

ARTHRITIS AND ITS BACKGROUND OF MALNUTRITION

Extracts of cane and beet molasses (alcohol soluble fraction) have been found of considerable benefit in the relief of arthritic pains and arthritic lesions.

In geographical locations where trace mineral deficiencies were most outstanding, these extracts were found to be much less effective, in fact often tended to actually aggravate the symptoms. For that reason, organic mineral concentrates should accompany the use of such extracts. It is of interest that manganese, probably the most important of this group of minerals, is essential to bone formation and repair, and the atropic form of arthritis seems particularly to be benefited by the combined use of the molasses extract and organic minerals.

Where the hypertropic form of arthritis is preponderant, the deficiency background may include a lack of phosphorus, in which the tendency of calcium to precipitate out of the body fluids as carbonate is a characteristic picture, described years ago by Dr. James B. Barr, of London. Here, phosphorus in the form of ortho-phosphoric acid or organic phosphorus as phytates should be used together with the alkaline organic mineral. If either the alkaline organic mineral concentrate or the phosphoric radical are supplied alone without its balancing partner (one being acid, the other alkaline) adverse results may begin to be evident.

A deficiency of phosphorus is characterized by restlessness in sleeping, tendency to calcium deposition, aggravation of cataracts, tendency to hypertrophy of arthritic lesions.

A deficiency of the trace minerals results in a weakening of ligaments ("perosis" in animals), loss of parasympathetic tone, gastritis, initial hyperacidity of stomach with ultimate destruction of acid secreting cells, poor bone growth or failure of bone regeneration, atony of bowel, constipation.

Where the dietary regime of the arthritic patient has been carefully supplemented with a judicious schedule of the necessary factors of the above three classes, there has been a progressive and definite relief and improvement in at least 90 percent of the patients. The change is apparent within two days to a week. Best results seem to follow a MINIMAL dosage, at least after the first two weeks. This is no doubt a consequence of the chronic nature of the disease, in which structural changes have occurred requiring much time to repair, and in which an excess of stimulation can be of no constructive effect, but rather may hinder real progress.

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