

The Management of Chronic Pain



On-line 16th October 2021

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You will learn

- How to distinguish chemical pain from mechanical pain.
- All about the 5 chemicals that drive the inflammatory process
- All about the 7 chemicals that sensitise the nociceptors
- Nutritional intervention to modulate the inflammatory process
- Common foods that create inflammation
- Tissue repair and regeneration.
- Nutritional intervention to enhance synovial fluid production, collagen, elastin and cartilage
- Nutritional management of the common inflammatory joint diseases of rheumatoid and gouty arthritis
- Nutritional management of osteoporosis

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25th September 2021

More than 15% of people in England take five or more medicines a day.

Public Health England

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Nearly 12 million people – about one in four adults in England – are taking medicines for pain, depression or insomnia, which they can find hard to stop, according to a government review. Peter Burkinshaw at PHE, one of the authors said: “The long-term prescribing of opioid pain medicines and benzodiazepines is not supported by guidelines and is not effective.” Prof Helen Stokes-Lampard, the chair of the Royal College of GPs, said family doctors needed better access to alternatives to drug treatment. Most prescriptions were short-term and opioids were on the decline, but the review showed “the severe lack of alternatives to drug therapies for many conditions – and where effective alternatives are known and exist, inadequate and unequal access to them across the country”, she said.

Millions of people in England taking medicines they can find hard to stop

The Guardian 10 September 2019

NHS must take action to avoid US-style opioid crisis, says co-author of government study



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Pain is the number one symptom that people complain of when visiting any health care practitioner.

Followed by –

Lack of energy / stamina

Memory issues



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Functional Testing

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Functional Testing

Palpate the intensity of the Pain

Range of motion – active and passive

Pulse rate / Pupil constriction or dilation

Blood pressure

Vital capacity / Peak flow

O2 saturation

Body temperature

Leg / Arm length and rotation

Manual muscle testing

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Kinesiology Manual Muscle Testing

- 1. Therapy Localisation (a nociceptor challenge. Tells us something is wrong but not what)**
- 2. Challenge (one vector challenges then mechanical. None or all vectors challenge them chemical)**
- 3. Biomarkers (from strength or from weakness)**

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There are 5 main neurological sensory receptors.

- 1. Mechanoreceptors 90%**
- 2. Nociceptors – transmit about inflammation**
- 3. Thermoreceptors – transmit about temperature**
- 4. Chemoreceptors – transmit about O₂ / CO₂ etc**
- 5. Photoreceptors – transmit about light**

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Nociception refers to the reception of signals in the CNS evoked by activation of specialised sensory receptors that provide information about tissue damage.

Not all noxious stimuli that activate nociceptors are necessarily experienced as pain.

Maybe heat, swelling, redness, loss of use.

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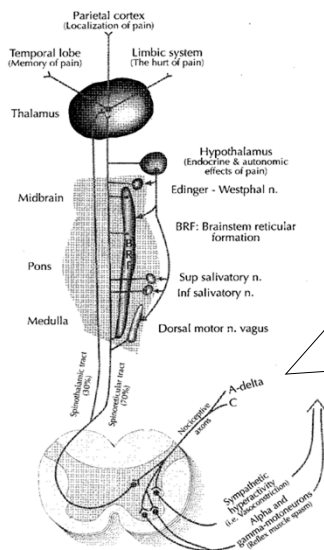
Noci comes from the Latin “Nocere” which means to injure.



Injury is damage inflicted to the body by an external force.

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Nociceptor pathways

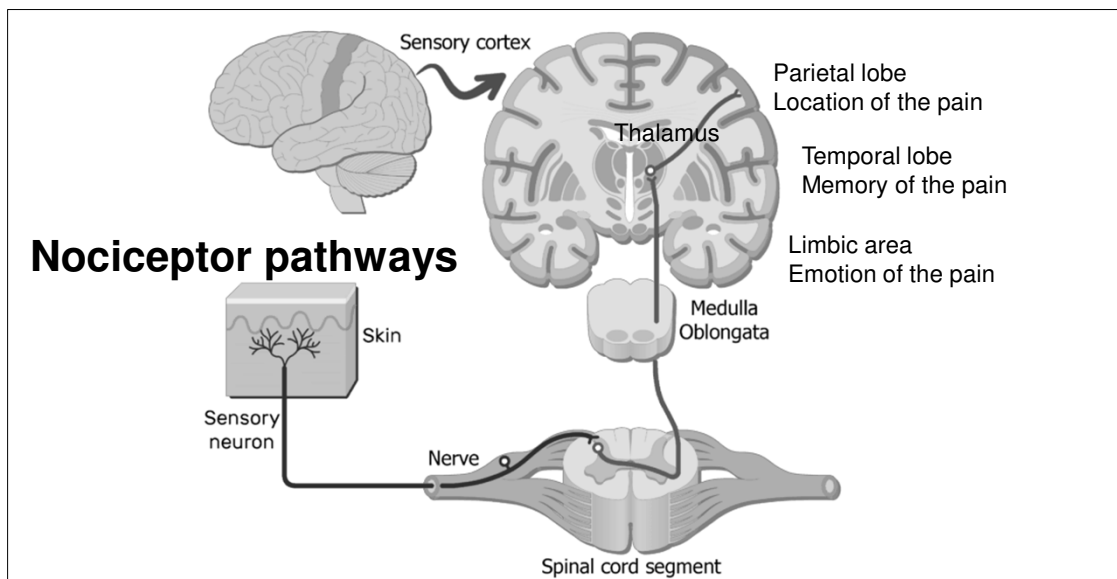


Mechanical and Chemical irritation

***Mechanical pain varies with posture.
Chemical pain is continuous.***

From Chiropractic and Pain control. Drs systems

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Nociceptors are located in every tissue except

- 1. Articular cartilage**
- 2. Inner two thirds of the annulus fibrosus**
- 3. Nucleus pulposus**
- 4. Brain**

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Nociceptor activity may result in

- 1. Sympathetic hyperactivity (vasoconstriction)**
- 2. Reflex muscle spasm**
- 3. Autonomic concomitants which may be vasomotor, trophic, visceral or metabolic in nature.**
- 4. Pain**

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Inflammation is the term given to describe the biological response that occurs as a result of tissue injury.

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It is initiated by

- 1. Trauma**
- 2. Allergic immunological reactions**
- 3. Microbial infections**
- 4. Chemical toxins, toxic metal and ionising radiation**
- 5. Hypoxia**
- 6. Nutritional deficiency e.g. Essential fatty acid deficiency**

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The Chemicals that Sensitize the Nociceptors

Histamine

Bradykinin

Serotonin

Prostaglandins E2

Leukotriens B4

} **Prostanoids**

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The chemicals that drive the inflammatory process

Histamine

Bradykinin

Serotonin

Prostaglandins E2

Leukotriens B4

+ *LACTIC ACID* ☆

} Prostanoids

Potassium excess
or deficiency ☆

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Inflammation

Alteration to the microcirculation and accumulation of inflammatory cells are the hallmarks of inflammation.

PAIN, REDNESS, OEDEMA, HEAT, LOSS OF USE.

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Acute inflammation is the healing process.

It serves to destroy, dilute and wall off the injurious agent but leads to healing by repair and remodelling of damaged tissue.

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Chronic inflammation is unresolved acute inflammation.

It is always destructive to tissues and is equated with disease.

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Inflammation is divided into three stages

- 1. The acute inflammatory phase (first 72 hours)**
- 2. The repair phase (48 hours to 6 weeks)**
- 3. The remodelling phase.**

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Challenge for Inflammation

- 1. Strong muscle goes weak when challenged with high sensitivity C. Reactive Protein 6x.**

- 2. A weak associated muscle strengthens when challenged with high sensitivity C. Reactive Protein 6x.**

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hsCRP
(High Sensitivity C. Reactive Protein)

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High Sensitivity C. Reactive Protein – hsCRP
Found in blood plasma, whose circulating concentrations rise in response to inflammation. It is an acute-phase protein of hepatic origin that increases following Interleukin-6 secretion by macrophages and T cells. Other inflammatory mediators that can increase CRP are TGF- β 1, and Tumour Necrosis Factor- α .

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**So our hsCRP marker is a composite of
CRP + IL-6 + TGF- β 1 + TNF- α .**

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**CRP is a more sensitive and accurate reflection
of the acute phase response than the
ESR* (Erythrocyte Sedimentation Rate).**

**ESR may be normal while CRP is elevated. CRP
returns to normal more quickly than ESR in
response to therapy.**

*Liu S, Ren J, Xia Q, Wu X, Han G, Ren H, Yan D, Wang G, Gu G, Li J (December 2013). "Preliminary case-control study to evaluate diagnostic values of C-reactive protein and erythrocyte sedimentation rate in differentiating active Crohn's disease from intestinal lymphoma, intestinal tuberculosis and Behcet's syndrome". *The American Journal of the Medical Sciences*. 346 (6): 467-72

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Possible Anti inflammatory Remedies

Nutrients

Vitamin A
 Vitamin C
 Vitamin K2
 Vitamin D
 Zinc (ideally with Quercitin)
 Shark liver oil
 Omega 3 or DHA
 Resveratrol

Spices –

Cloves
 Cinnamon
 Ginger
 Fenugreek
 Coriander
 All spice
 Turmeric

Also calorie restriction

Herbs –

Echinacea
 Artemesia annua
 Garlic
 Astragalus
 Celery
 Olive leaf
 Oregano
 Dong Quai.

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Diagnostic Standard for hsCRP*

hsCRP	Diagnosis
< 1.0mg/L	Low
1.0 – 3.0mg/L	Average
> 3.0mg/L	High

* "Normal results". *C-reactive protein*. MedlinePlus. Retrieved 23 April 2015

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Challenging with the Chemicals of Pain Biomarkers

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**1. Challenge the patient with a positive Therapy
Localisation of the pain from strength to
weakness**

**Or from weakness obtained by challenging with
hs C-Reactive Protein 6x**

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2. Cross challenge the weakness for strengthening against

Histamine 6x (pain, swelling, redness, itching)

Kinin 6x (key word is pain)

Serotonin 6x (hypersensitivity to pain)

Prostaglandins PgE2 6x (joint pains, vascular)

Leukotriens B4 6x. (most severe pains usually caused by allergy or parasites)

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The positive one(s) will also weaken a strong muscle in the clear..

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3. Follow the Chemical Mediators of Inflammation chart and identify all negating nutrients, which will aid in the metabolism of the inflammatory mediating chemicals.

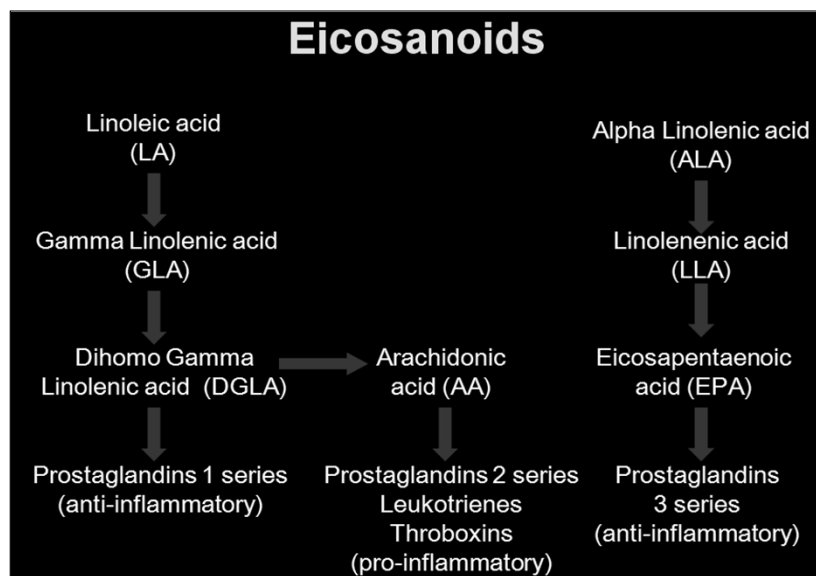
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Chemical of inflammation	Nutritional support
Histamine	Vitamin C (as Ascorbic acid), S. Adenosyl methionine (SAME) Hesperidin, Bromelain Vitamin E, Magnesium (from Magnesium citrate) ATP, Vitamin B6 (from Pyridoxal-5-phosphate) Zinc , Riboflavin , Copper , Molybdenum
Serotonin (5HT)	Adenosyl methionine (SAME), Bromelain, Magnesium (from Magnesium citrate), Organic Turmeric, Organic Ginger, Riboflavin (from Riboflavin-5-phosphate), Copper (from Copper bisglycinate)
(Brady) Kinin	Bromelain, Hesperidin, Zinc, Riboflavin (from Riboflavin-5-phosphate) Copper
Prostaglandins PgE2	GLA, EPA, Zn, Mg, B6, Folic Acid, B3, Vit C and Vit A.
Leukotrien B4	GLA, EPA, Vit E, Se, Glutathione, Ginger, Turmeric (Curcumin), Silymarin (Milk thistle).

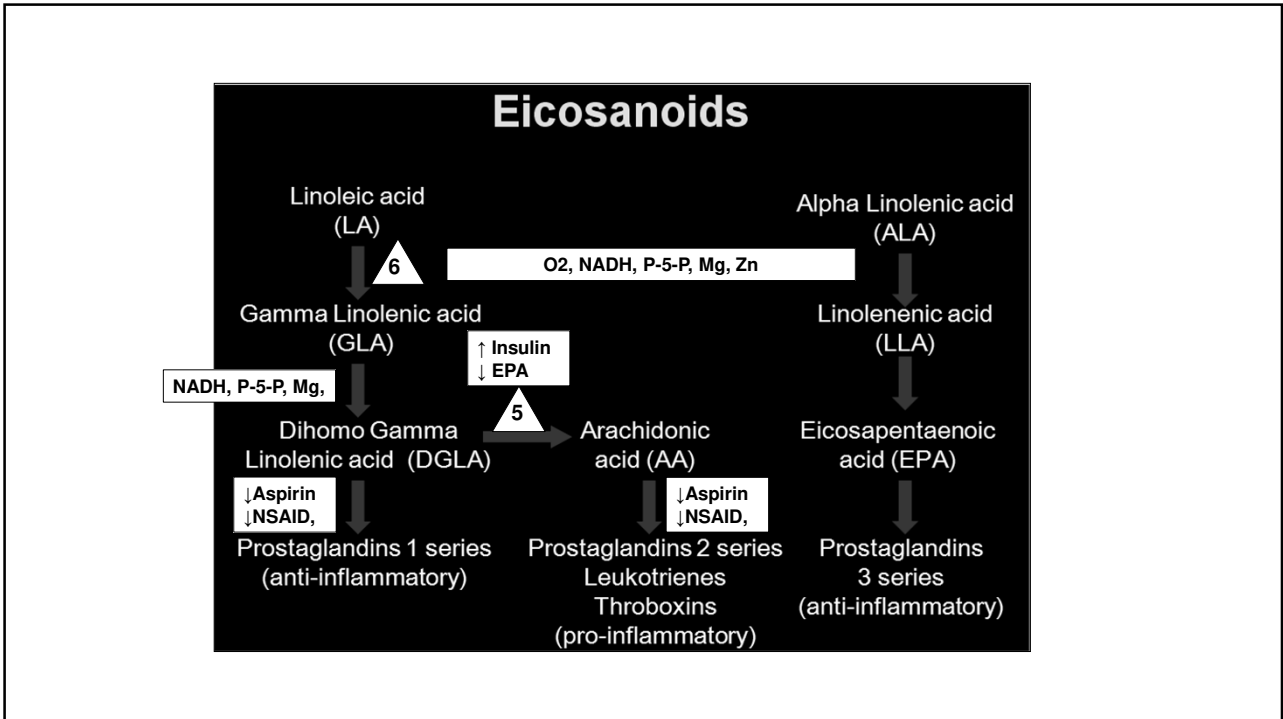
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Let's have a look at the Prostanoids

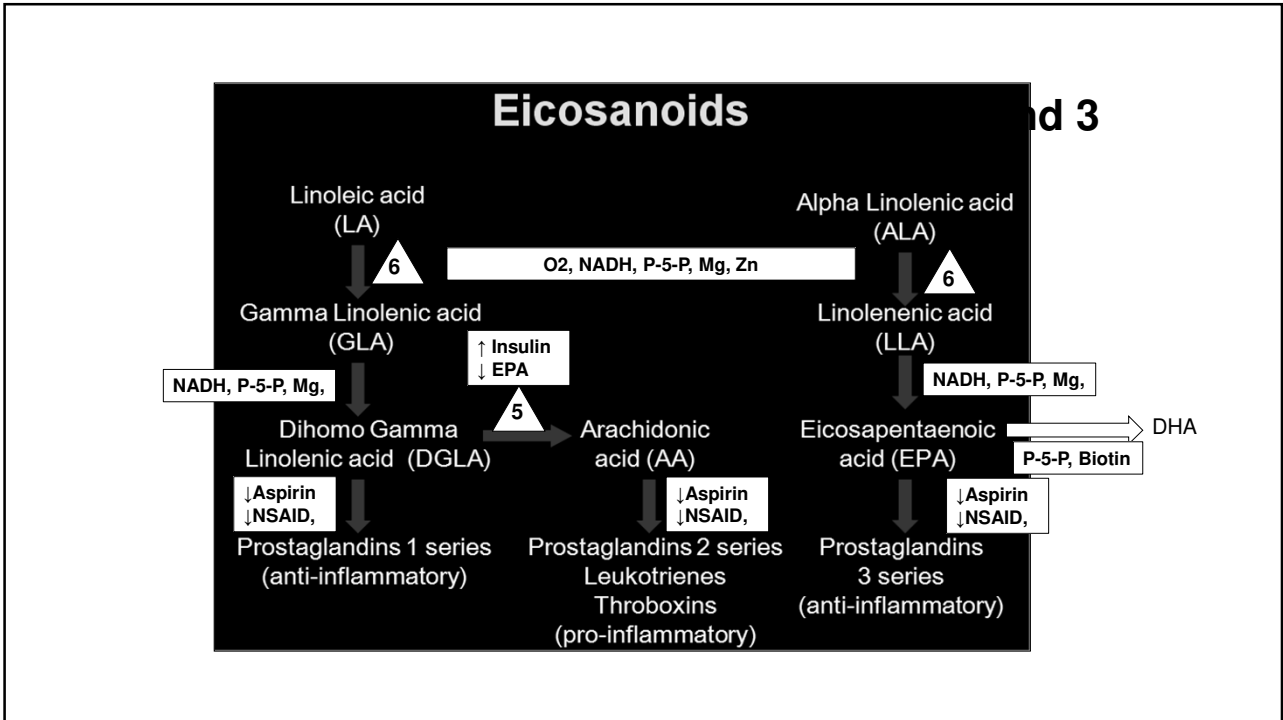
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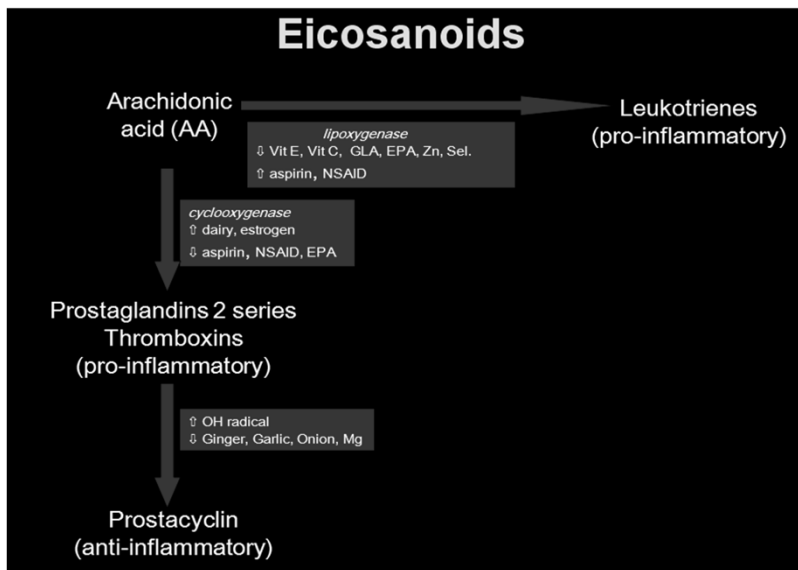
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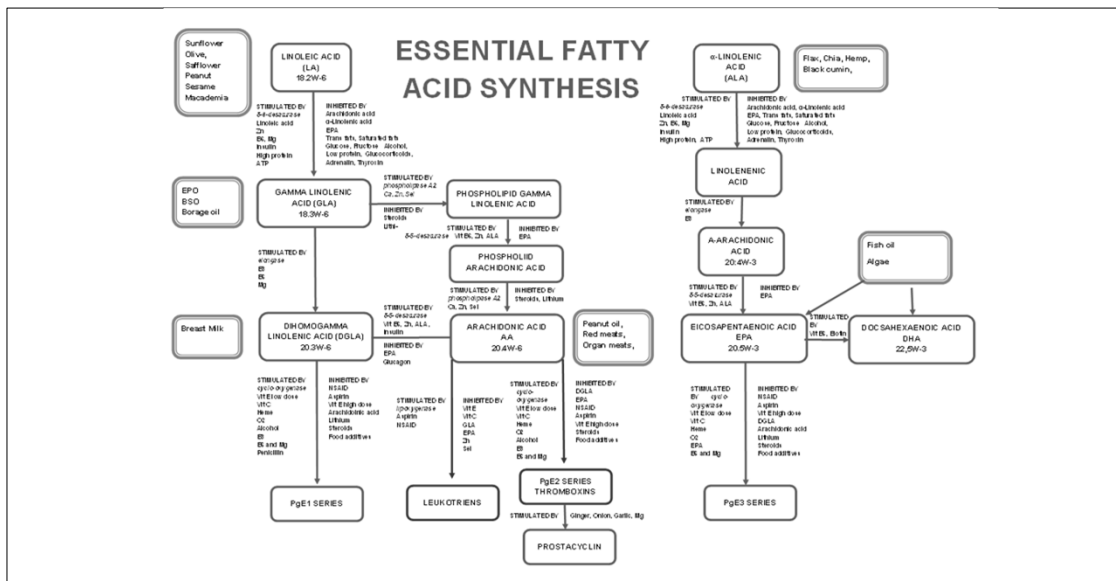


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NSAID
e
sis of

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Essential Fatty Acid Products

Omega 6

Borage

Evening primrose

Omega 3

Flaxseed oil

Omega 3

Omega 3/6/9

DHA

Blackcumin seed oil

Pumpkin oil 15%

Walnut oil 10%

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Dosing

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Composite Nutrition Markers

Amino acids

Minerals

Water soluble vitamins

Fat soluble vitamins

Co-enzymes

Saturated Fatty acids

Unsaturated fatty acids

Digestive enzymes

Probiotics

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Amino acids

Minerals

Water soluble vitamins

Fat soluble vitamins

Co-enzymes

Unsaturated Fatty Acids

Saturated Fatty Acids

Saccharides

Digestive enzymes

Probiotics

Composite Nutrition Markers

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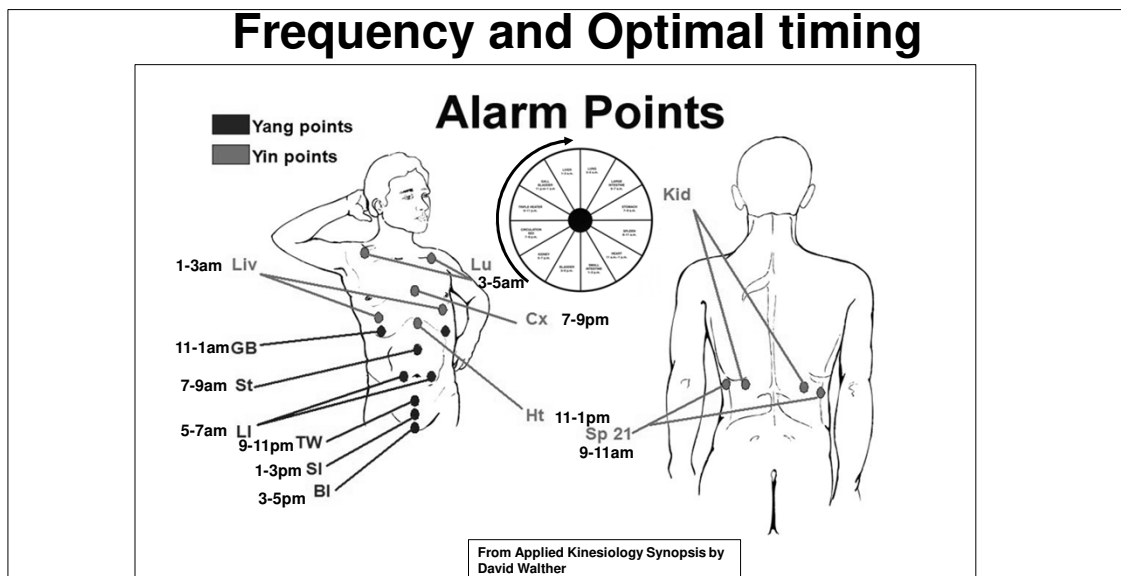
From weakness a simulated copy of a nutrient may strengthen.

This will tell you that the nutrient is effective.

The exact dose has to be assessed for by the amount of capsules / liquid that exactly negates the weakness.

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Frequency and Optimal timing



48

With the remedy on the patient (from strength), cross challenge the alarm points for maintaining strength.

This / these are the optimal times to prescribe the remedy.

Food supplements are generally St, Sl, Cx

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Basically all nutritional supplements should be given with meals.

Oils with the evening meal.

Amino acids half an hour before breakfast.

Folic acid, CoQ10 and Probiotics last thing at night.

Fat soluble vitamins on a spoon 5 minutes before a meal.

Herbs in between meals.

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Finally always test any nutrient / remedy for tolerance.

Take a strong muscle and challenge the remedy for weakening.

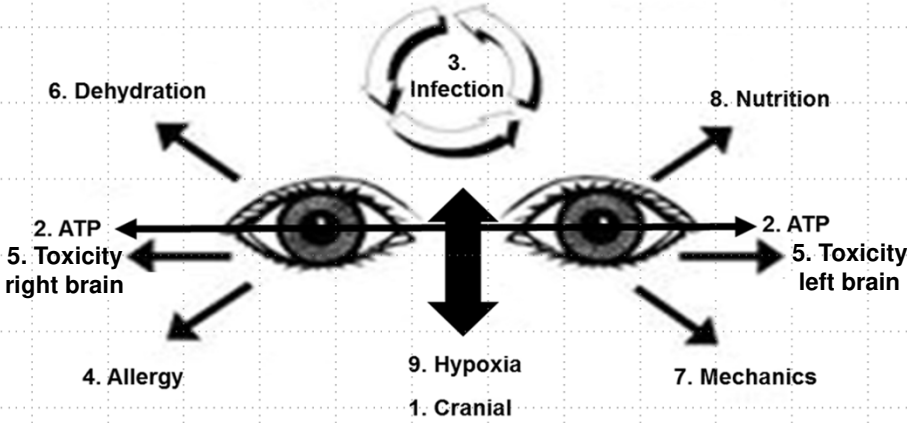
If weakens then the remedy is intolerant and should not be prescribed.

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**Alternative Diagnostic entry
(best for systemic conditions)**

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Eyes into Distortion (EID)



Cranial faults
Always think Zinc in recurrent
cranial faults

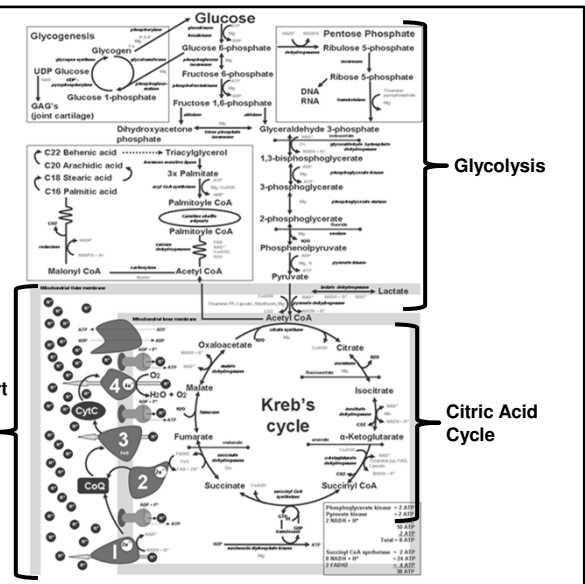
Energy

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Energy pathway Key Nutrients

Magnesium
Zinc
B1, B2, B3, B5
B12
Biotin
a-Lipoic acid
Vitamin D
Co-Q10

Electron transport
or
Oxidative
phosphorylation
pathway

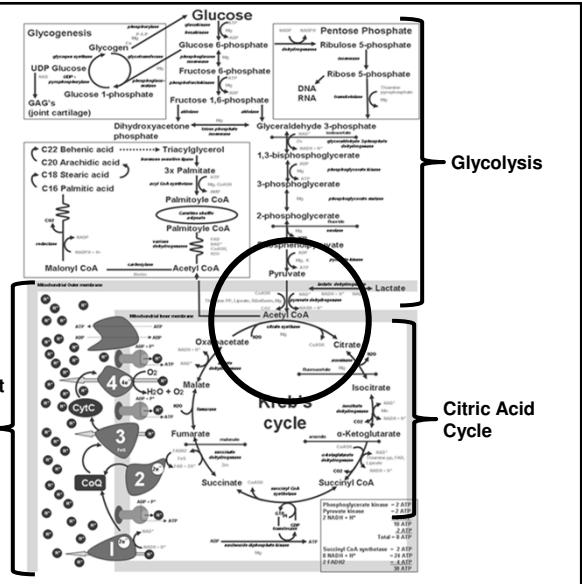


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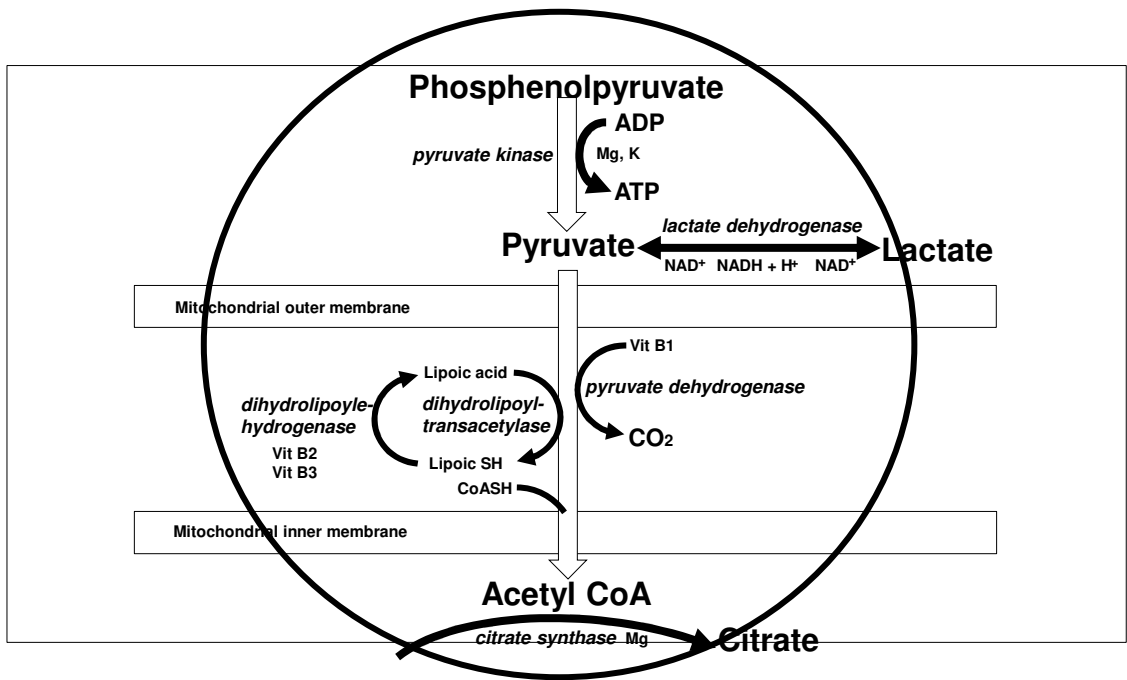
Energy pathway
Key Nutrients

Magnesium
Zinc
B1, B2, B3, B5
B12
Biotin
 α -Lipoic acid
Vitamin D
Co-Q10

Electron transport
or
Oxidative
phos-phorylation
pathway



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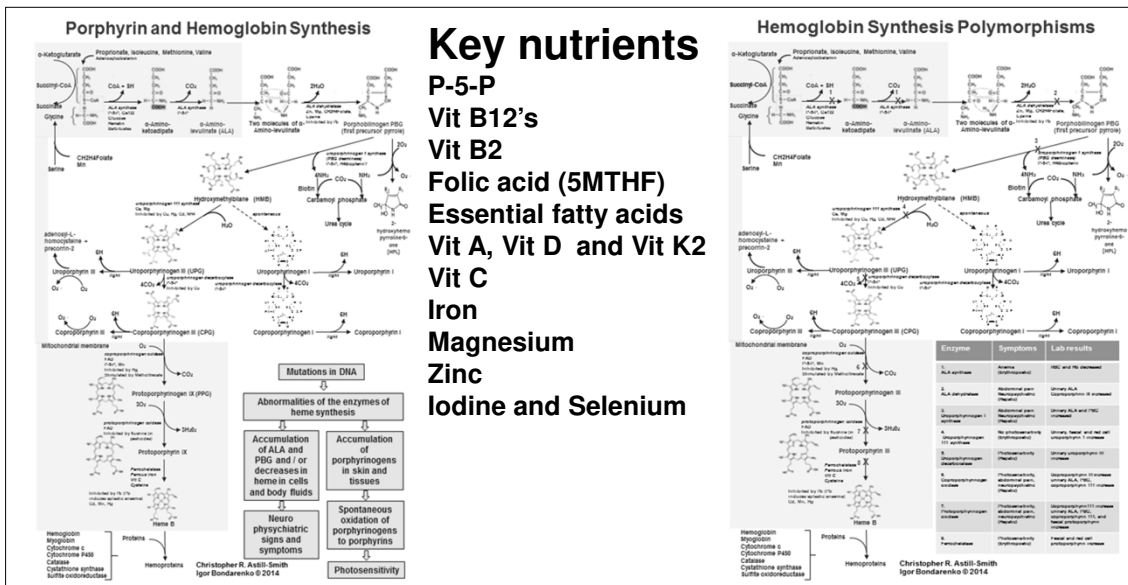
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Hypoxia

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Getting Oxygen to the cells requires mature red blood cells containing adequate amounts of haemoglobin.

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Thus a function challenge for hypoxia would be

1. A weak muscle strengthens to being challenged with oxygen.

2. EID – Up and Down

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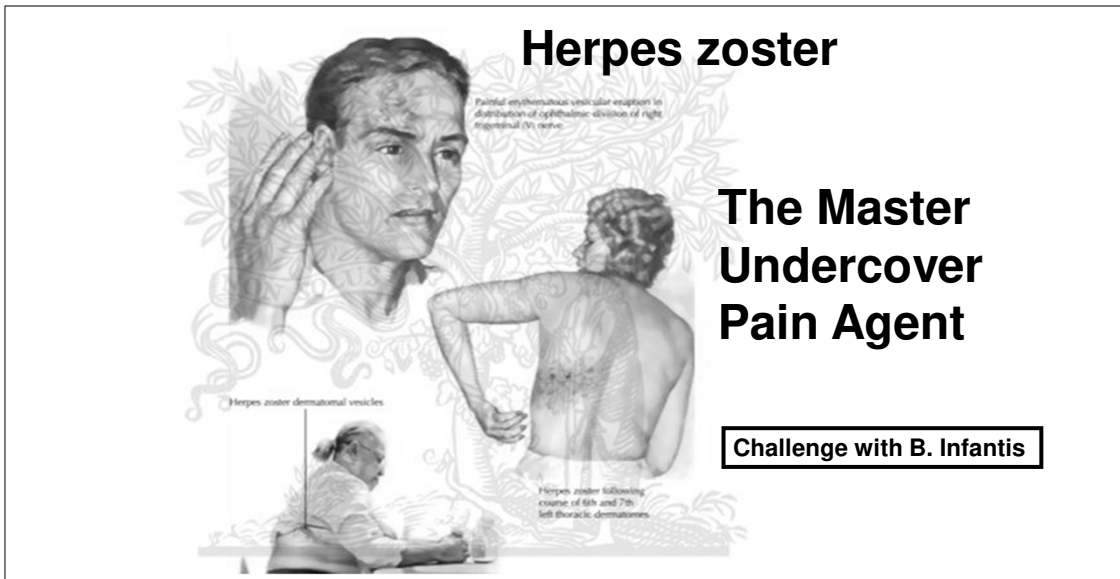
Infection

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Infection
Bacteria
Colloidal silver
Ginger
Goldenseal
Mannose
Probiotics

Infection
Virus
Activator X
Astragalus
Colloidal silver
Echinacea
Ginger
Olive leaf
Probiotics
Turmeric

64



65

Infection
Parasites
AP formula
Artemesia annua
Black walnut
Cloves
Garlic
Wormwood
Wormwood Combination

Infection
Fungus
Caprylate C8
Coconut
Pau d'arco
Probiotics
Triple zinc
Yarrow

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Allergy Intolerance

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A true Allergy is an immunoglobulin reaction to a protein within the food.

It will cross check to either IgE, IgG or IgM.

All other reactions are either lectin reactions or intolerances.

You cannot remove the offending food / drink but by using Yarrow you can continue with your examination.

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ALLERGY
**Coombs and Gell immune
inflammatory responses**

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Type 1
Allergic acute inflammation hypersensitivity is characterised by an allergic reaction that occurs immediately following contact with antigen, which is referred to as the allergen. Activates on first time exposure to the antigen. Mediated by IgE. Duration 2-3 days

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Type 2

Acute inflammation mediated by cytotoxic antibodies or antibody-dependent cytotoxic hypersensitivity occurs when antibody binds to either self-antigen or foreign antigen on cells, and leads to phagocytosis, killer cell activity or complement-mediated lysis.

Activates on second time exposure.

Mediated by IgG and IgM

Duration 18-21 days

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Type 3

Acute inflammation mediated by immune complexes. Hypersensitivity develops when immune complexes are formed in large quantities, or cannot be cleared adequately by the reticulo-endothelial system, leading to serum-sickness type reactions.

Activated on second time exposure.

Mediated by IgG and IgM

Duration 18-21 days

72

Type 4

Chronic inflammation delayed-type of hypersensitivity reaction (DTH) is most seriously manifested when antigens (for example those of tubercle bacilli) are trapped in a macrophage and cannot be cleared. T cells are then stimulated to elaborate lymphokines, which mediate a range of inflammatory responses.

Mediated by ?

Duration ?

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Diagnosis

CHALLENGE from strength or weakness against

IgE for Type 1 (half life of 2-3 days)

IgG for Type 11 and 111 (half life of 21 days)

IgM for Type 11 and 111 (often Lectins show as IgM responses).

IgA (may indicate possible gut parasitic infestation)

Cross challenge against all foods in the FOOD and LECTIN KIT or best to check the patient's own food and drink samples.

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“There is a food or drink that your are ingesting that is having a negative effect on your health.

It is a food. If yes – it is of animal origin. It is of plant origin. If yes – it is single plant or a family of plants. It is a vegetable. It is a fruit. It is a grain. The part you eat and are sensitive to grows above the ground. Grows below the ground. It is a drink. What drinks do you drink on a regular basis.”

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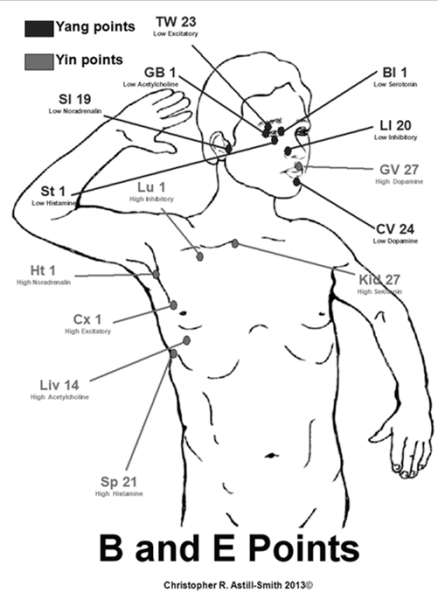
Treatment approach

- 1. Challenge with the weakening food.**
- 2. Cross therapy localise to each B&E point. Usually only one will negate the weakness.**
- 3. Test for most optimal nutrient from the nutrients that synthesise or metabolise the associated neurotransmitter.**

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**Yang points
indicate
neurotransmitter
deficiencies.**

**Yin points
indicate
neurotransmitter
excesses**



YANG

- BI 1 Low Serotonin
Tryptophan, Vit B12, Folate, Vit B3, Fe, Vit B6, Zn, Mg, Vit D
- GB 1 Low Acetylcholine
Choline, Vit B5, Vit B1, a-Lipoic, Mn
- LI 20 Low Inhibitory
Glutamic acid, Vit B6, Mg, Zn
- CV24 Low Dopamine
Tyrosine, Vit B12, Folate, Vit B3, Fe, Vit B6, Zn, Mg, Vit D
- TW 23 Low Excitatory
Glutamic acid or Aspartic acid, Vit B6, Vit C, Mg, P, Vit B3
- St 1 Low Histamine
Histidine, Vit B6, Zn, Mg
- SI 19 Low Noradrenalin
Tyrosine, Vit B12, Folate, Vit B3, Fe, Vit B6, Zn, Mg, Vit D, Vit C, Cu

YIN

- Kid 27 High Serotonin
Cu, Vit B2, SAM, Mg, Zn, Vit B6, S, Vit C, Vit B5
- GV 27 High Dopamine
Cu, Vit B2, SAM, Mg, Zn, Vit B6, S, Vit C, Vit B5
- Lu 1 High Inhibitory
Vit B6, Zn, Mg
- Liv 14 High Acetylcholine
Vit B2, Vit B3, Mn, Zn
- Cx 1 High Excitatory
Mg, Vit B2, Fe, Vit B6, Vit C.
- Sp 21 High Histamine
SAM, Mg, Vit B12, Fe, Vit B2, Cu, Vit C, Hesperidin, Zn, Vit E
- Ht 1 High Noradrenalin
Cu, Vit B2, SAM, Mg, Zn, Vit B6, S, Vit C, Vit B5

Toxicity
Toxic metals, Chemicals, Radiation

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Toxic metals

Chlorella
Coriander
Glutathione
NAC
Shark liver oil
Yellow dock

Radiation

Chlorella
Coconut
Nutrient 1&2
Ornithine
Probiotics
Selenium Meth
Shark liver oil
Triple zinc

Eat less Omega 6 oils

Chemicals

Acetyl CoA
Allclear
ChemClear
Glutathione
Lemon balm
Milk thistle
NAC
Nutrient 1&2
Yarrow

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Tissue repair

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Tissue repair starts after the first initial phase of the inflammatory cascade which usually lasts 48-72 hours.

The initial phase is accompanied by pain as the same chemicals that drive the acute inflammatory process also sensitise the nociceptors.

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As the chemicals that drive the acute phase have now subsided so does pain.

So a reduction in pain indicates a change from the acute phase to the repair phase.

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Angiogenesis is the production of new blood vessels from endothelial cell migration, proliferation and maturation.

It is stimulated by hypoxia, the acute inflammatory cytokines and Vitamin C.

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Tissue Remodeling

Collagen

Elastin

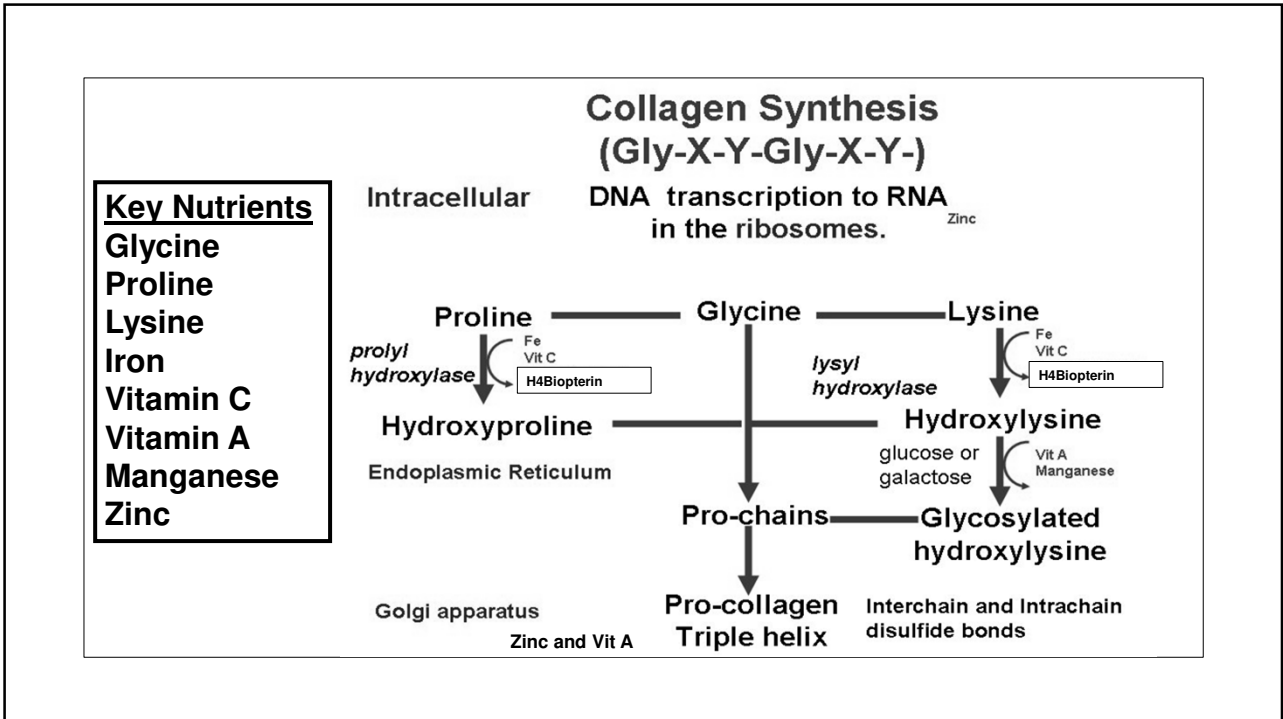
Fibrin



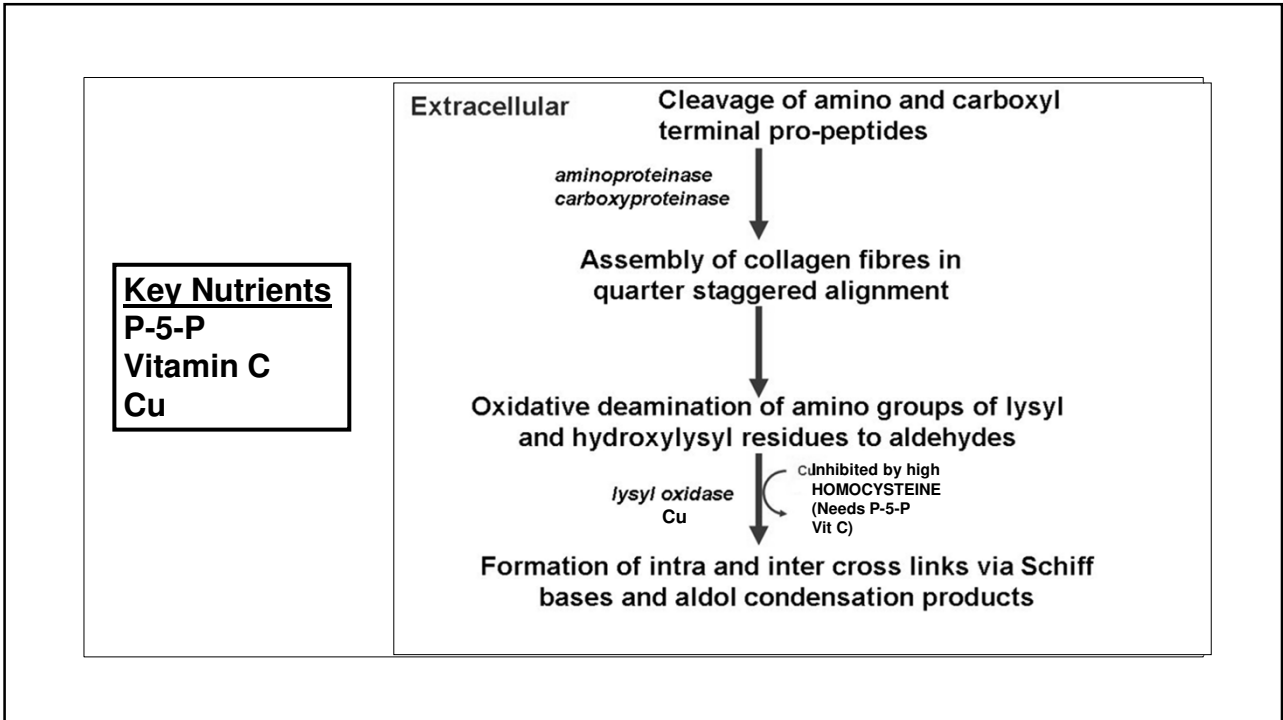
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Collagen

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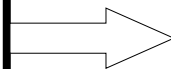
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Low collagen leads to a wobbly unstable hypermobile joint.

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Collagen

**Positive sustained
challenge –skin tug**



Challenge against

Zinc

Proline

Lysine

Iron

Vit C

Manganese

Vit A

MSM for Sulphur

Cu

P-5-P

Bilberry, Si, (silica for scarring), Vit E

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Elastin

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Elastin is a connective tissue protein that possesses elastic recoil properties.

Present in ligament, lung, arteries, skin, ear cartilage

It is 1/3rd Glycine, 1/3rd Alanine + some Valine and Proline.

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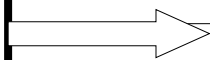
It contains no hydroxyproline or hydroxylysine. The covalent cross links are formed by a lysine as in collagen and requires *lysyl oxidase*, the Cu⁺ dependant enzyme. (Inhibited by high Homocysteine levels).

Often elastin ages due to a build up of calcium in the tissue due to Vitamin K2 deficiency.

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Elastin

Positive Elastin challenge (twang test)



Challenge against

**Glycine
Alanine
Valine
Proline
Copper**

P-5-P

**Bilberry
Vitamin K2**

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Degenerative Joint Disorders

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Hyaluronic Acid

Consists of an unbranched chain of repeating disaccharide units containing Glucuronic acid and N. Acetyl Glucosamine.

It is rich in synovial fluid, cartilage, loose connective tissue and the *vitreous body of the eye*.

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Synovial fluid is a thick, stringy fluid found in the cavities of synovial joints.

Synovial fluid reduces friction between the articular cartilage and other tissues in joints to lubricate and cushion them during movement.

The three constituents of joint fluid, lubricin, hyaluronic acid (HA) and lipids (45% phosphatidylcholine),

97

Therapy localise joint

Joint feels dry and creaky .

**If positive TL challenge against Synovial fluid
Challenge against**

Glucuronic acid

N. Acetyl glucosamine

Oils (Phosphatidylcholine, Omega3)

98

Crystals found in synovial fluid

- 1. Cholesterol**
- 2. Monosodium urates**
- 3. Calcium pyrophosphate dihydrate**
- 4. Hydroxyapatite**
- 5. Corticosteroid crystals**
- 6. Calcium oxalate**

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Calcium can be deposited in joint cavities, muscles, skin and arteries.

**Due to inactivation of – Osteocalcin
GLA matrix protein
by Vitamin K2 leading to deposition of calcium.**

**Remember use Vitamin D3 for low calcium
but always use either Vitamin K2 or Vitamin
D3/K2 for high calcium or Activator X.**

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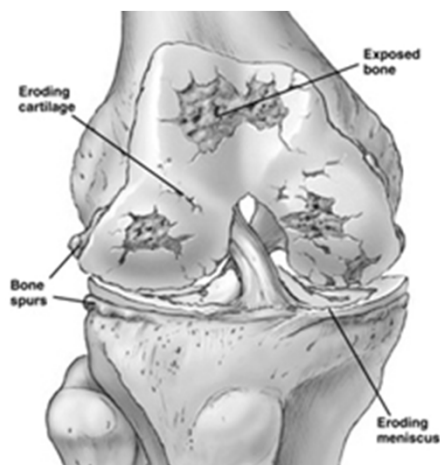
Oxalates

Very high -

Avocados, Dates, Grapefruit, Kiwi, Oranges, Raspberries, Canned and dried pineapple, Dried figs, Bamboo shoots, Beets, Fava beans, Okra, Olives, Parsnip, Kidney beans, Rhubarb, Spinach, Tomato sauce, Raw carrots, Soy beans, Brussel sprouts, Potatoes, Brown rice, Couscous, Tahini, Pasta, Veggie burgers, All nuts, Carrot juice, Hot chocolate, Lemonade, Rice milk, Soy milk, Tea, Clam chowder, Miso soup, Lentil soup. **CABBAGE.**
High – Tangerines, Figs, Dried prunes, Celery, Collards, Whole wheat, White rice.

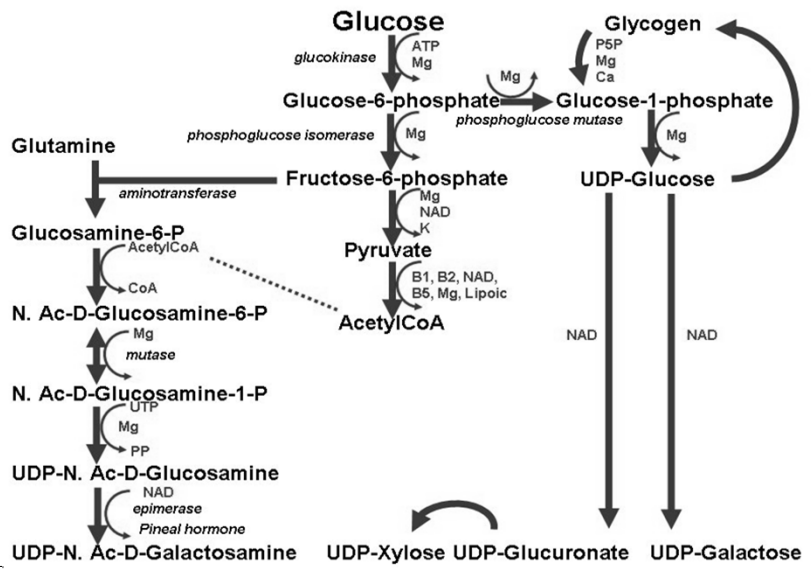
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Glycosaminoglycans (GAGs)



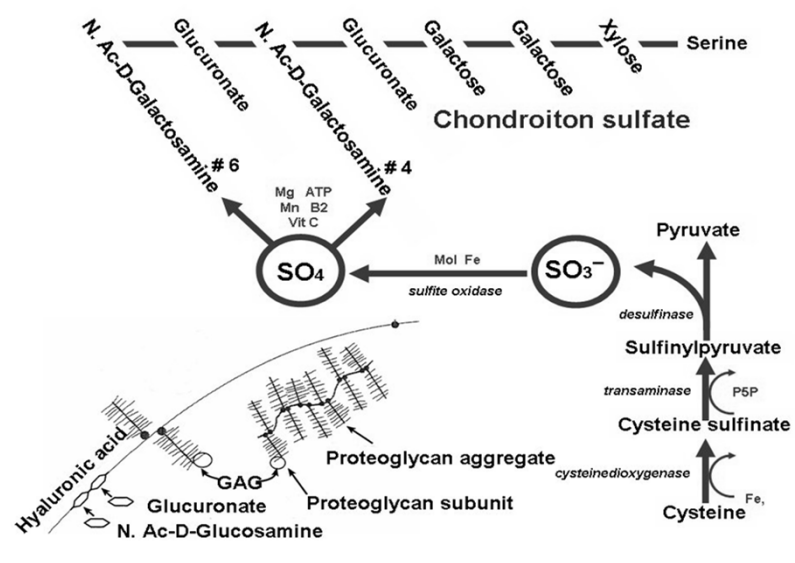
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Key Nutrients
Magnesium
Vitamin B1
Vitamin B2
Vitamin B3
Vitamin B5
a-Lipoic acid
Glutamine



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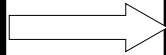
Key Nutrients
Magnesium
Manganese
Vitamin B2
P-5-P
Vitamin C
Molybdenum
Iron



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Arthrosis

Positive Therapy
Localisation to joint
or "Grind Test"



Challenge against

Magnesium
Glutamine
Glucosamine
Acetyl CoA
N. Acetyl-D-Glucosamine
NAD
Glucuronic acid
MSM (sulphur)
Vit C
Silica
Manganese

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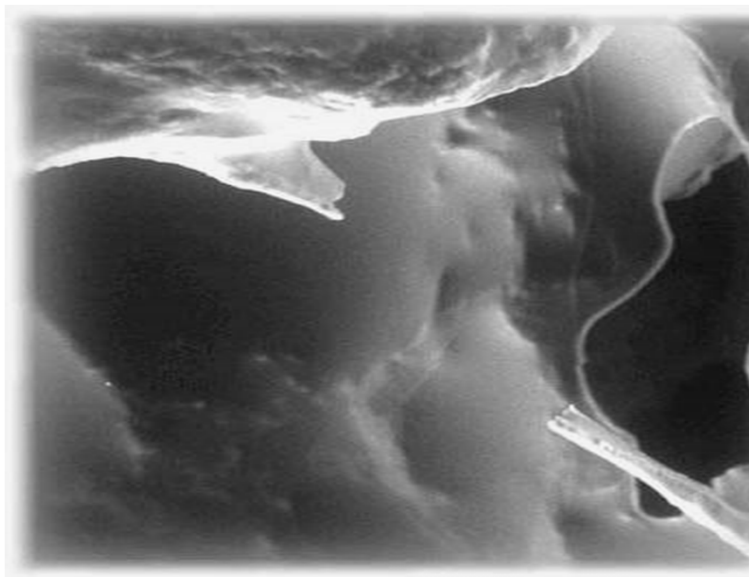
BONE

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Bone contains both organic and inorganic material.

The principal protein of bone is collagen (90%) and some non-collagen proteins which are specific to bone.

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The inorganic or mineral content of bone is mainly crystalline hydroxyapatite along with Na, Mg, Carbonate, Fluoride and Strontium.

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90% of the body's calcium is contained in bone. Hydroxyapatite ($\text{Ca}_{10}(\text{PO}_4)_6(\text{OH})_2$) confers on bone the strength and resilience required by its physiological roles.

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Bone is a dynamic structure, that undergoes continuous cycles of remodelling, consisting of resorption followed by deposition of new bone tissue. This remodelling of bone is modulated by both physical and hormonal signals.

110

Osteoblasts deposit new bone and are stimulated by Testosterone, DHEA and Progesterone.

Osteoclasts resorb old bone and are stimulated by Vitamin D and inhibited by Estrogen.

111

Challenge against BONE MEAL for strengthening.

If positive challenge against Calcium, Magnesium, L. Lysine Silicon (Bamboo)

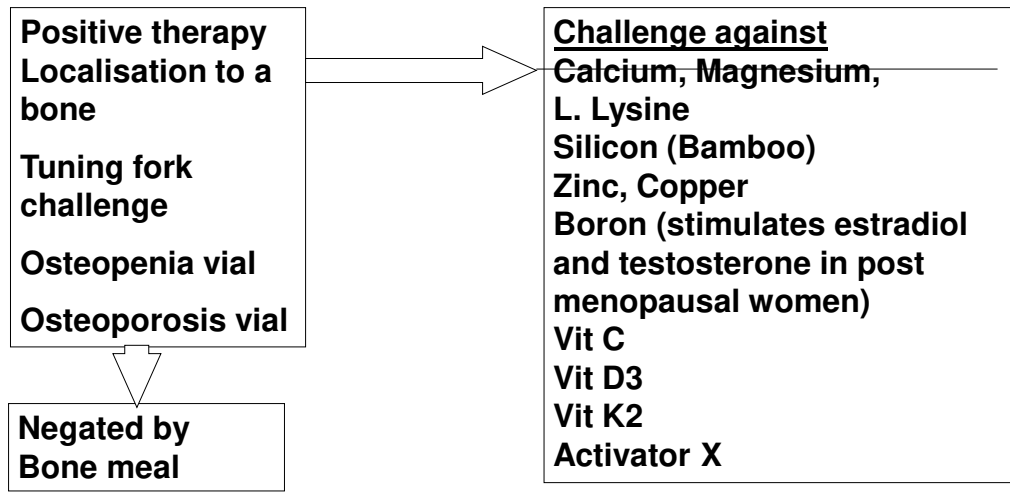
Zinc, Copper

Boron (stimulates testosterone and estradiol in post menopausal women)

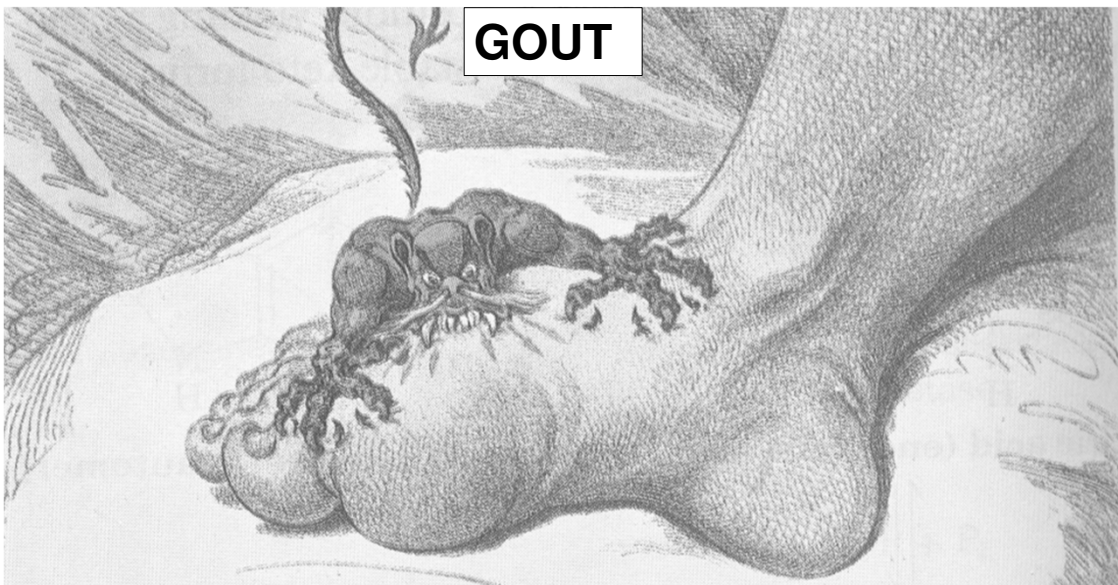
Vit C, Vit D3, Vit K2

112

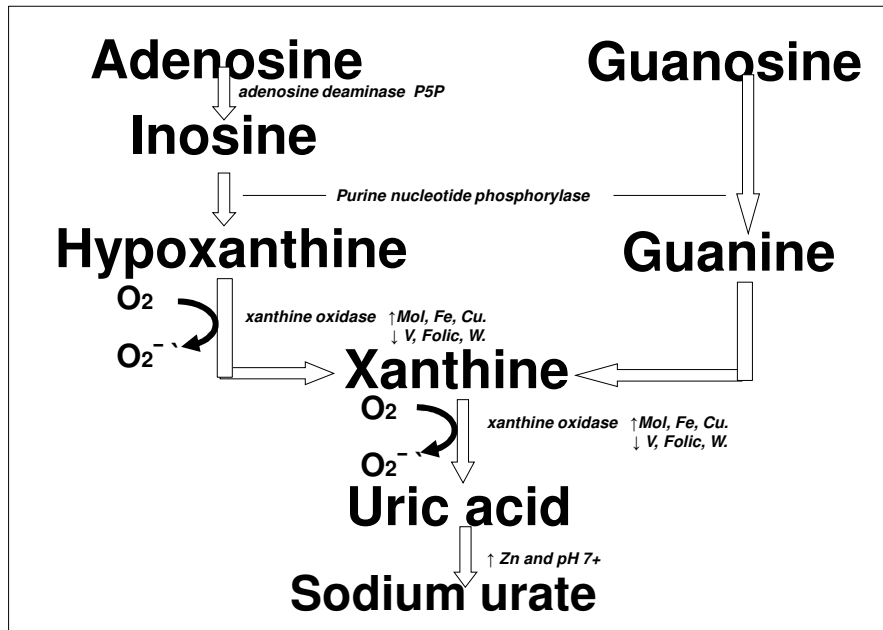
Bone



113



114



115

Constant aching, stress, and tenderness in the worst way. Inability to bend, loss of flexibility. Hardness and swelling at the big toe or fingers, wrists ankles and even the knees. Burning sensations and redness around the infected areas.

Constant pain.

116

Purine high foods

Red meats which come from cows or sheep and include steak, chops, corned beef and larger pieces of meat usually roasted in the oven. Game. Meat extracts (e.g Oxo, Bovril).

Gravy.

Brains, kidneys, liver & heart (offal), sweetbreads.

Shellfish such as , mussels, oysters and sea eggs.

Anchovies, herrings, mackerel, sardines.

Peas and beans.

Alcohol. especially beer and wine.

117

Gout

Challenge against Uric acid

Nutritional and Natural Medicines

Zinc

Sodium bicarbonate

Glucosamine

MSM

Vitamin E

Detoxify Cadmium

Artichoke (cynara)

Garlic

Silymarin (milk thistle)

Turmeric

118

Gout diet

**Grapes – Lowers acidity,
Antioxidant**

Bananas – Bromelain, Potassium

**Cherries – Neutralizes uric acid,
Anthocyanidins**

119

Pineapples

Rich in potassium uric acid - urates

Bromelain – anti-inflammatory

Vitamin C – antioxidant to purines

Folic acid – tissue repair

Blueberries

Potassium

Anthocyanidins

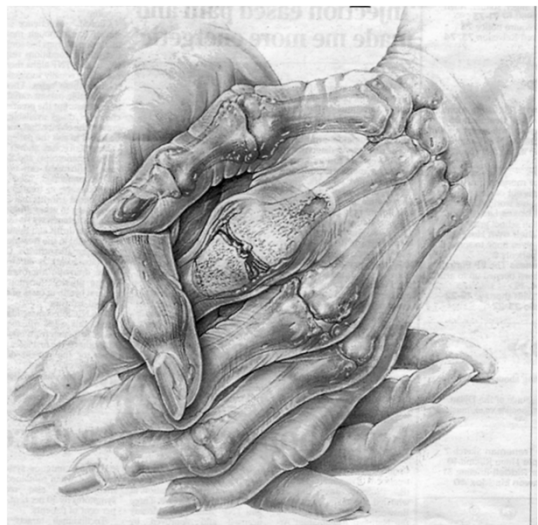
Vitamin C

120

Strawberries
Anthocyanidins
Vitamin C
Quercetin inhibits xanthine oxidase

121

Rheumatoid Arthritis



122

Rheumatoid Arthritis

Rheumatoid Arthritis (RA) is a chronic, progressive and disabling auto-immune disease affecting 0.8% of the UK adult population. It is an incredibly painful condition, can cause severe disability (this varies between individuals and depends on how severe/aggressive the disease is) and ultimately affects a person's ability to carry out everyday tasks.

123

Researchers have found that RA can be triggered by an infection, possibly a virus or bacterium, in people who have an inherited tendency for the disease.

124

Natural treatments for RA

Vitamin A
Vitamin B5
Folic acid
Vitamin C
Vitamin E

Boron
Calcium
Iron
Manganese
Selenium
Silver

Omega 3
Omega 3/6/9
DHA
Flaxseed oil

125

Natural treatments for RA

Plant oils



α -Lipoic acid
Turmeric
Cinnamon

Colon cleanse
Digestive enzymes
Prebiotics
Probiotics

126

Herbs

Ashwagandha (*Withania somniferum*)

Fennel (*Foeniculum vulgare*)

Ginger (*Zingiber officinale*)

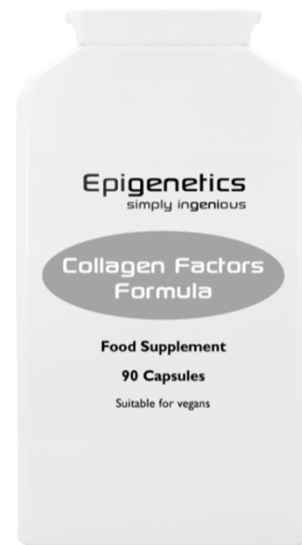
127

Joint Products

128

Epigenetics Collagen Formula

- Glycine
- Lysine
- Proline
- Copper
- Manganese
- Folic acid
- Magnesium
- H4Biopterin factors
- NADH



129

Epigenetics Elastin Formula

- Glycine
- Alanine
- Vitamin B6 as P5P
- Bilberry extract
- Copper



130

Epigenetics GAG Formula

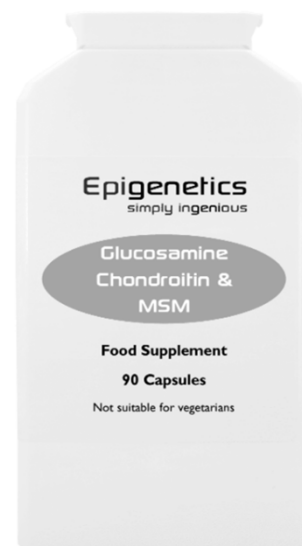
- Glutamine
- Vitamin C
- Chondroitin
- Glucosamine
- Magnesium
- Bamboo (silica)
- Manganese
- Niacin
- Molybdenum



131

Epigenetics Glucosamine, Chondroitin and MSM Capsules

- Provides main components of Glycosaminoglycans (GAGs)
- Glucosamine Sulphate Capsules
- MSM capsules



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Glucosamine sulfate

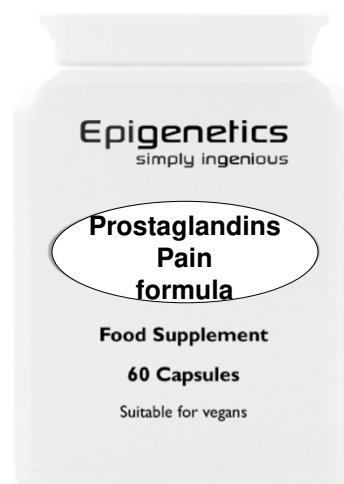


MSM



133

Epigenetics Anti Inflammatory Products



134

Epigenetics Anti Inflammatory Products



135

Epigenetics Omega Oil Products



136

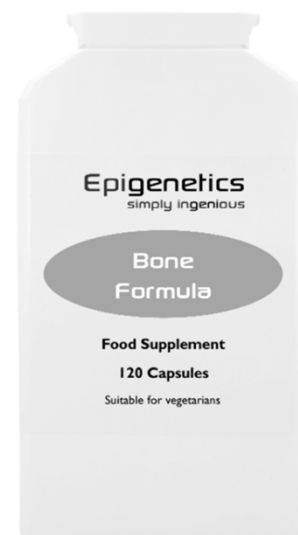
Epigenetics Omega Oil Products



137

Epigenetics Bone Formula

- **Calcium, Magnesium, Manganese, Boron, Selenium**
- **Vitamin C, Vitamin B6 (P5P), Vitamin B12 (methylcobalamin)**
- **Bamboo as a rich source of silica**
- **Vitamin D3 2000 IU**



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Best Vitamin Ds for Pain Relief



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Summary – Assessing Local Pain

1. TL pain
2. Does TL change with position (if so pain is mechanical)
3. Challenge TL against
Histamine 6x
Serotonin 6x
Kinin 6x
PgE2 6x
Leuk B4 6x
4. Challenge against negating nutrients

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Summary – Assessing Systemic Pain

- 1. Challenge against hsCRP 6x**
- 2. If positive Challenge for strengthening against**
 - Histamine 6x**
 - Serotonin 6x**
 - Kinin 6x**
 - PgE2 6x**
 - Leuk B4 6x**

(These will also weaken in the clear)

- 4. Challenge these chemicals of inflammation against negating nutrients**

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Chemistry of Pain Test Kit

hsCRP 6x

Histamine 6x

Kinin 6x

Serotonin 6x

PgE2 6x

Lt B4 6x

Lactic acid (L + D +DL)

O2

Collagen

Elastin

IgE

IgG

IgM

Synovial fluid

Hyaline cartilage

Uric acid

Oxalate

Calcium pyrophosphate

Osteoporosis

Osteopenia

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