, physical therapy and joint-building Prolotherapy injections.



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## **Hours**

**Monday, Tuesday, Wednesday, Friday:**

8:00-12:30 & 1:30-5:00

**Thursday:** 8:00-1:00

## **What's for Breakfast? Protein-Based Breakfasts for Food-Sensitive, Time-Challenged People**

By Drs. Lori Horan and Joan Haynes

**What's for Breakfast?** features high-protein breakfasts for wheat and dairy sensitive people who want breakfast options that are quick and easy-to-prepare.

Find recipes for toast alternatives, wheat-free grainless bread, simple high-protein smoothies, fun egg preparations, delicious wheat-free high protein muffins, on-the-run trail mixes, and power-packed protein balls.

There is even a section for Sunday breakfasts, for when you have more time to cook your breakfast favorites like quiche, pancakes and waffles, but with wheat-free ingredients. The booklet also contains recipes with dairy for those who are not dairy sensitive.

Purchase your copy at CTM. Price: \$8.99

Following is a sample recipe from **What's for Breakfast?**:

### **Nutty Hot Cereal**

1 cup ground flax seeds  
1 cup ground almonds  
1/2 cup oat bran  
1-1/4 cup rice bran  
1 cup rice protein powder

Preheat oven to 300°F. In a coffee grinder, grind flax and almonds separately. In oven, lightly toast the ground almonds on a cookie sheet for 5-7 minutes. Let cool.

Mix all ingredients and store in an airtight container. To serve, put 1/2 cup of the mixture in a bowl and add 3/4 cup of boiling water and a pinch of salt. Stir, and let the cereal sit for a few minutes before eating.

For flavor, add a dash of stevia, a sprinkle of cinnamon, a few drops of blackstrap molasses, raisins, dried cranberries and/or shredded coconut. This is hot cereal comfort food at its best.