

Alteration of a patients internal environment as a mode of treatment of an ocular inflammation

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Assessment of a patient with an ocular inflammation begins with definition of the immediate problem in terms of mode of onset, symptoms, rate of progression and abnormality in the eye such as the type of inflammation of the cornea, iris, ciliary body, vitreous, retina, choroid or optic nerve.

The genetic nature of the patient is learned by asking about family history of diseases such as allergies, arthritis, diabetes, cancer and heart disease.

The patients past medical history is probed to learn if they had been breast fed, had colic as infants, tonsillitis or middle ear infections as young children and other illnesses. Exposure to people with tuberculosis is asked about as is a history of ingesting unpasteurized milk or uncooked meat. Venereal disease and previous surgery are defined.

The patient completes a questionnaire to define allergies such as seasonal rhinitis, asthma, eczema, urticarial hives, reactions to drugs such as penicillin or sulfas, excessive skin reactions to insect bites, plants, cosmetics and metals, and reactions to foods such as cow's milk, tomatoes, strawberries and peanuts. sought for by asking the patient to complete a questionnaire.

A diet history also by questionnaire, emphasizes caffeine containing products such as coffee, tea, colas, chocolate and artificial sweeteners such as aspartame. Cow's milk and milk product use is determined as is the use of commercially packaged foods, most of

which contain many additives to preserve, color or enhance taste.

Repeated and frequent use of a food is sought since the patient is often unaware that the much used food may have an adverse effect on that person. The patient is questioned about use of any drug or medication, either by a physician's prescription or purchased without prescription as an "over the counter " drug at a pharmacy or grocery store.

A social history defines family or work stress or turmoil.

A review is made of the health status of the patients different organ systems; ear, nose and throat, dental, lungs and heart, gastrointestinal tract, genito urinary organs, skin, bones and joints, blood, metabolic and neuropsychiatric.

The final assessment performs skin tests to the common food allergens: chicken, chocolate, corn, cow's milk and casein, tomato, fish, shell fish, wheat, rice, beef and pork.

Treatment

Deciding how to advise a change in the patients internal environment is relatively simple once the whole medical, diet and social picture has been clarified. Getting the patient to change is more difficult, both initially and to maintain the change.

The first step is to ask the patient to stop as rapidly as

possible the ingestion of all caffeine and chemical containing beverages and foods: coffee, tea, colas, soft and diet drinks, chocolate, refined sugar and the artificial sweetener, aspartame ("Nutrisweet", "Equal", "PAL"). The use of small amounts of honey as a sweetener is condoned as are small amounts of saccharine. Many patients soon find that they no longer enjoy and some find that very sweet foods become nauseating or cause a sense of unease.

The second step is the removal of cow's milk and milk products: milk, ice cream, cheese, cottage cheese, yogurt, sour cream, cream cheese, cheese cake, etc, are the usual sources. Many commercially packaged foods have milk products such as whey or sodium caseinate added to them. In North America, popular opinion (of course, without scientific basis) holds that if something has milk or milk product in it, it must be both good and safe. Patients and families are encouraged to read labels of commercially packaged foods. Even then, one is never certain that the packager is telling the whole story.

In North America great concern about calcium deficiency causes some to become nervous about not eating milk and milk products. This anxiety can be managed by advising the use of one per day calcium carbonate or calcium gluconate tablets or foods such as sardines, shrimp or canned salmon which have soft bones. Vegetables such as lettuce, beans, brussel sprouts also contain calcium. The author has prepared a milk avoidance instruction sheet.

The third step asks the patient to avoid foods which positive food skin tests indicate might be allergenic. Total avoidance of the foods for several months can be followed by a cautious (no more often than once a week) use of small amounts with careful monitoring of possible immediate reactions or delayed cumulative dose reactions. Often the patient resumes intermittently and then slowly, but steadily increases the use of a well liked, but potentially trouble making food. One patient has had 28 recurrences of iritis, each after several weeks resuming her consumption of coffee.

Advising that the patient rotate their foods, is based upon the knowledge that allergic capacity individuals often develop allergies to foods frequently consumed or that they are having some kind of less overt allergic reaction which is stimulated by use of the food. The adage that "the things you like the most may be the worst for you" applies.

In patients with many highly positive food skin test reactions, the advice to avoid all potential trouble making foods risks having a patient eating an unbalanced, poorly nutritious and dull diet. Such patients are asked to eat the food only once every 4 to 7 days and to consciously rotate and diversify their diet. These advices require time to educate the patient. Two patients in one day may have the second patient having had less explanation due to exhaustion by the physician who has said so many things to the first patient.

The fourth step advises the patient to avoid commercially packaged foods, which often contain a huge variety of preservatives, colorings, taste enhancers, synthetic vitamins, emulsifiers, gels, hardeners, different oils, such as cotton seed or palm and if one reads the labels, a host of chemicals which mean nothing to me. One is also suspicious that many food labels do not include everything the manufacturer has put into the product. In North America, financial success in the food business requires extending as long as possible, the time from harvest to consumption. The consumer is important only as a consumer. In essence, I ask patients to eat only fresh fruits and vegetables and meats which have been roasted or broiled. "Junk" foods are avoided. The patients drug history is carefully assessed and if they are using a drug with a high rate of allergic reactions, their primary physician is asked to change the drug.

Because many patients have responded to these advices, they are given to all patients. In essence, this represents a cleansing and simplification of their internal environment.

This therapeutic regime is somewhat complex, but it

also asks the patient to markedly change his or her life style. This particularly applies to their eating foods which they like a great deal. Compliance as in all areas of medicine is impossible to measure, more so in this particular program.

One advantage of this particular therapeutic regime is that it places the responsibility of therapy in the mind and hands of the patient. To often patients with enigmatic inflammations have been managed by physicians who prescribe a variety of medications and demand that the patient return for advice regarding dosage changes. The patient and physician become frustrated because a cure has not occurred. This particular program gives the patients control over their own lives and many become highly motivated and serious students of the things that have been happening to them.

The only biologic measurement of this process is the activity of the ocular inflammation, though initial weight loss of 3 to 10 pounds and an increased sense of well being are appreciated by many patients. Unfortunately, these are soft variables which are difficult to make into science. It is even more difficult to create a control group for comparison with this therapy. When patients improve, sceptics challenge with the statement, " Don't patients improve on their own".

To the above dietary advices are added advices regarding eradication of foci of infection and inflammation. Dental examination, x-rays and treatment as indicated, x-rays of paranasal sinusitis and antibiotics or surgery may be indicated. Infected tonsils are treated with antibiotics and recurrent infection may require tonsillectomy. A chest x-ray may be needed to rule out pulmonary tuberculosis or sarcoidosis. Diagnosis and treatment of peptic ulcer, diarrhea syndromes, constipation and intestinal parasites is essential. Genito-urinary tract infections and inflammations should be addressed and disorders such as trichomonas or yeast vaginitis, managed.

Evaluation of joint disease often leaves a clinician with a label but not a set of etiologic mechanisms

which can be modified. Gout, gonorrhea or septic arthritis have to be specifically managed. Syphilis and other venereal disease should be identified and treated.

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