

# **Dealing with Rheumatoid Arthritis:**

## **A Special Interview with Sarah Allen**

By Dr. Joseph Mercola

**DM:** Dr. Joseph Mercola

**SA:** Sarah Allen

**DM:** Rheumatoid arthritis (RA): if you have it or you know someone who does, it is imperative that you watch this video. Hi, this is Dr. Mercola, helping you take control of your health. Today I am joined by a special guest, Sarah Allen, who is a former patient of mine, and has a dramatic and remarkable success story of applying a specific strategy to put rheumatoid arthritis in remission, and it works.

Rheumatoid arthritis was a passion of mine. I treated over 3,000 patients with this disease. I would say somewhere between 80 and 85 percent of the people recovered tremendously, just like Sarah did. I saw Sarah recently. I was down and giving a presentation in Orlando. She was in attendance and came up to me afterwards. She mentioned that she had to see me before, and I had remarkable experience with that. I was grateful to do that. I said, "We need to share your story." So, here she is today to join us and share what her experience was. And in the process of this interview, I'll describe a little bit of what were the details of the process are.

Welcome, and thank you for joining us, Sarah.

**SA:** Thank you. It's a pleasure and an honor.

**DM:** All right. So, when did you first see me for the rheumatoid arthritis? Why don't you tell when you first saw me, what type of the symptoms you had, and what you had done prior to seeing me?

**SA:** I saw you first in August of 2003. I had started experiencing symptoms of RA about three or four years prior. It took me a long time to really even know what's going on with my body. At the time, I was 28 years old. I thought I was very, very healthy. I was young. I was a competitive triathlete. I believed I had a pretty good diet. So, I didn't really understand why I was experiencing so much pain in my fingers and in my feet.

I had migrating pain, and a lot of tendonitis issues all throughout my body. It took the Western doctors a long time to diagnose me. It probably took about three years going to different doctors before they knew what was wrong.

**DM:** Three years! Wow. That's unusual. That's atypical. Usually, they're smarter than that. They're able to nail it really quickly. But, you know, certainly, that range where they're just inept, and it takes them that long to figure things out.

**SA:** Right. I didn't have... It really didn't show in my blood. I didn't have the RA factor.

**DM:** Okay.

**SA:** My C-reactive protein (CRP) levels were normal. So, it showed up on an X-ray. I think, maybe, that was part of the problem why it took so long.

**DM:** Yeah. The other component, and really a lot of physicians are unaware of this, but if you have pain in your hand, that is the key. I suspect you did, right?

**SA:** Right. I even went to a hand surgeon.

**DM:** Yeah.

**SA:** Who didn't even bring it up. It was actually a physical therapist who recommended that I get checked for RA.

**DM:** Yes. It was physical therapist. Usually, it's the ancillary health care professionals who are many times wiser than the physicians themselves but the sine qua non, really, the primary symptom of rheumatoid arthritis is this pain in your hands. It tends to be the proximal, the ones that are closer to your body than the ones that are distal, the ones that are farther away.

So, if you have pain there, especially if it's symmetrical, then that's almost by definition you have rheumatoid arthritis. It doesn't matter what the blood work shows. Because there's really not some rheumatoid arthritis-like symptom because there's a whole family of them like polymyositis, scleroderma, and lupus. You know, there's a whole range of different types that have similar symptoms but they're all in the rheumatoid family. So you had the pain in your hand, and it was symmetrical?

**SA:** Right, and in my feet.

**DM:** That's the other place, your hands and your feet. Typical.

**SA:** There were slight erosions on my little toes that were symmetrical that indicated that I have rheumatoid arthritis.

**DM:** Okay.

**SA:** That's what they used to make the diagnosis.

**DM:** Okay. Just so you know, those watching, that it's not a common disease. You know, we talked about arthritis, almost all the arthritides, degenerative joint disease (DJD), or osteoarthritis. It's probably 95 percent or more. That's not the crippling type. That's the one that you could live comfortably with. That's the one you can almost, totally, completely prevent and never have to have.

It's so easy to treat degenerative arthritis if you know and understand healthy lifestyle. But rheumatoid arthritis is a far more complex disease. It's an autoimmune disease. The body is beating itself up, destroying itself, and it can be terminal. It's frequently [terminal] because the pain it causes is so devastating that people commit suicide. Because, you know, traditional care doesn't have a lot of good hope for them. All they do is ameliorate or treat the symptoms.

That's why I'm so passionate about spreading this information to people because this strategy works. People don't have to suffer needlessly in a conventional model. Okay, so sorry about that. I'm going interjects some of my comments as we go along, in your story. So, you had the diagnosis. What they did for you once they understood, three years after you were diagnosed? I mean, three years after your symptoms presented and you were diagnosed, what did they do for you?

**SA:** Yeah. I went to a really well-known rheumatologist, one of the best rheumatologists in Milwaukee. He told me that he was going to treat me as his daughter. He told me that I needed to stop running

because I was, as I said, a triathlete, and I would never run again. He said that if I didn't follow his protocol that I would more than likely be disabled eventually. You know, 50 percent of his people left untreated will become disabled. He prescribed a low-dose of methotrexate. I had to take 10 milligrams per week orally. I realized...

**DM:** That's an anti-cancer drug.

**SA:** Right.

**DM:** It works pretty effectively. A lot of cancer drugs do, but the complications and the side-effects are just atrocious.

**SA:** Right. I had my liver checked every month.

**DM:** Right. It's a very dangerous drug.

**SA:** I actually had the opportunity to go to the Mayo Clinic because my mom used to be a nurse there. I saw a famous researcher in rheumatology. She told me that I was already taking the medicines so she said to continue, but the drug would take 15 to 20 years off of my life.

**DM:** At least she was honest. All right. So, you'd seen a rheumatologist. Because typically the primary care physicians will not treat rheumatoid arthritis because it really is out of their realm unless they've done special training. I did not really had special training, but I studied this, learned it, and experienced it with thousands of patients, and ultimately came to the realization that most rheumatologists... It's the specialty, almost the one that doesn't need to exist. Because other than diagnosing problems, giving people a label, a fancy label, they have no idea what they're doing with respect to understanding the cause and treating the cause. All they do is [prescribe] these dangerous drugs, which frequently cause more damage than the very disease that they're trying to treat.

That seems to be the pattern. Now, of course, there are some rebel rheumatologists who embraced the concepts we're going to talk about. But those are few and far between. But the most rheumatologists are not going to know anything about this and if they do, they're going to say it's quackery or it's crazy to use. Okay. So, you have to remove [inaudible 07:36] and you were in methotrexate for how long now?

**SA:** I was on it for a couple of months.

**DM:** Okay.

**SA:** And then, I was really afraid of what that drug was going to do to my body. The physical therapist who recommended I get tested said there was a lot I can do naturally. I started reading books. I read a lot of books about rheumatoid arthritis and different alternative treatments. I read about that there's a possibility of it being connected with an infection, and that low-dose of antibiotics was being prescribed.

I came across your name in a book. I realized that you weren't that far away. I was living in Milwaukee, Wisconsin. I looked you up, and found you in Chicago and made an appointment.

**DM:** Okay.

**SA:** That really changed...

**DM:** Most likely, the book you read was called *The Road Back: Rheumatoid Arthritis, Its Cause and Its Treatment* written by Dr. Thomas McPherson Brown and Henry Scammell. Dr. Brown was a board-certified rheumatologist. I say "was" because he passed away in 1989. He was a graduate of Johns Hopkins University, a medical school, a very prestigious institution. He's a well-respected

rheumatologist, but he was a rebel, kind of like me in some ways. He just did not agree with prednisone, which was the standard of care in the '40s and '50s. He thought that it was an infection that was caused by mycoplasmas. As a result of that, he was using tetracycline.

Eventually, he changed that as he went on and modified it to more potent discriminating forms of tetracycline like minocycline. He ultimately helped over 10,000 patients into remission. I first saw his work on a 20/20 special that was done shortly before he died, in 1989, and it inspired me. I said, "I want to study this man's work." So I immediately bought his book, and started treating patients in my own practice, and was really impressed with the results.

But unfortunately, I never had the chance and opportunity to meet Dr. Brown before he passed away, which was few months after I had seen the video that he did with 20/20. And then, I just eventually evolved the process to the point where I didn't even think that the antibiotics were required because in many ways... Now there's a sort of similar condition that we treat this even more common, far more common than rheumatoid arthritis, which is ulcer disease. That was in the late '70s or early '80s. Dr. Barry Marshall came up with the hypothesis that that is due to an infection also. *Helicobacter pylori* (*H. pylori*) are what we call it now. Back then it was *Campylobacter jejuni* (*C. jejuni*), I believe.

[----- 10:00 -----]

I think even today, many physicians will use an antibiotic to treat it. Does that help? Yes. But is that treating the cause? Not really. It's more effective than the strategies they were... It's getting closer to it but it doesn't really treat the underlying reasons. As I evolved my journey in health – because I really wasn't in a natural health when I read the book, that started in the early '90s. I started to incorporate these principles, and eventually refined the system to the point we almost didn't need antibiotics, which is I think is probably the point I saw you. Did I recommend antibiotics for you?

**SA:** No, you didn't. Actually, I was suspecting that but you didn't recommend antibiotics at all.

**DM:** Okay, yeah. After about 2000, maybe even before then, I'd reached the conclusion that it really wasn't necessary. I was kind of the rebel in the rebel's camp. I said, "No, we can do other things for this that doesn't require you to decimate your bowel or your microbiome, which is so important to your immune system." And there's still maybe an infection. I don't disbelieve that there's not an infectious cause here, but there are other ways to treat infections, which we did for you.

Before we get to what I did when you came in, was it just the rheumatologist and they only tried methotrexate? I'm sure they've tried some anti-inflammatories for you too. Maybe even prednisone?

**SA:** No. It was only methotrexate.

**DM:** Only methotrexate? That's unusual.

**SA:** Well, and I haven't been on it very long. I was only on it, like I said, for three months, and I found you soon after.

**DM:** Okay. Did you have any... I don't think you had any joint deviation at the time, right? Because that's another thing that occur.

**SA:** I really... I didn't.

**DM:** Yeah, with osteoarthritis, you can get joint swelling that can be somewhat deforming, but it's relatively minor. But you can have these really crippling joint deformities where it's just as... And you

really can't repair them without surgery. Thankfully, you didn't have it because you saw me early, which was great.

**SA:** Right. I saw you early.

**DM:** Okay. So, what happened when...

**SA:** In methotrexate, I felt maybe it was in my head but I often felt that I was getting... After I took it, I felt nauseous. I felt like my hair was starting to fall out. And then, I didn't feel well when I was on that medicine even though it was only for a short time.

**DM:** Yeah. That's exactly what you expect. Thankfully, you survived that assault.

**SA:** Right.

**DM:** So when you came in, what did we do?

**SA:** Well, you talked to me. It was really great. I was impressed with your clinic because everybody in your clinic followed your protocol. I've never seen that in any clinic setting, whether Western, Eastern, or alternative medicine. You talked to me and recorded our sessions, which I was also very impressed with.

You talked to me a lot about nutrition, and even though I thought I had a pretty good diet, you talked to me about the possibility that it could be genetically influenced because I'm Scott-Irish, and you talked about how... And we have a lot. My family has a lot of autoimmune problems. My aunts, both of my mom's sisters have multiple sclerosis (MS). Her uncle had amyotrophic lateral sclerosis (ALS), and her other uncle had MS, both died with those diseases. With our genetic background, you said we have an intolerance of...

**DM:** Wheat.

**SA:** Of wheat and gluten, and being able to digest that. You said that I should eliminate that out of my diet as well as processed foods and sugar. You also did a metabolic typing. I did a very, very thorough questionnaire about how I metabolize food, about my energy levels, and about the stress in my life. Along with my blood type, I was given a very special protocol of which foods would help me heal, and also would help me... Just my body working on optimal level.

**DM:** Yes. It's pretty interesting that people of that heritage, Scottish and Irish, and that part of the world... In my clinical experiences, it's probably close to 90 percent of those people who just respond really poorly to wheat, just invariably. It's just they are almost all gluten-sensitive. They may not have the celiac-disease type symptoms but they'll have brain symptoms or skin conditions. They typically respond really well when they avoid it.

But a lot of people, most of the people seem to know it too, that they just don't tolerate wheat well. It doesn't mean other people don't, that it's only Scottish and Irish people. But they seem to have the highest percentage.

**SA:** You recommended... It seems that everything I was prescribed to eat had... It was like I was redesigning my immune system with food, everything. You recommended I juice mass quantities of vegetables. So I did a lot of juicing, which really, really helped me. It wasn't juicing fruits, it was juicing vegetables...

**DM:** Right.

**SA:** That were really high in vitamins and minerals. I juiced probably 48 ounces a day of green juice.

**DM:** Wow, excellent. That's a lot.

**SA:** I also did a lot of raw dairy. You even recommended raw eggs and raw egg yolks. Because I was in Wisconsin, I found a farm, an organic farm close to me. I got all my raw milk and my eggs from there, everything. I knew how the animals were raised, and all my fresh vegetables from local farmers markets. Then also, having a lot of probiotics in my diet as well as increasing my vitamin D levels.

**DM:** You know, vitamin D is a really important component. We've known that for a long time. But it actually occurred relatively late in my understanding. This process, because I started in '89, really the test to actually identify vitamin D in humans didn't exist commercially until about 2000. It was like early 2000 that a lot of the research started coming out and awareness clinically of how important it was.

Previously, we just thought that vitamin D was useful to prevent rickets and osteomalacia. But now, we know that if you don't have enough vitamin D... There are 200 to 300 anti-microbial peptides and it stimulates the productions of [vitamin D] that are even more powerful than the antibiotics, which help improve and regulate your immune system and help you fight infections. You know, [just by] using something that is simple and natural as vitamin D.

Ideally, if you have an access to the sun, I'm sure I would recommend it, just the sun exposure, because you don't even need to swallow it. Ideally, it's best to get it from the sun.

**SA:** You did recommend that, but I lived in Wisconsin.

**DM:** Yeah, yeah. Was it winter?

**SA:** You know what was interesting? In the winter time is when I had the worst symptoms. They would often go away in the summer.

**DM:** You know what they call that though in Wisconsin?

**SA:** What?

**DM:** They'd call it a "clue."

**SA:** What?

**DM:** A "clue." So, yeah, it is interesting because invariably, unless you're aggressively seeking to address the vitamin D issue with sunlight safety and exposure, or oral vitamin D, your blood levels of vitamin D will drop to dangerously low levels sometime in January, February, or March, being how high it was in the summer. Because there's no sun exposure that's going to produce vitamin D unless you're on a vacation or something or in a business somewhere. So, that's good. We got your levels up to where they were supposed to be.

**SA:** Yes.

**DM:** How many units of vitamin D were you taking?

**SA:** Well...

**DM:** Because sometimes it's high and sometimes it's low.

**SA:** I'm not sure. Was it 400? Would that be right, 400?

**DM:** No. It probably would be closer to 4,000.

**SA:** Four thousand milligrams, okay.

**DM:** Units.

**SA:** A lot of the vitamin D I was getting was also from the raw milk. So, it was natural vitamin D that way.

**DM:** Okay, terrific. All right. So, what happened with your symptoms?

**SA:** Well, it took about two years for them to diminish. I was also making a lot of probiotic foods of my own...

**DM:** Fermented foods. Do we recommend...

**SA:** I was recommended the Body Ecology Diet by Donna Gates. I learned how to ferment my own vegetables. I made my own kombucha. I made my own coconut kefir. But it took almost two years to get my system in balance. But actually, right away, I noticed a difference. In about two weeks, my cravings for wheat, breads, and sugar diminished. I used to love sugar. I could inject it into my veins. I loved it so much.

**DM:** Did you eat a lot of sugar prior to seeing us?

**SA:** Yes. I did eat a lot of sugar. Even though I was really active, that was my weakness. I like...

**DM:** Okay. What was your favorite?

**SA:** I liked candies, any kind of chewy candies.

**DM:** All right. This is the danger. This is important. There's nothing wrong. It is what it is, you know. You weren't aware of the dangers.

**SA:** Right. I was probably very addicted to sugar. I remember you telling me that sugar was more addicting than cocaine. I believed I was not at all that addicted.

**DM:** And it will decimate your immune system. It literally just smashes it to pieces leaving you susceptible to autoimmune diseases like rheumatoid arthritis, but it could be Crohn's. It could be MS. It could have been anything else. In your case, it was rheumatoid arthritis.

**SA:** Right. You did a live cell analysis before and after the diet. I started the dietary changes, and I came back. My live cell analysis showed that I had leaky gut and digestive proteins in my system, into the bloodstream. I came back three months after being very strict with the diet. My blood... You know, I felt better. I lost about 10 pounds. I had so much more energy and felt lighter. But then, when they did the live cell analysis and showed me on the screen that my blood cells were perfectly round, strong, and healthy, when I saw that my blood completely changed, I really believed that food was medicine.

[----- 20:00 -----]

**DM:** Well, it is. That's what Hippocrates said a few thousand years ago. For those who don't know what the live cell analysis is, it's we take a drop, or a few drops of your blood, and put it on a microscopic slide, look at it under a high-power microscope, and it's projected into a video screen where you can see it.

The blood is still alive, that's why we call it live cell. They're not dead. You can see the red blood cells swimming around, the white blood cells, any parasites, or food particles. It's a pretty fascinating test.

**SA:** I wasn't able to... I actually was able to resume my regular activities. The physical therapist that I have been seeing said I could run in a swimming pool with a vest, and I could still race triathlons. It was interesting how not only did my body start to feel better with the symptoms of the disease, but I was able to return to racing. I used to run in a pool with a vest. And then, when the race came, I would just do the running on land. I was able to run and race a lot faster. That year, after following your protocol for about a year, I actually won an entire triathlon.

**DM:** Wow. Congratulations.

**SA:** So I went from not being able to run at all or being told I'd never run again to winning a race...

**DM:** That's good.

**SA:** Which is pretty amazing.

**DM:** Yeah. That's fascinating. That's great.

**SA:** And then, after about two years, slowly and slowly, they diminished. After two years of being very, very strict, my symptoms went to complete remission, and they've stayed that way.

**DM:** Okay.

**SA:** That's been over 10 years or more.

**DM:** Yeah, I think... You know, when you're treating cancer, all you have to get is five years and they call you cured.

**SA:** Okay.

**DM:** So, 10 years, I think, is pretty safe. It's not coming back. That's great. The point to consider here is that it's not uncommon for the disease to take as long as it did to come on before the treatment started. You had the disease for three years, and it took two years for it to go completely. That's actually pretty good. It could've taken up to three years, sometimes a little longer. Sometimes it's quicker, but it really depends.

With rheumatoid arthritis, as with any autoimmune disease, the earlier you seek treatment, the better the therapy is going to be because the damage hasn't occurred. Because your disease, even with the methotrexate, it could've gone... You could've joint deformities, and this treatment will not reverse joint deformities. It just doesn't.

**SA:** Right. Even in that short time I was on it, I didn't feel any relief from the symptoms at all.

**DM:** Yeah, with the methotrexate, you mean?

**SA:** Right.

**DM:** Yeah. Many times, it's just used theoretically not empirically, which is kind of bizarre. But that's what they're doing. Now, I'm glad you are using the fermented foods. At the time, you were using the Donna Gates. I didn't understand that there are other ways. Since then, these are modified... I haven't treated patients for seven years or so. But if I were to treat patients with rheumatoid arthritis, I would use fermented foods, of course, but specially using the starter culture that we developed called Kinetic Culture, which has specific strains that makes high amounts of vitamin K2.



So, not only do you get the beneficial bacteria and higher amounts that you would get normally than taking a probiotic, usually a hundred times higher, but you also get vitamin K2. Vitamin K2 is crucial, absolutely crucial to remove the calcium outside the lining of your blood vessels and plug it back into your bone matrix so you have strong bones. And if you have arthritis, that's an important issue. I didn't understand vitamin K2. Most doctors don't understand it today, we still don't have a test for vitamin K2, which is part of the reason why. But it is every bit as important as vitamin D.

Vitamin K2 and vitamin D work synergistically together. And that is not part of the old protocol but it needs to be because there's a powerful synergy there. You're probably getting some in the fermented foods but typically even when you ferment them yourself, the vitamin K2 levels are at a very low level. So, it might only be 10, 20, 40, or 50 micrograms, and you need about 150 to 200 micrograms a day of it to be useful.

So, you've been symptom-free for 10 years, essentially. Are you still racing or working out? What is your lifestyle?

**SA:** I still workout, yeah. Actually, you know, I used to be a gymnast. Right now, I train Brazilian capoeira. You know what that is?

**DM:** No, I've never heard of it.

**SA:** It combines... It's like martial arts. It's actually, historically from Brazil where the slaves were able to pretend that they were dancing but in fact, they were fighting. It incorporates martial arts, dance, and acrobatics. I'm still able to do gymnastics. I can still do back flips. You know, at age 43.

**DM:** Wow.

**SA:** I don't race anymore, but I still run occasionally. I still swim. I still bike. I do yoga and cross-country skiing when I'm in the north. So, I'm very, very active. You know, soon after you treated me, I climbed a really high mountain in Ecuador that was like almost 20,000 feet.

**DM:** Wow.

**SA:** So, you know, it didn't... I'm still very, very active and very healthy. In fact, I feel that by you helping me, it really extended my life. I feel much younger than my age.

**DM:** Yeah, there's no question about that. I mean, you would probably... Who knows? It's hard to predict the future. But you would not have... You were looking at a life of misery and pain. And if you live a long time, you wish you wouldn't because you'd be in so much discomfort, crippled up, and disabled.

**SA:** I often think about that. If I would be on that methotrexate, if I would've just listened to the Western doctors, and stayed the course, where I would be today? I hate to imagine.

**DM:** Yeah, and it wouldn't have stopped at methotrexate. Usually, prednisone is added, [inaudible 27:19], anti-inflammatories, and a whole variety of other autoimmune suppressing, noxious drugs that just totally disrupt your immune system. Because they understand that the immune system is involved. It's an autoimmune disease so let's knock out your immune system, right? That's the perfect way to treat it. You know, destroy your immune system. It's just so sad, frustrating, and challenging that they don't understand the simple basics. That doesn't make sense, and these are smart people. That's the only tool they have, you know.

**SA:** Right.

**DM:** If it looks like a nail, they only think is a hammer hitting that thing, and the hammer is a toxic drug.

**SA:** But even when I told the doctor, I went back and said how much better I was, he almost acted disappointed or angry that I dared try that method. He said that he wanted me to stay on methotrexate, and he still didn't believe in diet even though it worked for me. I went to another rheumatologist later just to check how I was doing. She said, "That disease is going to come back in 10 to 12 years, and just explode in your body possibly." She recommended I also stay on the drugs even though I was completely symptom-free.

**DM:** Well, I applaud your diligence, being comprehensive, and seeking outside consult. Not just listening to me but having other people see what was going on.

**SA:** Well, just to check. You know, to check the X-ray, to make sure that something wasn't happening internally that I wasn't able to identify.

**DM:** But your experience sadly is not uncommon. It always perplexed me when I would see patients like yourself, and believe me there are many thousands of people who I saw who had similar improvements, not necessarily with rheumatoid arthritis but with other diseases, and had been seen by conventional doctors and have been failing miserably under their care for many years. Then, they came and see me. We applied a natural therapeutic intervention, and they got better. They basically went into remission like you did.

They would go back to their doctor. I swear, it was far less than five percent, it was probably less than one percent of the doctors who were true physicians, who really had an intrinsic desire to learn, to help people, and to explore other options that were working, and their process didn't. I mean, if someone didn't get better with my treatment and they failed and then, they saw someone else, I'm sure as heck would want to know because I'm going to change what I'm doing, or modify or adopt it.

But the universe... I don't know if it's arrogance or they're just so stuck in the medical paradigm, or afraid of the repercussions of going against the grain, whatever it is... I doubt it's the latter because they just dismissed you...

**SA:** Right.

[----- 30:00 -----]

**DM:** And say, "You're wrong. You're going to get worse. You need to do what I'm telling you."

**SA:** Well, and actually, when I would go to the rheumatologist, I would often be in line behind the drug sales representatives. I learned with all the reading I did, I read both the traditional and Western way along with the alternative medicine. I noticed a lot of the research studies that were conducted were funded by drug companies, and a lot of the doctors had been trained by these companies.

**DM:** It's a very clever system.

**SA:** It's almost like... I feel maybe partially brainwashed.

**DM:** Yes, indeed. That is a very accurate description because the physicians are really unaware that this is going on. They see it happening but they are unable to put two and two together. There are other things that they don't see such as the large payoffs to influential physicians. I mean, hundreds of thousands, millions of dollars to the leading physicians who are responsible for making recommendations and important federal regulatory committees that are responsible for essentially establishing the standard of care.

That's a highly leverage investment that the drug companies use. They're relatively small amount of money, hundreds of thousands or millions of dollars. The leverage is billions of dollars in drug sales. It's a very sophisticated system that's clever. They manipulate the studies that they can publish in the journal. They control a lot of editorial review process. It's just a sad state that conventional, Western medicine has evolved into. Really, for the profit of... You know, for profit, essentially, at the expense of people like yourself who are really hurt.

This is why I'm so motivated to share this information to people, to use you as an example. You don't have to fall into that trap. You simply don't.

**SA:** It was also interesting. I was a teacher at the time so I had a very good insurance. My insurance company would cover the methotrexate. They would pretty much cover anything, any medication I want to take (100 percent), any doctor visits, and any laboratory work. But when I came to you, they would not cover it.

**DM:** And it's not like I was an unlicensed health care professional, you know.

**SA:** Right. I even explained it to you, our Western doctors as well. I actually took it so far. I went and wrote an appeal. We had a hearing with a lot of people from the insurance company as well as the rheumatologist was present. I remembered there were about 15 people in the room and me. I brought all the articles. I've read all the information and all the tests that you had done. It wasn't really anything that you had done or prescribed that would be considered quackery or out of the norm, but they wouldn't cover one cent. But they would continue to pay for my methotrexate or if I would've gone into a more expensive drugs. Some of the drugs were over a thousand dollars a month.

**DM:** Easily.

**SA:** That would have been covered.

**DM:** Yes.

**SA:** But I think my total bill with you was 2,000 to 3,000 dollars over the course of the time I saw you.

**DM:** Yeah.

**SA:** And I never had to go back eventually. You said I'm healed and I really don't need to see you anymore.

**DM:** That's great.

**SA:** So, I told the insurance company how much money I was saving them, and that my health had dramatically improved. That I would need fewer doctor visits.

**DM:** But your appeal failed.

**SA:** It failed, yes.

**DM:** But it was a still good investment on your part.

**SA:** It was a great investment.

**DM:** Obviously, I don't see patients anymore so this is not an encouragement to people to see me because you can't. I'm really committed to sharing this type of information with others and inspiring other physicians to adopt these strategies because it can change your life. I mean, it's just... It's so sad.

Multiple sclerosis is really similar in many ways. Not symptom-wise but the disease process. It's just targeting a different organ system. In multiple sclerosis, it's targeting the nervous tissue, and rheumatoid arthritis is targeting the joints. But the underlying process and treatments are pretty identical for the most part. Everything you shared in my rheumatoid arthritis protocol would also be useful for that, or in Crohn's disease, which is another crippling disease where the target of the immune system is the gut.

Actually, I think you changed... You were a teacher so you got insurance. What happened after you were a teacher, after you got cured?

**SA:** I stayed as a teacher. You know, I was new in my career. I have a master's degree in Education. I just had completed that. I was only teaching for about three years, but it inspired me so much. I felt so empowered by taking control of my own health with your help, learning the power of food, and seeing food as medicine. I felt like I could beat anything. I felt that any adversity that came my way, as far as health problems, I could cure, that food or whatever is in our universe could cure us.

I thought that if I could take control of my own health, I could help others and teach others how to take control of their own health. So, I wanted to change careers and go into natural healing. When I looked at it, I had spent so much. I paid my way through college and through graduate school. It didn't seem like the right time because I was so far into that. And also, to become a naturopath or an alternative healer, it seem like it might be difficult to make a living. I was afraid to take the risk. But the idea never left my mind that I thought about it for 10 years. The idea grew. The longer I became a teacher...

**DM:** The more frustrated you became.

**SA:** The more frustrated I became, and the more I want to go into natural health. I got to the point where I felt that if I didn't do this, if I didn't change my career, I wouldn't be living life to the fullest. I wouldn't be giving myself to the world as I could be or reaching my full potential. I decided two years ago to finally change my career. Now, I'm studying Oriental medicine. I hope to focus on nutritional healing when I'm finished.

**DM:** Excellent. That's terrific. That's a great story. I think you used to live in Wisconsin where the challenges we referred to earlier. There's not a lot of sun in the winter in Wisconsin.

**SA:** Right.

**DM:** I think it sound like you moved, too.

**SA:** Right. I live in Miami, Florida now.

**DM:** Excellent.

**SA:** I was a teacher in Brazil prior to going to school here. I thought that Miami might be a nice place between North and South America.

**DM:** Yes, indeed.

**SA:** But the sunshine is great.

**DM:** A lot of the Latin culture is down there, and the winters are phenomenal.

**SA:** Right

**DM:** That's terrific. Do you get regular sun exposure now?

**SA:** Yes, I do. And you know, it makes such a difference of how I feel. It's being... Not having to endure the winters, I feel that my immune system is a lot stronger. I don't get sick nearly as much. I just feel a lot healthier and more energetic. I can definitely tell that the sun makes a huge difference, and also just emotionally, how I feel.

**DM:** Yeah.

**SA:** Just in a better state of mind. In Wisconsin, it's fine for a while, but when you hit a couple of months, it's all right. But when January or February rolls around, you just want to hibernate, and I don't know. Your immune system goes low. You don't have any energy. You don't feel well. I really think it takes a toll on your health.

**DM:** Yes, indeed. In fact, that's what I did. I moved to Florida too, just for some of those very reasons. Because I realized that regular exposure to the sun is such an important component for your health. Something I didn't understand when I saw you in 2003 was the grounding component, which I learned to think about a year or two later.

The benefit of living in Florida, closer to the beach, is you can walk on the sand, in the sun.

**SA:** Right.

**DM:** And you get grounding if you're walking close enough to the water, which is what I do. I do for about two hours a day.

**SA:** That's great.

**DM:** You know, maybe it's a challenge for some people to do that but if you can arrange your life to do that, then you get this other benefit. You can certainly ground yourself where you sleep at night too, which is another good strategy, which is something I wasn't recommending at the time because I didn't know about it. But it's another useful strategy. It's safe with no side effects that we know of, unless you're taking a blood thinner because it will thin your blood. It's one of the reasons why it works. It thins your blood naturally so you don't get a blood clot and die from a stroke, embolism, or heart attack, which is a good thing.

**SA:** Where in Florida do you live?

**DM:** I live on the East Coast, a little bit farther north than you. Our winters are a bit more challenged than Miami, which is pretty nice. So, that's good.

So, this is terrific. It's a powerful testimony. Thank you for coming on to share your experience because a lot of times, many people just don't have the courage to do that. They're just stuck in the paradigm or they don't want to spend the extra money and go out of their insurance policy and have to self-pay for themselves even though relatively speaking, it's a small amount of money. I mean, 2,000 or 3,000 dollars then.

I mean, a car, which many people have no problems paying for was like 10 or 20 times that much potentially, and you don't keep [forever]. But your health is for years, forever, or at least until you die. It has enormous impact on everything you do.

**SA:** Right.

**DM:** It's an inspiration for people to start their process and not be apprehensive.

[----- 40:00 -----]

**SA:** Right, it was an investment. To buy the foods that I needed to buy, I had to spend a little bit more money. I spent a lot of time preparing food. I spent a lot of time in my kitchen, but it was definitely worth it. It really changed my life. I just grew really close to food. I'm thinking about... I grew up on a farm in Minnesota so I was always around food, animals, and having natural, fresh foods.

**DM:** Northern Minnesota?

**SA:** But after going through this, I had such an appreciation for food. I look at it as magic. You know, the universe gave us that, and to have appreciation for food, it is... If you look at it from an Eastern perspective, it's like the energy or the chi in that food, it helps the energy in our bodies. It's so powerful that I think it's the most important thing we have in life.

**DM:** Are you growing your own food now? Because it seems to be the transition when people have this inspiration, passion, recognition, and appreciation of the value of food. They tend to want to grow it themselves so they have the highest quality possible. Are you growing your own food now?

**SA:** Well, right now where I'm living, I don't have the means to do it, but I would love to. I try to find local farmer's markets and go there as much as possible. But I would love to. My parents have over an acre of a vegetable garden. They still farm. The highlight of going home, one of the highlights, is just going to the garden and getting the fresh vegetables. But I hope to, at some point, grow my own food because I feel that's really important, especially knowing where your food comes from if you're not able to grow your own food.

**DM:** Yeah, especially now, the conventional factory farming is so pervasive, and all the introduction of the chemicals, glyphosate, and other herbicides that really decimate the quality of the food, not only the nutrition but the toxins, which is another issue to contend with. Then, when you're not healthy, it is just a powerful synergistic effect to destroy your health even further.

**SA:** Right.

**DM:** It was a delight to see you in Orlando a few weeks ago. I don't get to have the opportunity to get feedback from people who I've treated. Because the longer it's been since you've seen people, the less feedback you're going to get. It was nice, and I thought that it would be a really powerful inspiration to many, to view this and recognize that there is some hope.

If it's not rheumatoid arthritis, it could be another autoimmune disease, or it could be anything else. Because really, the foundational core of what we use to treat you is really how we treat any disease for the most part. I mean, we have to be a little more aggressive. We certainly have to be knowledgeable on how to moderate the drugs, how to wean you off of them, and make sure that you're not suffering side effects.

And if you did have pain, there are some other things that that we could have done, some of the things that we do now are something like low-dose naltrexone (LDN), which is a drug used to treat addictive processes like opiate addictions. It tends to work pretty well. Although it's not really treating the cause, it does help people get off some of the toxic drugs that the rheumatologist used to control the pain symptoms, which can be quite severe.

Was your pain really bad when you were on methotrexate? Was it like crippling where you couldn't sleep?

**SA:** It didn't affect my sleep but whenever I would write on the chalkboard at school or on the dry erase board, it would feel... It was really hard for me to write. Or if I would accidentally touch or bang my fingers up against something, it felt like they were broken. Or getting out of bed in the morning, it hurt so bad I could barely walk.

**DM:** Yeah.

**SA:** That's the kind of pain I was experiencing, as well as I was always injured. I always had problems with tendonitis and bursitis. I started to believe I was hypochondriac because I was getting all these strange, mysterious "itises" or inflammation throughout my body that I didn't understand. I was often injured when I was training.

**DM:** Now you don't have to contend with it anymore.

**SA:** Right.

**DM:** That's great. All right. It's been wonderful to catch up with you, see the long-term feedback from a therapy that we started 12 years ago, and see the incredible results that you've been able to have and how it changed your life. This is great.

**SA:** Well, thank you Dr. Mercola, and I really have to tell you how much I appreciate finding you and reconnecting with you. It was really an honor to speak with you today. I always want to reconnect with you and tell you how I am doing today, and how you inspired me to change my career.

**DM:** Okay, all right.

**SA:** Thank you very, very much.

**DM:** You're most welcome. Congratulations on all your success. Hopefully, you'll be able to help a lot more people as you complete your studies.

**SA:** Oh, I hope so.

*[END]*