

Ankylosing Spondylitis

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This 29-year old single female had been seen previously by several physicians, including a Rheumatologist. Her past medical history revealed chronic, intermittent joint pain during her teenage years which lasted for several weeks at a time. At age 20, she experienced pain, stiffness (especially in the morning) which lasted for up to two months. The pain was relieved somewhat by exercise. The back pain grew more persistent with accompanying stiffness. The pain became so severe she started to walk with a limp and missed many days of work.

A rheumatology workup found no shooting pain or numbness in the legs. X-rays showed definite sacroiliac changes with sclerosis bilaterally. A chemistry profile, TSH, CBC and sedimentation rate were normal, while a HLA B27 test was positive. An older brother was diagnosed with ankylosing spondylitis while an older sister had a history of mental and behavioral problems and died at the age of 40. A tentative diagnosis of ankylosing spondylitis was made on the patient.

Despite treatment with many medications, her pain continued to progress and she was walking with the aid of a cane when first seen at the Center. A physical, psychological and biochemical profile was done at the Center which showed an obese (5'3", 193 pound) female with complaints of chronic hip and spine pain, muscle spasms, fatigue and irritable bowel syndrome. She is the youngest of four siblings and both her mother and father are living. She smokes a pack of cigarettes a day. A history of medications taken by the patient included Motrin, Naprosyn, Lodine, Pepsid, Relafen and Cytotec.

Laboratory results performed at the Center showed cytotoxic food allergies to banana, broccoli, American cheese, cottage and moz-

zarella cheese, chocolate, corn, red, green and yellow dye, fructose, hops, mustard, orange, rice, spinach, tobacco (plus 1); carrot, cheddar cheese, blue dye, whole egg, cow milk, pineapple, rye, Tylenol, baker's yeast (plus 2); and chlorine, honey, oat, and tea (plus 3). Urine indican and pyrroles were elevated. *Candida albicans* titer, sedimentation rate, CBC, TSH, RBC magnesium, thyroid function tests and fructosamine were all normal. RBC zinc levels were low, plasma fatty acid profile suggested a metabolic block between linoleic and gamma-linolenic in the fatty acid cascade. Hair analysis showed low trace minerals and arsenic levels at upper limits of normal. Urinalysis showed a urinary tract infection and zero vitamin C levels. Vitamin levels were normal for B₃, B₁, A, and E. However, vitamin C levels were very low, both in plasma and the buffy coat (WBC) specimens. Rectal swab examination was negative for parasites. A previous gall bladder and upper G.I. series were normal.

She was scheduled for intravenous treatments of 250 cc Ringer's lactate, 7.5 grams ascorbic acid and 2 mL magnesium (1st treatment); increased to 15 grams ascorbic acid for the next six treatments; increased to 30 grams ascorbic acid in Ringer's lactate with 2 mL of magnesium as the last of eight treatments. The 30 grams ascorbic acid I.V. treatment was repeated twice during another one week period. She was put on oral vitamin C, 4.0 grams daily. On a return visit (three weeks after the last treatment), she was walking without pain, limps, or use of cane. She stated that "her hips were wonderful! Such a relief!" She had hardly any hip pain, little morning back pain, no major back spasms. "Her energy level was much better; got her projects done and feels better than she has in two years!" She also said it was so much easier to laugh now and that her complexion was much better. Other treatment for this patient was oral vitamin C, 4 grams per day, flax oil capsules, Mag-L-100 tablets, Armour

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thyroid (1/2 grain two times per day) and Omega-three fatty acids as super EPA® 500 capsules. She was advised to restrict the cytotoxic sensitive components, to lose weight, and to stop smoking.

Although the diagnosis of ankylosing spondylitis was probably accurate in the patient, her quality of life was much improved (and

continues to improve) by correcting underlying nutritional and allergic components not checked in all of her previous years of treatment.

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