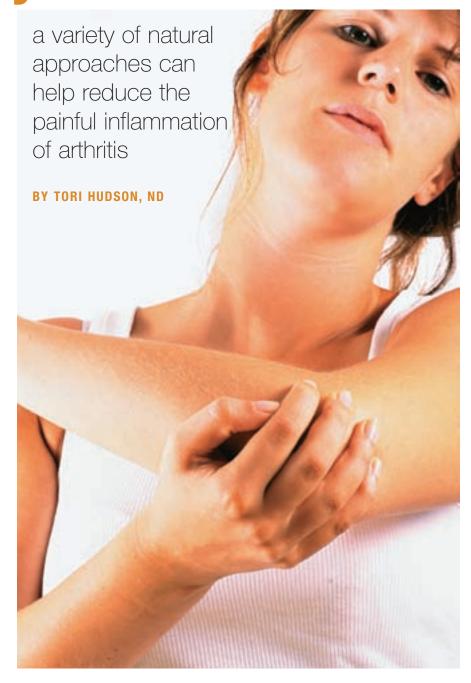
joint efforts



ches and pains in your joints can sure put a damper on your Pilates workout, not to mention such basic activities as opening jars, typing, driving, kneeling in the garden, swinging a golf club and knitting. You name it, it hurts.

The most common cause of joint inflammation is arthritis. This breakdown of cartilage can result in mild to intense pain, stiffness and limited motion. Twice as many women as men-

suffer from the condition (26 million versus 14.2 million). But much can be done to manage and possibly even reverse deteriorating joints with natural approaches. Since joint cartilage continues to repair itself (at least in the early part of the disease), a program of exercise and diet modifications along with nutritional supplements and botanicals can provide pain relief, increase range of motion and prevent further degeneration.

common conditions

Osteoarthritis is the most common form of joint disease. (See our feature on arthritis in the Jan/Feb issue, page 60, or online at *pilatesstyle.com.*) Osteoarthritis is characterized by erosion of the articular cartilage, the spongy cushion between bones. It is associated with aging of the joint, joint surface fractures or previous injury. But with early intervention you may be able to prevent joints from wearing down.

Rheumatoid arthritis is a chronic inflammatory condition that affects the joints and sometimes other body parts. Women suffer from it three times more frequently than men. Although swollen, stiff and painful joints are the disease's hallmarks, fatigue, weakness and fever may also precede these problems. As the disease progresses, the joints of the hands and feet can become deformed. Rheumatoid arthritis is an autoimmune reaction in which the body produces antibodies against the components of joint tissues. What triggers this reaction remains largely unknown, although most likely it is not one single factor.

Students of Pilates are fortunate. The practice does not stress the joints as much as, say, running or tennis. But you should take care when dealing with repetitive loading or stress on the knees,

hips and shoulders. On the other hand, joint injuries and wear and tear are minimal risks in Pilates, says Patti Koehler, PT, at West Portland Physical Therapy, OR.

Still, there are some things to watch for: "Some Pilates side-bend mat exercises may put a lot of pressure on the weight-bearing arm, especially if a twist is added," she says. "The breast stroke on the Reformer may also put strain on the shoulder joint because of excessive shoulder joint rotation and extension along with

better your body weight

the resistance."

Plain and simple, excess weight causes an increased load on joints. So one of the best natural approaches to easing and possibly eliminating arthritis pain is to maintain a healthy body weight. Regular exercise helps, plus it increases circulation to joints and enhances range of motion. Pilates is perfect here, although again, some of the repetitive hip, knee and shoulder strain may still be a problem for some, especially those with significant arthritis changes. Some will only be spared joint pain when they do pool exercises.

It almost goes without saying that diet plays a major role in weight management.

Healthy whole foods, are best, with an emphasis on complex carbohydrates, fruits, vegetables, legumes, nuts and seeds. Go easy on the saturated fats (meat and dairy) and foods with trans-fatty acids (most snack foods). But

load up on essential fatty acids—aka the good fats—such as olive oil, nuts, seeds and salmon, tuna, halibut, sardines, mackerel and herring. Food allergies and sensitivities may play a role in chronic joint inflammation.

Conventional allergy testing can detect immediate food allergies.

Delayed reactions (up to four days after eating the offending food) or more subtle food sensitivities are best detected by alternative-medicine testing techniques done by a licensed naturopathic physician. (To find an ND, visit naturopathic.org.) Eliminating certain foods may reduce or, in some cases, eliminate joint pain. Almost any food can aggravate joint inflammation, but the most common offenders are wheat. corn, dairy, beef, chicken, turkey, eggs, additives and nightshade-family foods (foods that contain solanine, a naturally occurring toxic alkaloid found in tomatoes, potatoes, eggplants and peppers). In fact, after suspecting my own twice-weekly intake of lover's eggplant at my favorite Chinese restaurant and then



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eliminating my beloved dish, I was cured of my own joint pains. After two months without nightshades, I was able to occasionally eat those foods, but not on a daily basis. Experiment for yourself and see what happens.

supplement strategies

Fatty acids Along with diet and exercise modifications, a combination of supplements can improve joint health.

Essential fatty acid oil supplements provide antiinflammatory relief. These good fats include borage, evening primrose, black currant and fish oils. After trying these, many of my clients say their joints feel "better lubricated."

Borage oil, evening primrose oil and black currant oil contain the omega-6 fatty acid gamma-linolenic acid (GLA). Many GLA studies show that rheumatoid arthritis sufferers experience significant improvements within the first six months of use, and about half the participants continue to improve in terms of tender or swollen joints, morning

stiffness and pain reduction. In my own practice, I have seen countless women with osteo and rheumatoid arthritis using GLA supplements experience positive benefits.

Fish oils, rich in omega-3 fatty acids, especially the eicosapentaenoic acid (EPA) component, can reduce inflammation and degeneration and favorably affect joint cartilage tissue. Studies show that fish-oil supplementation for treatment of rheumatoid arthritis may yield better results for some women. Studies consistently demonstrate relief of morning stiffness and joint tenderness. I recommend at least 1.2 g a day

and often more of EPA from fish oil as a supplement. Flaxseed oil can increase the body's own EPA by providing alphalinolenic acid. A fringe benefit: Fish oil can also prevent chronic diseases such as heart disease and breast cancer.

Glucosamine sulfate and chondroitin sulfate have been extensively researched, but it's difficult to discern whether one is better than the other. Studies show that glucosamine sulfate can relieve joint-pain symptoms,



tenderness and swelling as well as joint mobility of osteoarthritis at least as effectively as ibuprofen. Several clinical trials demonstrate that chondroitin sulfate can slow the progress of osteoarthritis, reduce pain, improve exercise time and protect against the development of erosive changes in some joints.

Given the good safety profile of both nutrients, I typically use them in combination at a daily dose of 1,500 mg of glucosamine and 1,200 mg of chondroitin.

Niacinimide (B3) A treatment of osteoarthritis for more than 50 years, it has been shown to increase joint mobility and ease discomfort, inflammation

and pain. I have also observed good clinical results using niacinamide for rheumatoid arthritis sufferers.

SAMe The use of S-adenosylmethionine, or SAMe, for arthritis was actually discovered during a study on depression, its better-known use. Some of the patients studied for depression reported marked improvement in their osteoarthritis. Subsequent study shows that SAMe leads to pain reduction, improved function and mobility, and less morning

stiffness. Start with 200 mg twice a day. Every two to three days increase the dose so that you are taking 400 mg three times a day by the 10th day. Take 1,200 mg a day for three weeks and then reduce to a maintenance dose of 200 mg twice a day.

Vitamin D The healing benefits just keep mounting. Low vitamin D intake and blood levels are associated with an increased risk of developing osteoarthritis, especially of the hip. While vitamin D may deter progression and possibly prevent arthritis, it is not yet known whether increasing intake will help to decrease or reverse existing arthritis.

Dosage depends on age or if you show a deficiency. The minimum daily guidelines from birth to age 50 are 200 IU; age 51 to 70, 600 to 800 IU; and over 70, 800 IU or more. From a conservative standpoint, the upper tolerable limit is 2,000 IU per day, although many individuals require more, depending on whether they have a condition related to low vitamin D.

Other vitamins and minerals

Vitamins C and E are important antioxidants and provide anti-inflammatory activity. Boron supplementation may be helpful for those with osteoarthritis who have a dietary deficiency of this mineral. Manganese plays a role in the synthesis of chondroitin sulfate, a component of joint cartilage. Pantothenic acid levels may be lower in patients with rheumatoid arthritis, and raising those low levels may help alleviate symptoms. Follow the recommended daily doses for each nutrient.

heal with herbs

Naturopathic physicians and herbalists have historically used herbs, incuding these for osteoarthritis treatment.

boswellia In a number of animal studies, boswellic acid extracts demonstrate the ability to inhibit inflammatory mediators, prevent a decrease of cartilage synthesis and improve blood supply to joint tissues. Herbal formulas using boswellia have consistently produced good results in osteoarthritis and rheumatoid arthritis patients. Try 400 mg three times daily.

capsicum Numerous herbal, menthol-based topical preparations can affect the nerve fibers that transmit pain messages. Capsicum (cayenne, containing capsaicin) is the most popular.

curcumin This pigment found in turmeric has potent anti-inflammatory and anti-oxidant effects. Curcumin lessens morning stiffness and joint swelling, and it increases stamina for walking. The recommended anti-inflammatory dose is 400 to 600 mg three times a day for acute injury, 1,000 mg two to three times a day.

devil's claw Mild improvement has been observed for arthritis inflammation. The dried powder capsule dosage is 1 to 2 g three times a day.

ginger This herb offers substantial pain reduction, better joint mobility, reduced swelling and morning stiffness. Typical dosage is 1 to 2 g of dried powder a day; for acute injury, 500 to 1,000 mg three times a day.

traditional pain relievers

Acute pain, incurred after injury or rigorous workouts, may be relieved with over-the-counter anti-inflammatories, due to their speedy efficacy. Along with nutritional and herbal supplements, mild, moderate and chronic pains can lessen and possibly prevent worsening of the joints. For maximum joint health, follow the fundamentals of diet, exercise and weight management.

Although additional research is needed in the area of alternative treatments for joint disease, my experience in clinical practice is very rewarding in terms of patient feedback. Their improved quality of life, increased activity and improvement in day-to-day symptoms is a frequent reminder of the wisdom of nature and the ability of the body to heal.

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