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Arthritis:  
Exercise, Diet,  
and Arthritis

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*The most important information  
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***The Everything® Healthy Living Series***  
**Arthritis: Exercise, Diet, and Arthritis**

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# Introduction

For more than 10 years, millions of readers have trusted the bestselling Everything series for expert advice and important information on health topics ranging from pregnancy and postpartum care to heart health, anxiety, and diabetes. Packed with the most recent, up-to-date data, Everything health guides help you get the right diagnosis, choose the best doctor, and find the treatment options that work for you.

The Everything® Healthy Living Series books are concise guides, focusing on only the essential information you need. Whether you're looking for an overview of traditional and alternative migraine treatments, advice on starting a heart-healthy lifestyle, or suggestions for finding the right medical team, there's an Everything Healthy Living Book for you.

## Arthritis

It can be completely unnerving to have nothing wrong with you one day and severe pain the next day. Since pain is a somewhat common symptom associated with many different conditions, it is hard to know initially what to do or how to react to the sudden change. Not every type of arthritis develops suddenly, but that sense of confusion that builds when you accept that it's not going to go away can sometimes lead you down the wrong path.

No matter what type of arthritis you have, early diagnosis and early treatment can help prevent joint damage and disability. There are many approaches to treating arthritis, both conventional and alternative. There are myriad books written on the subject. The Internet provides even more information about arthritis. It can almost be considered too much information, because a person experiencing the initial onset of arthritis symptoms often doesn't know where to begin. Should you pick up a book

about osteoarthritis and learn all about it? Maybe you should choose the book about rheumatoid arthritis? Perhaps it's sufficient to self-treat with over-the-counter arthritis medications? How do you know you are making the right decisions?

Choosing the right starting point can impact the course of your disease. It's imperative to be evaluated by a rheumatologist, a specialist in diagnosing and treating arthritis and related conditions. Getting an accurate diagnosis is the first step to getting proper treatment and managing the disease.

Chronic arthritis affects every aspect of daily living. This practical guide will show you how to live better with arthritis. The day you are diagnosed with arthritis is the first day of your new reality. Your new reality can overwhelm you, or you can choose to face it with courage and perseverance. Your willingness to accept your new reality and adjust and adapt to it, as well as your ability to cope and an unwillingness to give up, are all factors that will influence how well you live with arthritis.

The intent of this book is to help you learn about the disease, teach you to be your own advocate, help you make better decisions, and inspire you to realize that there is still a high quality of life after an arthritis diagnosis. The first step: Understanding that change is inevitable.

If you'd like to learn more about arthritis, check out *The Everything® Health Guide to Arthritis*, available in print (978-1-59869-410-9) and eBook (978-1-60550-230-4) formats.

# Exercise Is Vital for Arthritis Patients

The importance of exercise for people living with arthritis cannot be overstated. Joint pain and muscle weakness associated with arthritic conditions can be very limiting. You may feel that exercise is secondary to coping with chronic pain, but regular exercise can yield tremendous benefits. Even when results aren't visible or obvious, exercise can lessen the consequences of inactivity. Exercise should be part of a treatment plan tailored specifically for you.

## Basic Principles of Exercise for Arthritis Patients

It is a common misconception that people with arthritis cannot exercise because pain associated with the disease is so restrictive. Contrary to this belief, the American College of Rheumatology and the National Institute of Arthritis and Musculoskeletal and Skin Diseases state that regular, appropriate exercise is safe and beneficial for people with arthritis. Exercise:

- Reduces joint pain and stiffness
- Increases flexibility
- Improves muscle strength
- Improves cardiac fitness and endurance

Long-term studies have confirmed that people with inflammatory forms of arthritis (such as rheumatoid arthritis) can participate in moderate-intensity, weight-bearing exercise without increasing pain or disease activity. Less bone loss and joint damage are positive outcomes that can result from exercise for inflammatory arthritis patients. For patients with osteoarthritis, a combination of aerobic and strengthening

exercises can improve joint health and function, strength, balance, and coordination.

The key is for exercise to be appropriate for each individual. If you can no longer participate in high-intensity exercise such as athletics, or have to pare back recreational exercise such as distance walking, therapeutic exercise should still have a place in your daily routine. Range-of-motion exercises, strengthening exercises, and aerobic exercises are three types of exercise that are very beneficial for people with arthritis. If you haven't been exercising but you are beginning to realize the importance of it, you may be wondering how to start. Start with your doctor.

Discuss your plan to begin exercising with your doctor. Your doctor can help you decide how to build an exercise regimen designed specifically for you, or you may be referred to a physical therapist or occupational therapist for an evaluation of your physical limitations that will support their recommendations. Once what exercises you should be doing has been determined, start slow and stick with it!

### **Range-of-Motion Exercises**

Range-of-motion exercise, exactly as its name implies, takes each of your joints through their full range of normal movement. On a daily basis, range-of-motion exercises maintain normal movements, help to relieve joint stiffness, and increase flexibility. Range-of-motion exercise consists of gentle, stretching movements and can be done on land or in the water.

The Arthritis Foundation recommends that you should do range-of-motion exercise daily and build up to fifteen minutes per day. When you are able to do fifteen continuous minutes of range-of-motion exercises, you may be able to add some strengthening and aerobic exercises into your routine. Some people find it helpful to do range-of-motion exercises in the morning to quell bothersome morning stiffness.

### **Strengthening Exercises**

People with arthritis must maintain muscle strength by exercising. Strong muscles protect your joints and also support joints weakened by arthritis. Your ability to move depends on your muscle strength.

Isometric and isotonic exercises are two types of strengthening exercises. Isometric exercises tighten the muscles without moving the joint. Isotonic exercises strengthen muscles by moving the joints.

The American College of Rheumatology suggests doing a set of eight to ten exercises (targeting each major muscle group) two to three times a week. Most people with arthritis should perform eight to twelve repetitions of each exercise. Latex or rubber thera-bands, weights, or using a weight machine at a gym can provide resistance. You may find it better to increase the number of repetitions, while decreasing resistance. The Arthritis Foundation recommends that strengthening exercises be done every other day after warming up with range-of-motion exercises.

### ***Alert***

Remember, your exercise routine must be tailored to you. Have a health professional or certified trainer help you construct an exercise program. If you have made up your own routine, have a professional review it to be sure you are on the right course and not risking injury.

## **Aerobic Exercises**

Aerobic exercise is also known as cardiovascular exercise or endurance exercise. Aerobic exercise includes physical activities that use the large muscles of the body in repetitive, rhythmic, and continuous motions. With aerobic exercise, you are working to make your heart, lungs, blood vessels, and muscles work as efficiently as possible. People with arthritis experience side benefits from aerobic exercise, such as weight control, better sleep, less anxiety and depression, and better overall fitness.

Examples of aerobic exercise include walking, aquatic exercise, bicycling, treadmill, and aerobic dance. If done at a moderate pace, everyday activities such as walking the dog, leaf raking, or golfing may be considered aerobic exercise.

The American College of Rheumatology recommends that aerobic exercise consist of thirty to sixty minutes of moderate intensity exercise, three to five days a week. It need not occur in one session, however. The recommended time can be divided into ten-minute segments throughout the day or week.

If your pain level is high, do shorter sessions. Determine your individual tolerance for the exercises planned: If you feel an adjustment should be made to your routine, discuss it with your doctor or the person serving as your exercise advisor. Exercise routines can be adapted and modified, but realize that exercise belongs in your daily routine. You are doing yourself a disservice if you choose to ignore the importance of exercise.

## **Why Many Arthritis Patients Don't Exercise**

Many factors may affect how you think about exercise. Sorting out valid fears from convenient excuses can change a negative attitude toward exercise to a positive attitude. National survey results revealed that 37 percent of people with arthritis get no exercise. Common reasons given for dismissing exercise include:

**The pain is too overwhelming** — You may feel unable to exercise since it is difficult to stand up. Adaptation is the answer. Many arm exercises can continue unchanged and leg exercises can be modified for a person who is sitting. Pain may be better controlled if exercises are non-weight-bearing or if they are performed in water, where water buoyancy relieves stress and pain around joints.

**You think exercise will make arthritis worse** — This is a common misconception. Appropriate exercise actually reduces pain, though it may

take weeks or months to fully realize the benefit of regular exercise. Be careful not to overwork a joint that is inflamed or painful, while continuing with the rest of your workout. Even if you feel you are in a major arthritis flare, you can still do gentle range-of-motion exercises and add strengthening and aerobic exercises back in once the flare subsides.

**You're worried that people will gawk at you** — Your concern over your health must take precedence over negative feelings you have about your appearance. Ideally, you should find a supportive group of people to exercise with, such as senior groups or others with arthritis who are looking for support from you the way you are looking for support from them.

**A gym membership or the services of a personal trainer can be expensive** — Explore all of your options. Consider buying your own inexpensive equipment (such as hand weights) at a discount store and working out in the privacy of your own home. Just remember to have a health professional approve your exercise routine. If you prefer the gym setting, look for local fitness clubs that may be less expensive than well-known gyms. With regard to hiring a personal trainer, try to find one who works with small groups of people and you can split the cost.

**The machines at the gym look complicated** — Gyms have trained personnel to help instruct you. Ask about machines you are unfamiliar with or other questions you may have. Suffice to say, you will learn! Every person who goes to the gym had a first day at the gym and felt apprehensive.

**You are afraid of developing muscles** — Unless you plan on participating in an aggressive, competitive bodybuilding campaign, you won't be building unsightly muscles. The goal is not to become muscular, but to strengthen muscles to allow you to remain mobile and able to function independently.

**You will give up when results are not quickly apparent** — Exercise is not a vehicle for immediate results. If you are looking for

immediate results, you will set yourself up to feel discouraged. Therapeutic exercise is a lifelong process. The goals are long-term, not short-term. Enter into it with patience and a commitment to stick with your exercise plan.

**You have no time to exercise** — Analyze your daily schedule and look for time when you can exercise. Create a time slot just for that. If that still seems impossible to do, do what you can by walking more, taking stairs more frequently, and consciously being as physically active as you can be while going about your daily routine.

**You intend to start another day** — Find a reason to start today. Unless you have a temporary, legitimate reason to wait, today is the day. When you are committed to the idea of starting, both physically and emotionally, you have a much better chance of continuing with your exercise regimen and incorporating it into your lifestyle. Why is any other day better than today? Today is the day you start.

Patients may blame their doctor for not recommending exercise as part of their treatment regimen. Other patients think that if their doctor didn't say it, it's not important. Doctors should be involved in prescribing regular exercise, and more exercise programs focused on the needs of arthritis patients should be made available.

### **Fact**

A study in the *Journal of Rheumatology* (September 2003) compared a group of women with osteoarthritis who did Tai Chi for twelve weeks to a group who received standard treatment. The Tai Chi group reported 30 percent less pain and 30 percent improvement in their functional abilities and balance.

As an arthritis patient, you must take responsibility and realize that exercise must be part of your life for your better health. Arthritis doesn't make exercise less necessary; it makes exercise more necessary. Wrap

your mind around the importance of exercise and consult your doctor about the best way to approach it.

## **Tai Chi**

If you are interested in a mild or gentle form of exercise, you may have found it with Tai Chi. Practiced for 600 years in China, Tai Chi exercises the mind, body, and spirit. While performing Tai Chi, people move through slow and synchronized positions. Tai Chi postures work the muscles gently, require concentration, and improve the flow of qi (pronounced “chi”), which has been described as “vital life energy that sustains health and calms the mind.”

Though Tai Chi originated in China, it has gained popularity in the West. People of all ages can practice Tai Chi. It is especially appealing to people who dislike fast-paced, aggressive exercise.

You can find Tai Chi classes at community centers, karate schools, and possibly HMOs (health maintenance organizations). There are books and videos created to teach Tai Chi, but it is best to have an instructor who can watch you and be sure you are moving properly.

Some doctors recommend Tai Chi to arthritis patients. Tai Chi allows a person to gradually improve flexibility and build muscle strength. The emphasis of Tai Chi is on gentle movement of joints through their range of motion, breathing through the movements, and inner stillness that relieves stress or anxiety.

There are five recognized styles of Tai Chi: Yang (the popular style of today’s world), Sun, Wu, Hao, and Chen.

The Arthritis Foundation of Australia and Dr. Paul Lam have developed a program known as Tai Chi for Arthritis. You can learn more on their Web site: [www.taichiforarthritis.com](http://www.taichiforarthritis.com). The program has been adopted by other Arthritis Foundations, including the United States. The program is designed for people without prior knowledge of Tai Chi, relieving pain and stiffness through appropriate forms of Tai Chi,

promoting relaxation, and improving quality of life for people with arthritis.

The program is based on the Sun style of Tai Chi. The Sun style is beneficial for arthritis patients because of steps that enhance mobility, exercises which improve breathing and relaxation, and the use of stances easier for beginners and older persons. There is no bending or squatting with the Sun style of Tai Chi.

### **Alert**

A Tai Chi program is offered by the Arthritis Foundation. The program consists of twelve movements (six basic and six advanced), a warmup, and cool down. ([www.arthritis.org](http://www.arthritis.org)).

## **Yoga**

Yoga is a practice that focuses on the connection between the mind, body, and spirit. The term *yoga* means “to unite” in Sanskrit, the language of ancient India, where yoga originated over 5,000 years ago.

Regular yoga activity can increase muscle strength, improve flexibility, improve respiratory and cardiovascular endurance, improve balance, and reduce pain. It can also relieve stress, anxiety, depression, and insomnia, improve posture and body alignment, and help with weight management.

Many people cringe at the thought of yoga because they associate it with sophisticated pretzel poses that seem impossible to duplicate. Advanced positions are not what you would find in beginner yoga classes, and yoga poses can be modified to your needs and limitations. For that reason, it is important to discuss your interest in yoga with your doctor before signing up for a class. It’s imperative to inform your instructor that you have arthritis and specific physical limitations and to share your doctor’s advice with your yoga instructor.

According to the American Yoga Association, there are three primary aspects of yoga: exercise, breathing, and meditation. Beyond that, there are over 100 specific types of yoga. Hatha yoga, the type of yoga familiar to most people, focuses on physical movement, posture, and breathing techniques. Classical yoga has eight steps:

- Yama (restraint)
- Niyama (observance)
- Asana (physical exercise)
- Pranayama (breathing technique)
- Pratyahara (preparation for meditation)
- Dharana (concentration)
- Dhyana (meditation)
- Samadhi (absorption or merging of self with the universe)

You can familiarize yourself with yoga from books, Web sites, or videos. It is important to have proper instruction, especially people who have mobility issues or physical limitations. Beginning yoga classes are often offered at community centers, senior centers, the YMCA, or various health and fitness clubs. It's important for you to check the credentials of the yoga instructor — your yoga instructor should be certified. The International Association of Yoga Therapists (IAYT) Web site ([www.iayt.org](http://www.iayt.org)) allows you to search for qualified instructors in your area. If you have avoided yoga because you think you are incapable of the required movements, you may be surprised to learn that there are even yoga classes done entirely from the seated position. Chair yoga may or may not be for you, but you must approach yoga by respecting your body and limitations.

**Fact**

Though yoga has spiritual roots and aims to enhance happiness and enlightenment, there are physical benefits as well. Numerous scientific trials have been published in medical journals deeming yoga a safe, effective way to increase physical activity.

Another variation of yoga is known as viniyoga, which differs from other types of yoga by placing greater emphasis on the link between breath and movement and adaptation of each asana for individual needs. With viniyoga, breath should lead the body into and out of each asana. There is less focus on the form of the asana and more emphasis on the appropriateness of each exercise for the individual.

Remember that a typical yoga class will not necessarily offer the kind of therapeutic yoga a person with arthritis needs. Therapeutic yoga is geared toward giving one-on-one attention to the patient, similar to what you may expect from a physical therapist. It may be wise for you to find a yoga instructor who has experience working with people who have chronic health conditions.

## **Water Exercise**

The warmth of water can be the optimal way to exercise for many arthritis patients. Water provides a gentle and soothing environment. The warmth of the water can increase circulation and the buoyancy of warm water can take pressure off of your joints as you do your exercises. Some people who resist regular types of exercise find that water exercise is actually enjoyable as well as therapeutic.

Talk to your doctor about how to safely exercise in water. Your doctor may want you to have an evaluation by a physical therapist before you participate in water exercise, or you may be referred for supervised pool therapy.

If you are planning on installing a pool or hot tub at your home, part or all of the cost may qualify as a medical expense on your income taxes if your doctor has prescribed the pool/spa as medically necessary. Don't just

assume that you do — check with a tax professional to be sure you qualify for the medical deduction.

Heat can relieve muscle aches, reduce joint pain and stiffness, and be relaxing overall. Even with such good benefits, heat is not for everyone. You will also need to consider other health conditions you may have besides arthritis. It bears repeating that you should check with your doctor.

Mild heat rather than extreme heat is recommended for water exercise. In a pool, water temperatures ranging from 83 to 88 degrees Fahrenheit is adequate for exercise. Hot-tub users can usually withstand higher temperatures, but start gradually and allow yourself time to adjust. Don't stay in for a long time initially; build up the time you can safely spend in the hot tub. Most people should not stay longer than ten to fifteen minutes in a hot tub with a temperature range of 98 to 104 degrees Fahrenheit. As an individual, the time or temperature may need to be decreased.

When you first enter the pool, relax in the soothing water before you start your exercises. Begin your exercises gradually once you feel comfortable. Allow a cool-down period after exercising, before you get out of the water.

### ***Essential***

The Arthritis Foundation Aquatics Program is a water exercise program designed for people with arthritis and related rheumatic conditions. Classes are usually offered two or three times a week at local indoor pools for 45- to 60-minute sessions. Contact your local Arthritis Foundation office if you are interested in this program.

It is still your responsibility, as with any type of exercise, to know your limitations and not be reckless about pushing your limits. Get the proper guidance so you do not risk injury, and always remain compliant with instructions you are given.

## Walking/Cycling

Many people with arthritis can't walk long distances without excruciating pain, but are advised to walk as much as possible because of the health benefits associated with walking. Without question, there are benefits: Walking is considered an endurance exercise and helps to strengthen the heart and lungs; walking improves stamina and lessens fatigue; as a weight-bearing exercise, walking strengthens bones and reduces the risk of osteoporosis; and most importantly, walking strengthens muscles and improves joint flexibility. With inactivity, joints become stiff and muscles become weak. Walking negates some of the bad effects brought on by inactivity.

### **Fact**

Not only are there physical benefits associated with walking, there are psychological benefits. Walking can promote a whole new attitude. You will feel the sense of accomplishment if you participate in a regular walking program, whether it is by yourself or with others.

It can be very discouraging to lose mobility and independence. To realize the benefits of walking and work toward building up your body despite arthritis, is an absolute morale booster. If you want to establish a walking routine, walk around your own neighborhood at first. As you build confidence, choose places to walk which are more interesting. Change your setting so you don't get bored with walking. You should recognize rather quickly that you feel better from regular walking.

Cycling, whether you are using a stationary or free-standing bicycle, is another good way to exercise your joints and muscles gently. Cycling improves strength, balance, and coordination. It is considered a low-impact form of exercise since it doesn't stress the joints. All of the major muscle groups are worked when you are cycling.

You already know how to walk and most likely how to ride a bicycle, so there is no learning that must take place first. You can control the pace and physical demand of your workout. Remember to listen to your pain and make adjustments so you do not risk injury. Make sure your bicycle is comfortable, otherwise you won't stick with it. Set new goals periodically, based on your limitations and your level of improvement. As you extend the distance you are cycling, your sense of achievement will build accordingly. Don't overdo because you feel zealous about your accomplishment. You still have arthritis and have to keep it in perspective. Listen to your pain when you are done with a daily cycling session.

Adjustments must be made to accommodate your physical limitations and to reduce strain while exercising. For example, the bicycle seat height for a person with arthritis should be at a level whereby the leg will not be fully extended while pedaling. The pedal should be set so that the leg is slightly bent when the foot is at the bottom of the pedal stroke.

## **Inactivity or Sedentary Lifestyles**

You have been reading all about the benefits of regular exercise adapted to your physical needs. You can expect improvement in joint flexibility and muscle strength, less fatigue, and better endurance, as well as a better attitude. With a sedentary lifestyle, you get the opposite results. With inactivity, joint flexibility becomes joint stiffness, muscle strength becomes muscle weakness, fatigue is greater and more problematic, and endurance and positive attitude suffer.

### ***Essential***

It's a fact that inactivity feeds weakness. You may have a doctor who has not warned you about the negative outcomes associated with lack of exercise. If exercise is important to you, you may do well with a doctor who values the importance of exercise as much as you do.

It's quite easy to fall into a pattern of inactivity. Chronic pain can leave you feeling like you want to do nothing at all. Yet too much bed rest has serious consequences for an arthritis patient. It's somewhat of a vicious cycle — pain leads to bed rest, yet too much bed rest leads to more pain. Ideally, arthritis patients must find the balance between rest and activity. Actually, inactivity is a risk factor for many chronic conditions, not just arthritis.

If you have been progressively becoming more inactive, it will take a conscious effort to change your habits. With the promise of better health overall and better joint health specifically, the decision to change and set healthy goals is awaiting your commitment.

To start, make a list of changes you know you need to make. Make a list of activities you want to begin doing. Decide that regular exercise is part of your life and fit it in. Don't allow yourself to miss your regular exercise session, but if you must miss, don't make it easy. Eliminate something you enjoy doing that day also. Finally, make sure the goals you are setting are realistic.

# Diet and Arthritis

The effect of diet on arthritis is among the most debated topics with regard to the management or prevention of the disease. The reason for the debate comes from the fact that you will find many more testimonials than scientific conclusions about diet and arthritis. Regimens for eliminating foods thought to worsen arthritis symptoms exist. There are books and Web sites devoted to the subject. With certainty, it can be said that there is no single diet that controls arthritis symptoms for every patient.

## **Does Elimination Diet Cure Arthritis?**

You will find numerous theories about which foods are good to eat and which foods should be avoided by people with arthritis. Some theories point to eliminating whole groups of foods while others focus on pinpointing the specific food that aggravates your arthritis. Rather than an entire food group as the culprit, individual food sensitivities are a more plausible cause for arthritis flares in some people.

It may seem like an overwhelming task to try to find a single food that may cause you to have a nonspecific, allergic-like, immune reaction manifesting itself as joint pain. Elimination diets do exist, but it's an arduous process and some medical experts disregard the process as a fad while others deem it unhealthy.

## **Nightshade Vegetable Diet**

The nightshade diet is probably the most well-known and commonly tried of the elimination diets. The nightshade diet eliminates nightshade vegetables from the diet, which include tomatoes, potatoes, bell peppers, and eggplant. The benefit of eliminating nightshade vegetables is purely anecdotal and nothing has been proven in terms of reducing arthritis symptoms.

## **Alert**

If you want to try an elimination diet, discuss it with your doctor. Plan the period of fasting, what foods will be eliminated, and how you should add foods back into your diet with your doctor's supervision. Be certain you're taking appropriate vitamins to make up for any nutritional loss.

## **The Dong Diet**

The Dong diet is another well-known elimination diet. Red meat, fruits, dairy products, alcohol, additives, and preservatives are all eliminated with the Dong diet. The diet strongly promotes vegetables, with the exception of tomatoes. The Dong diet dates back to a book published in 1980 called *The Arthritic's Cookbook* and another book called *New Hope for the Arthritic* published in 1985, both by Collin H. Dong, M.D. There are no scientific studies that support the Dong diet.

## **Alkaline Diet**

The alkaline diet focuses on eliminating acidic foods such as sugar, coffee, citrus fruits, grains, and nuts for a one-month period. Supporters of the diet point to relief in arthritis symptoms, while opponents of the alkaline diet suggest people either feel better because they lose weight on the diet, and thereby reduce stress on their joints, or because of the placebo effect (the diet works because people expect it to work).

## **Vegetarian Diet**

Vegetarian diets eliminate meat from the diet. There have been some small studies that indicated people with rheumatoid arthritis were helped by a vegetarian diet. Once again, the studies were small and did not reveal significant benefit that would suggest this is a cure or a solution for the majority of people with rheumatoid arthritis.

## **Fasting and Eating for Health**

Dr. Joel Fuhrman is a board-certified physician in private practice in New Jersey, and as a leading expert on nutritional modifications to reverse disease, he has appeared on numerous radio and television programs. He has had vast experience with the nutritional treatment of arthritis and autoimmune diseases and has also had articles published in medical literature. Dr. Fuhrman suggests that dietary modification must be tailored to the individual patient and that a high-nutrient, vegetable-based diet with appropriate supplementation (such as vitamin D and fish oil) is the starting point that can be an effective modality enabling most patients to either reduce or totally avoid the need for medications for rheumatoid arthritis.

Dr. Fuhrman reports that his impressive results in autoimmune illnesses don't hinge solely on the absence of animal products in the diet, but is related to nutrient scoring to assure that an adequate amount of phytochemicals, such as isothiocyanates, are consumed. After enough time on his recommended dietary protocol, rich in green vegetables, Dr. Fuhrman sometimes recommends periodic fasting to be added for patients not receiving adequate results from dietary intervention alone. Fasting (framed by a vegan diet) has been shown to reduce pain and lower inflammatory markers in patients with autoimmune diseases such as rheumatoid arthritis. An extended period of fasting has been shown to result in remission in some patients. More information is available at his Web site ([www.drfuhrman.com](http://www.drfuhrman.com)).

## **Why Is Weight Important for Arthritis Patients?**

The primary reason that weight is important for arthritis patients is a purely physical reason. Carrying less body weight is less stressful on the weight-bearing joints (hips, knees, ankle, back). Extra pounds can increase pain. According to research, as you walk, your hips, knees, and ankles bear three to five times your total body weight. For every pound you are overweight, it is akin to adding three to 5 pounds of extra weight to each

knee while you walk. If you lose 10 pounds, that is equivalent to thirty to fifty pounds of stress subtracted from the joint.

Think of what it is like to lift a 10-pound bag of potatoes. That gives you a better idea of how much stress you can relieve from your joints by controlling your weight. Bottom line: Maintaining your ideal body weight is healthy for your joints.

### ***Essential***

Controlling your weight is best done through a regimen that combines dieting by reducing caloric intake with regular physical activity. Cutting 500 calories a day from your total calorie count is a good way to help you lose and keep off weight.

With a loss of 1 to 2 pounds per week, a 10-percent reduction in body weight would take about six months. Gradual weight loss usually keeps extra pounds off rather than quick, fad diets.

### **Obesity and Osteoarthritis**

Being overweight is considered a risk factor for osteoarthritis. Johns Hopkins population-based studies have linked being overweight or obese to developing knee osteoarthritis. One study indicated that women who were obese had four times the risk of developing knee osteoarthritis compared to non-obese women. Obese men had five times the risk of developing knee osteoarthritis.

### **Weight Management for Better Overall Health**

Weight management should be viewed as an integral part of arthritis management. Not only should weight be managed for reasons associated with joint protection, weight loss can help prevent or control other comorbid conditions such as hypertension, heart disease, diabetes, and other health complications.

It takes commitment and a good attitude to make progress toward losing weight. If you aren't ready to commit to a weight loss regimen, then focus on weight maintenance so that you don't gain weight.

### **Weight Loss Is Not Easy**

It's no easy task to lose weight. Since arthritis patients are saddled with the extra burden of chronic pain, it is even more difficult. Keeping your eye on the goal is a big part of strengthening your commitment. First, realize how you will benefit by losing weight. Internalize the reasons for your goal and never lose sight of it. Perhaps writing in a journal will help you keep focused. Finding a support system of one person or many people who are trying to lose weight can help you keep your commitment to your weight loss plan.

According to researchers from Johns Hopkins University School of Medicine in Baltimore, modest weight loss can result in significant improvements in function, stiffness, knee pain, and overall quality of life. In a small study involving forty-eight adults, a weight loss of fifteen pounds triggered a 50-percent improvement in knee pain, stiffness, and function. The fifteen-pound weight loss also correlated with a 40-percent improvement in the ability to do physical tasks, a 20-percent boost in energy, and a 15-percent improvement in the patient's social life.

### **Healthy, Balanced Diet Is Important**

Whether or not you need to lose weight, it's important for people with arthritis to eat a healthy, balanced diet. It's important for everyone to eat a healthy, balanced diet for better overall health. You may have heard the joke, "If I knew I was going to live this long I would have taken better care of myself." Any medical professional will tell you that it's never too late to take better care of yourself.

### **Diet Advice from Dr. Andrew Weil**

Dr. Andrew Weil, a popular health advisor ([www.drweil.com](http://www.drweil.com)), recommends an anti-inflammatory diet to people with arthritis, and generally for better long-term health. Dr. Weil recommends these dietary changes:

- Eliminate polyunsaturated vegetable oils and partially hydrogenated oils.
- Eliminate trans-fatty acids.
- Use olive oil instead of vegetable oil.
- Increase your intake of omega-3 fatty acids (salmon, sardines, walnuts, flax seeds or flaxseed oil, soy foods).
- A fish-oil supplement with DHA and EPA can be taken by people who would prefer not to eat fish.
- Eat fresh fruits and vegetables, especially those recognized as high in antioxidants.
- Add ginger and turmeric to your diet.
- Avoid refined and processed foods.

### **The New Food Pyramid**

A new food pyramid was released in 2005 by the United States Department of Agriculture (USDA).

MyPyramid.gov will generate a personalized plan for you. It also explains the types of foods in each food pyramid group, how to count the amounts of food in each group, and other useful tips to promote healthy eating.

#### **Fact**

You can find MyPyramid on the Web at [www.choosemyplate.gov](http://www.choosemyplate.gov). The new pyramid emphasizes that nutrition and healthy eating is not one-size-fits-all. You can develop your own nutrition plan by entering your age, sex, and level of physical activity in "My Pyramid Plan" at their Web site.

## **Jumpstarting Better Dietary Habits**

It is easy to understand why people with arthritis are less likely to consistently eat a well-balanced, nutritious diet compared to healthy individuals: Chronic pain can interfere with your appetite. Your desire to eat well may rise and fall with your level of pain. Arthritis pain and physical limitations may make meal preparation more difficult. Simply put, you don't feel like eating and you don't feel like cooking.

Some of the medications you take can cause stomach upset or heartburn, steering you away from preparing or eating a nutritious meal. When your pain level is high, comfort foods may seem more appealing, but their nutritional value is likely to be low.

### ***Essential***

People with arthritis should have the same goals for good nutrition and good health as any person, perhaps even higher goals. Through various healthy actions, you must stay as healthy as possible in mind, body, and spirit despite having a chronic disease. Eating a healthy, nutritious diet is one of those actions.

A consultation with a registered dietician may be something to consider. A dietician can assess your nutritional needs and evaluate how arthritis is affecting your dietary choices. Sometimes it only takes a bit of guidance to get you back on track. A dietician can make recommendations and create a daily or weekly dietary plan just for you. Your doctor can refer you to a dietician.

## **Do Certain Foods Cause Arthritis?**

Other than individual food allergy or food sensitivity, there has been no causal relationship between food and arthritis proven by large scientific studies or widely accepted. It can be difficult for arthritis patients to sort through testimonials, new research results, and fraudulent diet claims

while trying to determine what foods are best to eat and which are best to avoid.

### **Research Remains Inconclusive**

Researchers have been studying the diet-arthritis connection for more than seventy years, but any substantial link has yet to be found. Certain foods have been shown to exacerbate symptoms in some rheumatoid arthritis patients, but their elimination produced short-term results, not long-term results. It was also not possible to distinguish the short-term benefits that were observed from possible spontaneous remission of disease symptoms or from the placebo effect.

In 1990, Dr. Richard Panush published a study in the *Journal of Rheumatology* that is often referred to in discussions about diet and arthritis. Dr. Panush concluded that a small number of rheumatic disease patients (probably not more than 5 percent) have “immunologic sensitivity” to food.

### **Gout Does Have a Dietary Link**

Gout, however, is the exception. Gout, unlike other types of arthritis, has been linked to diet. Gout is caused by excess uric acid in the body. Uric acid is the final by-product of purine metabolism. Purines, which are found in all human tissue, are also found in many foods.

Excess uric acid, also called hyperuricemia, can be caused by an overproduction of uric acid by the body or the underelimination of uric acid by the kidneys. Foods that are high in purines can raise uric acid levels in the blood and cause gout attacks.

Purine-rich foods should be avoided in favor of a diet that includes foods with low to moderate purines. The following foods are considered purine-rich according to the American Medical Association:

- Alcoholic beverages (especially beer)
- Yeast

- Anchovies, sardines in oil, herring, fish roe
- Liver, kidneys, and other organ meat
- Legumes, including dried beans and peas
- Meat extract, including gravy and consommé
- Cauliflower, asparagus, spinach, and mushrooms

### **Fact**

People who have had a gout attack or have chronic gout are advised to avoid a diet that is high in purines. It is not recommended that all purines be eliminated from your diet, since purines are found in all foods which contain protein.

## **Are There Any Foods You Should Avoid?**

Since diet hasn't been tied to the cause of arthritis or the cure for arthritis in any way which would apply to the majority of arthritis sufferers, dietary recommendations are broad.

Arthritis patients should avoid a diet high in fat. They should also limit intake of sugars and salt, alcohol (check with your doctor to see if you are allowed alcohol), and size of food portions. Lupus patients should avoid alfalfa sprouts, since they have been associated with a lupus-like syndrome in monkeys.

Generally, recommendations are for people with or without arthritis and aim to improve general health and maintain ideal weight.

## **Do Certain Foods Help Arthritis?**

Beyond the recommendations for eating a healthy diet, making nutritious choices, controlling food portions, and managing your weight, there are also diets recognized as anti-inflammatory diets.

## **Is an Anti-Inflammatory Diet Good for You?**

Large amounts of arachidonic acid, which you get when you eat animal foods, can increase inflammation. Some arachidonic acid is

essential, but too much can worsen inflammation. The American diet consists largely of meat and dairy. The anti-inflammatory diet recommends reducing the amount of saturated fats by decreasing your intake of animal and dairy products.

### ***Alert***

There are no diets that offer a miracle cure for arthritis. An anti-inflammatory diet is also not a cure, but the diet recommends substituting foods that produce more inflammatory chemicals with foods that produce less inflammatory chemicals.

Decrease the amount of omega-6 fatty acids, which are found in margarine, corn oil, cottonseed oil, grapeseed oil, peanut oil, safflower oil, sesame oil, soybean oil, sunflower oil, and partially hydrogenated oils. Instead, use monounsaturated oils, such as olive oil or canola oil. Reduce how much filler you eat, such as crackers, pastries, cookies, and chips.

Instead, increase your intake of omega-3 fatty acids, which you will find in cold-water fish (salmon, mackerel, sardines, herring), flaxseeds or flaxseed oil, omega-3 fortified eggs, walnuts, green leafy vegetables, fresh, colorful fruits and vegetables, and by adding ginger or turmeric to your diet.

## **Eating Better with Gout**

The American Medical Association recommends the following dietary guidelines for people with gout, advising them to eat a diet:

- High in complex carbohydrates, such as fiber-rich whole grains, fruits, vegetables
- Low in protein (soy, lean meats, poultry)
- No more than 30 percent of calories derived from fat; 10 percent from animal fats

Recommended foods for gout patients include:

- Fresh cherries, strawberries, blueberries, red-blue berries
- Bananas
- Celery
- Tomatoes
- Vegetables, green; leafy
- Pineapple
- Foods high in vitamin C
- 8 glasses of water each day
- Fruit juices
- Dairy products that are low fat
- Complex carbohydrates
- Chocolate, cocoa, coffee, tea, carbonated beverages
- Essential fatty acids (tuna, salmon, flaxseed, nuts, seeds)
- Tofu may be a good alternative to meat

Asparagus, cauliflower, mushrooms, peas, spinach, whole-grain breads and cereals, chicken, duck, ham, turkey, kidney, and lima beans are considered to be moderate in purines and may not negatively affect gout if eaten in reasonable quantities.

To summarize, if you are looking for a diet plan other than the food pyramid recommendations, learn more about the anti-inflammatory diet principles, especially if you have an inflammatory form of arthritis, and the low-purine diet if you have gout.

## **Vitamins and Arthritis**

Vitamins and minerals are important for healthy bodies. According to Johns Hopkins researchers, rheumatoid arthritis patients are commonly observed to suffer deficiencies of the following vitamins and minerals: folic acid, calcium, magnesium, zinc, selenium, vitamins B6 and B12, and vitamins C, D, and E.

## **Vitamin C**

Interestingly, two studies that assessed the role of vitamin C in osteoarthritis and rheumatoid arthritis patients showed different conclusions. Study results that were published in *Arthritis & Rheumatism* (June 2004) indicated that long-term use of vitamin C was associated with increasing severity of knee osteoarthritis. The research was done on guinea pigs. The high doses of vitamin C in guinea pigs produced severe osteoarthritis of the knee and severe cartilage damage. Researchers concluded that vitamin C should not be supplemented above 90 mg/day for men and 75 mg/day for women.

The second study, which was published in the *Annals of Rheumatic Diseases* (2004), reported that foods high in vitamin C protected against inflammatory polyarthritis. In this study, a group of participants who had developed inflammatory polyarthritis over an eight-year period were compared to a group who did not have arthritis. Researchers concluded that the group who had arthritis ate fewer fruits and vegetables than the group without arthritis. Other parameters in the study revealed that the group that consumed the lowest amount of vitamin C was three times more likely to develop inflammatory polyarthritis than those who consumed high amounts of vitamin C.

## **Dietary Carotenoids**

In yet another study, published in the *American Journal of Clinical Nutrition* (August 2005), it was suggested by researchers that some dietary carotenoids may lower the risk of developing arthritis. Beta-cryptoxanthin and zeaxanthin are two of the carotenoids found to lower the risk for developing inflammatory arthritis. Carotenoids are natural pigments found in plants and animals. Beta-cryptoxanthin is a pro-vitamin A carotenoid. It can be converted to the active form of vitamin A in the body. Yellow and orange fruits and vegetables are the best sources of beta-cryptoxanthin.

## **Folic Acid**

Rheumatoid arthritis patients who take methotrexate must take a daily folic acid supplement to prevent side effects associated with folic acid deficiency.

Folic acid is a water-soluble vitamin in the B-complex group. Folic acid, along with vitamin B12 and vitamin C, help with the digestion of proteins and the synthesis of new proteins. Folic acid is needed for red blood-cell production and is also involved in DNA synthesis. Folic acid also plays a role in tissue growth and cellular function.

### **Eating Well and Vitamin Supplementation**

Good health depends on good nutrition. Eating well and making healthy food choices improves overall health, which includes joint health. In this fast-paced world, you may not always eat as nutritiously as you intend. For that reason, most doctors recommend a daily multivitamin to supplement your diet. When you are taking your daily arthritis medications, include a daily multivitamin.

### **Dietary Supplements**

Several dietary supplements have been touted as beneficial for arthritis. Glucosamine-chondroitin (sold in combination or separately), MSM (methylsulfonylmethane), and SAM-e (S-adenosylmethionine) are the most widely known supplements for arthritis. As with any treatment decision you make, you should discuss taking supplements with your doctor. There are many questions associated with dietary supplements for arthritis. Because they are sold over-the-counter, most consumers assume supplements are safe. In reality, they are considered safe for most people, but may be contraindicated in some situations.

#### ***Fact***

With the exception of vitamin E, taking “natural” vitamins and minerals is no more effective than taking synthetic vitamins and minerals, since

natural and synthetic vitamins have equal potency. Synthetic forms of folic acid and vitamin B12 are actually absorbed better than the natural forms.

## **Glucosamine/Chondroitin**

Glucosamine and chondroitin sulfate are both found in normal cartilage. Glucosamine and chondroitin are thought to stimulate the formation of cartilage and play a role in joint repair, but studies have not confirmed their efficacy. Some studies have shown benefit for osteoarthritis pain. Other clinical studies, including the Glucosamine/Chondroitin Arthritis Intervention Trial (GAIT trial), did not conclude that the supplements were effective for osteoarthritis. The supplements are considered safe, though no long-term studies yet exist which confirm long-term safety and effectiveness. Many doctors recommend a trial of glucosamine/chondroitin to osteoarthritis patients for a period of about three months (considered a reasonable time to notice benefit). Patients who are going to try glucosamine/chondroitin are advised to stick with a well-known, reputable manufacturer to assure product integrity.

### ***Alert***

Patients with diabetes should be aware that glucosamine can raise blood-sugar levels. The supplements may also have a blood-thinning effect that may be of concern to patients already taking blood thinners. Glucosamine supplements are derived from shellfish.

## **MSM (Methylsulfonylmethane)**

MSM is a naturally occurring sulfur compound in fresh fruits and vegetables, milk, grains, and fish. Though it is found in foods, as the foods are processed, MSM is destroyed. MSM is also sold as an over-the-counter dietary supplement. It is sold as a solution, tablets, or capsules, and is sometimes sold in combination with glucosamine, chondroitin, or vitamin C. MSM is also sold as a topical cream.

In animal studies involving mice, MSM relieved symptoms similar to rheumatoid arthritis and lupus nephritis. To date, there are two human double-blind, placebo-controlled clinical trials that have indicated MSM is effective for osteoarthritis. The Arthritis Foundation recommends starting with 500 mg twice a day of MSM and increasing gradually to 1,000 mg twice daily, according to the *Arthritis Today* magazine article “MSM-DMSO.” Talk with your doctor if you are interested in trying MSM to treat your arthritis symptoms.

## **Does Drinking Alcohol Affect Arthritis?**

It has generally been recommended that adults limit the number of alcoholic drinks to two a day. You, as an arthritis patient, may or may not be able to drink alcohol, depending on what medications you take.

### **Alcohol and Drug Interactions**

There can be serious consequences of mixing certain drugs and alcohol. If you are on methotrexate, you should not be drinking alcohol, unless your doctor allows you a rare special occasion drink. Alcohol can increase the risk of liver toxicity in patients who take methotrexate.

Remember these additional facts about drug and alcohol combinations:

- If you take Tylenol, you should be cautious about drinking alcohol because of the risk of liver damage that may be fatal.
- The combination of alcohol and NSAIDs (nonsteroidal anti-inflammatory drugs) can increase the risk of developing ulcers.
- Analgesic medications (painkillers), muscle relaxants, and sleep medications can intensify the effects of alcohol. Avoid alcohol if you use narcotic analgesics or other central nervous system depressants.

### **Other Unwanted Problems with Alcohol**

Alcohol not only can affect your medications and their effectiveness, it can weaken your bones and pack on unwanted pounds. There are other undesirable consequences of alcohol use for an arthritis patient:

- Chronic and heavy drinking can inhibit the formation of new bone cells, leading to low bone mass.
- Alcohol consumption can induce sleep problems, harmful for arthritis patients already burdened with chronic fatigue.
- Alcohol consumption can increase the risk of gouty arthritis.
- Alcohol increases the permeability of the intestine (e.g., leaky gut syndrome), which some researchers have associated with arthritis.

### **Alcohol: Not a Coping Mechanism**

Though you may look to alcohol as a way of coping with the difficulties of living with arthritis or to make you forget your problems, alcohol can add to your problems. If you have an accident or slip or fall, your arthritis would become more painful from your injuries. When you have arthritis, you must take care of yourself more than ever before, and alcohol does not fit into your plans.

If you are looking to alcohol for help, it may be a sign of depression. Consider seeking treatment for depression or anxiety associated with chronic arthritis.

You shouldn't let alcohol stop you from eating well, exercising, sleeping well, or being compliant with your treatment plan. It is best to avoid alcohol, except for the occasional drink your doctor may allow you on special occasions.

Think about why you are drinking. Are you drinking to diminish your pain? Are you drinking because you feel overwhelmed? Are you drinking because you are angry, frustrated, depressed, or feel hopeless? If the answer is yes, consider consulting with a psychologist who specializes in helping people who live with chronic disease.

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