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RESEARCH ARTICLE

RHEUMATOLOGICAL DISEASE INFLUENCED SELF DIETARY PREPARATION

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ABSTRACT

Aim: We all know the different dietary interactions of rheumatological diseases, but we wanted to determine what their effects on patient follow-ups and treatment protocols will be in long-term follow-ups. **Introduction:** The importance of diet in many different diseases is known and new effects are added every day. Developed societies, although having successfully reduced the burden of infectious disease, constitute an environment where metabolic, cardiovascular, and autoimmune diseases thrive. Patients that have chronic fatigue, joint pain (seasonal variability) and resistant dyspepsia symptoms have food intolerance depended auto immune disease.(FIDAD) Weight loss is frequently offered as a therapy and is aimed at improving some of the components of the metabolic syndrome. Among various diets, ketogenic diets, which are very low in carbohydrates and usually high in fats and/or proteins, have gained in popularity.Similar studies reveal a serious problem of dietary influence, shows that it can.73 of our patients were followed up for sixth years. The patients were evaluated according to their previous and subsequent symptom severity, drug use, and examination results. **Material and Method:** We included five disease groups in the study. The number of lines followed in the sixth year increased to 73. The symptoms and examination evaluations of the patients were performed. Patients diagnosed with inflammatory bowel diseases (Crohn's disease and ulcerative colitis), multiple sclerosis, psoriatic arthritis, ankylosing spondylitis and reactive arthritis were treated and followed up according to the guidelines, while diet adjustments were made and follow-up was continued. Physical examination and aching joint examination, blood tests and stool analysis were performed every three months. In the follow-up of the patients, the standard treatment protocol was gradually reduced depending on the decrease in the symptoms according to the ACR disease and treatment evaluation criteria. Dietary adjustment was not interrupted in the patients. When an increase in disease activity was observed in reducing the treatment protocol, the previous protocol was returned. Treatment arrangements of the patients were arranged according to EULAR rheumatology criteria. No additions were made to the rheumatological treatment protocols of the patients with the tests performed. According to the results, the treatment protocols of the patients were reduced and discontinued. The follow-ups were continued and the controls were repeated with the same frequency. Patients were instructed to refer again when they felt a change in symptoms or pain.Additional infection treatments were performed in the controls (urinary tract infection, throat infection, etc.). Antibiotic therapy was given when necessary. **Result:** Nearly all patient treatment aim to collect information on the anniversary of them follow up at years 1 and 2 (year 1 = 40 /73 (54.7%); year 2 = 55/73 (75.3%), with half of the trials requesting intermediate follow- up data at 3 years (70/73 (95.8%). A similar pattern is present between years 3 and 5, with all trials collecting data annually (from year 5 = 70/73 (95.8%); from years 5 to 6 = 71/73 (97.2%) In this way, the rates of no treatment over the years were as observed in the patients who underwent a diet protocol. **Discussion:** Additional evidence is needed to suggest that diet is the trigger for this remission in patients. However, the fact that diet is a trigger and when it is removed, patients go into remission cannot be ignored. In order to establish a direct connection with these diseases, it must be shown that the defense cells that cause autoimmune disease originate from the same clone. Despite this, it is obvious that a drop of benefit is guiding in the follow-up and treatment of diseases. Although it is certain that more publications and research are needed, it should be considered to be added to medical treatment in cases where adequate treatment response is not obtained or in resistant cases.

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INTRODUCTION

Many effects of diet on human have been revealed. These evaluations are considered valuable in terms of treatment in many different disease. Although the effects are not certain in many areas, it has been recorded in different publications that they create statistical difference. (1) The autoimmune disease FIDAD, which is diagnosed with inflammation, can be given as an example. (2) Similar studies reveal a serious problem, shows that it can. 73 of our patients were followed up six years. The number of lines followed up three years increased to 73.the symproms and examinations of the patients were performed.

The only parameters that changes in the treatment of patients treated with the standart treatment protocol, a diet that is free from IgE depended food test(skin prick test), IgG depended food test, lactose free, gluten free, non-seasonal vegetables and fruits free, synthetic sweeteners and derivatives, cow's milk and derivatives(fat, cheese, yoghurt etc) was added to treatment. Eight of the patients were woman and they wanted to become pregnant even though they were childbearing age. However the patients were told that this was not appropriate due to drugs used by the patients which were not suitable for pregnancy, and they were told to terminate their pregnancy hopes in an external rheumatology center. Five of patients went into complete remission after giving up all treatments as a result of pregnancy and after one- year follow-up. They became pregnant on average two months aiter the patients were given permission to become pregnant and they conceived without any problems and gave birth to healthy children. Althou gh the main follow-up parameters were clinical improvement (pain, number of aching joints, no c linic al progression, no increase in the number or defec ations, no morning stiffness, improvement of gait, improvement in vision) at the three-month visits or the patients, CRP, seru m amyloid level, sedimentation, dec rease in still calprotectin levels and cessation of the increase were accepted.

Inflammatuar Bowel Disease's(IBD) Patients Follow up Criteria: First response of effect on inflammatuar bowel disease are one mounth . This effect is first manifested by a reduction in symptoms (Stool frequency, Blood in stool, temperature, Heart rate bpm, Anemia (Hb=gr/dL), erithrocite sedirnentation rate, fever, fis tulia, abscess. stool calprotectin etc .) and sample result levels. A decrease in calprotectin level and no increase was observed in all patients at the end of the firsi month. Along with this, the frequency of defecation also decreases, but only 60 % of the patients (mostly ulceratis'e colitis) show a decrease in the frequency of defecation in the first month. Unfortunately, this effect immediately returns to its former state with the deterioration of the diet.

Multiple Sclerosis Follow up Criteria: The disease is diagnosed according to clinical, laboratory and imaging tests. Follow-up criteria were made according to the evaluation of the patient's progress in clinical and imaging methods. (5-9)

Psoriatic Arthritis: Patients, increase in number of joint involvement, new dactilitis, frequent precence of enthesitis, adding spinal involvement a new asymmetric sacroileitis new showing erosions, new demonstrate profuse bone formation, erosion and ankylosing.

Ancylosing Spondilitis Follow up Criteria: Patients; increase inflammatory back pain, buttock pain, entesitis, artheritis, uveitis, dactylitis pain and sacroileitis, morning stiffness time. Additional pain and morning stiffness elongation are progression criteria.

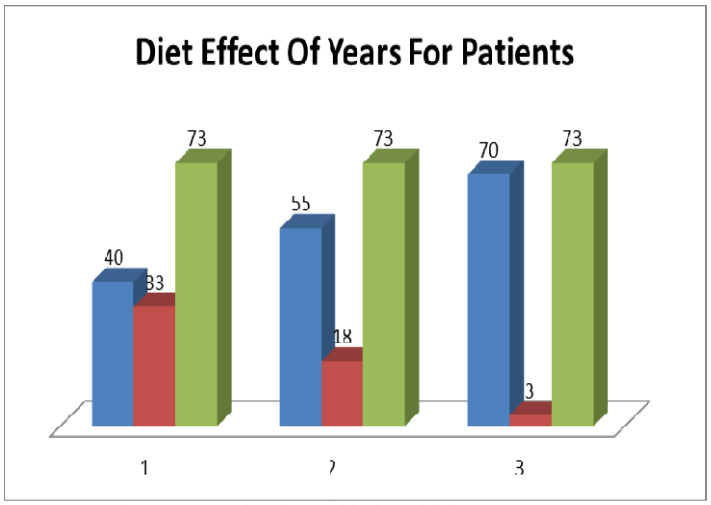
Reactive Arthritis Follow up Criteria: Reactive arthritis may present clinical symptoms with involvement of many joints. Reactive arthritis may manifest as prolonged and gradually increasing pain. Inflammatory arthritis occurs between the ages of 20-50 and treatment modalities are evaluated according to the trigger and clinical complaints.

METARIALS AND METHODS

Patient follow-up was monitored by objective evaluations based on clinical, laboratory and imaging methods. Dietary adjustment was not interrupted in the patients. When an increase in disease activity was observed in reducing the treatment protocol, the previous protocol was returned. Treatment arrangement of the patients were arrangent according to EULAR rheumatology criteria. No additions were made to the rheumatological treatment protocols of the patients with the tests performed. According to results, the treatment protocols of the patients were reduced and discontinued. The follow-ups were continued and the controls were repeated with the same frequency. Patients were instructed to refer again when they felt a change in symptoms or pain. Additional infection treatments were performed in the controls(urinry tract enfections, throat infections etc.) Antibiotic therapy was given when necessary.

RESULTS

The patients were evaluated in terms of treatment and remission. Information about the remission rates of the patients who were followed up by making necessary changes in the treatment arrangement of the patients according to the anniversaries of their follow-up in the 1st and 2nd years is shown in table one. (year 1 = 40/73 (54.7%); year 2= 55/73 (75.3%), 3rd year follow-up data was determined as 70/73 (95.8%).



Blue: Recovered patients with diet withdraw treatment
Red: Standart treatment and diet
Green:Total patients

Table 1. 1-year, 2-years, 3-years after diet and standart treatment

DISCUSSION

There is a need to support additional immunological evidence to suggest that diet is the trigger of this remission in patients. However, in this study, the fact that the diet was a trigger and when it was stopped, the patients went into remission cannot be ignored. In order to establish a direct connection with these diseases, it must be shown that the defense cells that cause autoimmune disease originate from the same clone. Despite this, it seems to be useful in the monitoring and treatment of diseases. The main point to consider is that the time when these diseases started to be detected seems to be after humans started to make the technological revolution. Essentially, what this study sheds light on future studies is whether they will go into remission after quitting chemicals that can trigger diseases that require chronic treatment. Although it is clear that more publications and research are needed, addition to medical treatment should be considered in cases where there is no response to adequate treatment or in resistant cases.

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