Arthritis/Reversal of Arthritis

Disc regeneration: reversibility is possible in spinal osteoarthritis. Ressel, OJ. *ICA Review* March/April 1989 pp. 39 -61.
From the abstract:
Historically, osteoarthritis has been regarded as a common, slowly progressive disorder seen most often in the elderly that affects the weight bearing joints, the peripheral and axial articulations, and the spine...clinically, osteoarthritis has been universally accepted as an integral consequence of aging. The condition is considered to be the product of various pathobiomechanical alterations in joint function, a "wear and tear" sequelae.

It is only in the past few years that increased knowledge about the histopathology, biomechanics, biochemistry, and metabolic properties of normal and osteoarthritic tissue structures has given clinicians any hope of being able to deal with osteoarthritis.

When patient care is related to the pathology, pathophysiology, and the kinesiopathology of this condition, arrest and even reversal is possible.

Osteoarthritis, chiropractic, and nutrition: osteoarthritis considered as a natural part of a three stage subluxation complex: its reversibility: its relevance and treatability by chiropractic and nutritional correlates. Berkson DL *Med Hypotheses* 1991 Dec; 36(4):356-67
From the abstract:

It is proposed that chiropractic and nutritional treatment contribute to the amelioration and perhaps reversal of osteoarthritis (OA). It is further proposed that the chiropractic manipulative thrust is, in effect, treating dysfunctional bio-mechanics of joints, affecting positive cartilaginous change.

The pathophysiology and multi-factorial causes of OA are reviewed. New interpretations of the literature surrounding OA are discussed which offer arguments for OA's treatment and reversal through chiropractic manipulation and nutritional support. Presented is a new model of the chiropractic concept of subluxation (abnormal joint complex resulting in fixation or decrease in normal range of motion) and the chiropractic manipulative thrust. The associated histologic correlates are also discussed. A review of the literature of anti-inflammatory and muscle/joint complex supportive nutrients appropriate for OA is presented, a complete treatment protocol for OA is summarized.

Rheumatoid arthritis, a case report. Nelson W. *Chiropractic Technique* 1990; 2:17-19.
From the abstract:
A case of rheumatoid arthritis is presented where chiropractic therapy apparently produced homeostasis and a symptom free patient.

This is the case of a 51-year-old registered nurse with previously diagnosed RA of 6 months duration. After 4 weeks of care her hand spasms had eased and by 6 weeks the patient had stopped using anti-inflammatory drugs. After 8 weeks all the pain was gone; the patient was able to go dancing. After 8 months of treatment she attended her daughter s wedding with practically no pain. After 12 months she was generally pain free unless she altered her diet. After 30 months the patient broke all treatment rules with no articular or tissue pain.
Note: The Bennett method of chiropractic was the technique used.

Experimental models of osteoarthritis: the role of immobilization. Videman T. *Clinical Biomechanics*, 1987; 2:223-229.
From the abstract:
Evidence is reviewed from animal experiments supporting the hypothesis that immobilization, for whatever reason, is one of the pathogenic factors in musculoskeletal degeneration. It shows beyond reasonable doubt that immobilization is not only a cause of osteoarthritis but that it delays the healing process.

Note: It was observed that arthritic changes were observed after only a few weeks of immobilization

A 5-year follow-up of 50 cases of idiopathic osteoarthritis of the hip. Seifert M, et al. *Ann Rheum Dis* 28:325, 1969.
Spontaneous reversal of osteoarthritis is noted.

Incidence and prognosis of the coxarthrosis. Danielsson LG. *Acta Orthop Scand (Suppl)* 66; 1-114, 1964. Reversal of osteoarthritis is shown possible.

Spontaneous recovery of the hip joint in degenerative joint disease. Perry GH et al. *An Rheum Dis* 31:440-448, 1972

Restoration of the femoral head after collapse in OA. Storey et al. *Ann Rheum Dis* 30:406-412, 1971

The chiropractic medical management of hyperuricemia and gouty arthritis. Hicks L. *American Chiropractor* 1991; 13:12-15.
Brain stem compression in rheumatoid arthritis. Mayer, JW et al *JAMA* Nov.1, 1976-Vol.236, No.18.
If involvement of the cervical spine, particularly the atlanto-axial (C-1 to C-2) area, by rheumatoid arthritis (RA) may result in serious complications, including quadraparesis, vertebral artery insufficiency and even death. Pathologic conditions of the cervical spine are common in RA and may occur in as many as 86% of patients with this disease. The incidence of roentgenographic evidence of serious C-1 to C-2 subluxations has been reported as high as 25%. ”