

## THE CHINA STUDY AND AUTOIMMUNE DISEASES

BY David L. Duffy, MD

T. Colin Campbell and his son Thomas M. Campbell in their book The China Study (2006: Benbella Books, Dallas, Texas) give some interesting insight on autoimmune diseases (Chapter 9, pp. 183-201).



Common examples of autoimmune diseases include Graves' disease (hyperthyroidism), rheumatoid arthritis, acute glomerulonephritis, multiple sclerosis, Type 1 diabetes, and systemic lupus erythematosus. Autoimmune diseases are more common at northern latitudes. It is thought that the basic function of the immune system is to defend the body against invaders such as bacteria, viruses, and parasites. In autoimmune diseases the target of the immune response is the person's own body tissues. In other words the body attacks itself. When the immune system destroys the insulin producing cells of the pancreas you get Type 1 diabetes mellitus. When it attacks the myelin sheath which insulates nerves you get multiple sclerosis.

The usual model for autoimmune disease is illustrated by the disease acute glomerulonephritis which follows a streptococcal infection of the throat or skin. It is thought that a specific streptococcus bacteria has protein in the outer surface which resembles the kidney. As a response to the streptococcal infection, the immune system makes antibodies against the germs. However, because the germ resembles the kidney, antibodies are deposited in the kidney and cause damage. This model of autoimmune disease is called "molecular mimicry". The immune system attacks its own body tissue because the foreign invader resembles one's own tissue.

### The spectrum of autoimmune disease

#### Organ Specific Autoimmune Diseases

- Graves Disease (Thyroid: TSHR Abs, TPO Abs)
- Hashimoto Thyroiditis (Thyroid: TPO Abs, Tg Abs)
- Diabetes Type I (Pancreas: GAD II Abs, IA2 Abs, ICA)
- Goodpasture Syndrome (Kidney: GBM Abs)
- Pernicious Anemia (Stomach: Parietal Cell Abs)
- Primary Biliary Cirrhosis (Liver, Bile: AMAbs)
- Myasthenia Gravis (Muscles: ACHR Abs)
- Dermato-/Polymyositis (Skin / Muscles: Jo 1 Abs)
- Vasculitis (Vessels: ANCA)
- Rheumatoid Arthritis (Joints: CRP, RF, RA33 Abs, Sa Abs)
- NCTD (RNP Abs)
- Scleroderma (Scl 70 Abs, CENP Abs, PM/Scl Abs)
- SLE (ANA, Cardiolipin Abs, Beta 2 GP I Abs)

#### Multi-systemic Autoimmune Diseases

Dr. Campbell proposes that cow's milk is a foreign protein which contributes to the development of autoimmune diseases. While the immune system in most people can distinguish the protein from cow's milk from the body's own tissue, some cannot and the body destroys its own cells.

Dr. Campbell describes in detail the hypothesis that the feeding of cow's milk to babies can cause Type 1 diabetes in susceptible children.

The baby is not nursed long enough and is fed cow's milk as an infant. The cow's milk is partially digested in the intestines and protein fragments are absorbed into the blood. The immune system responds to this foreign protein and produces antibodies.

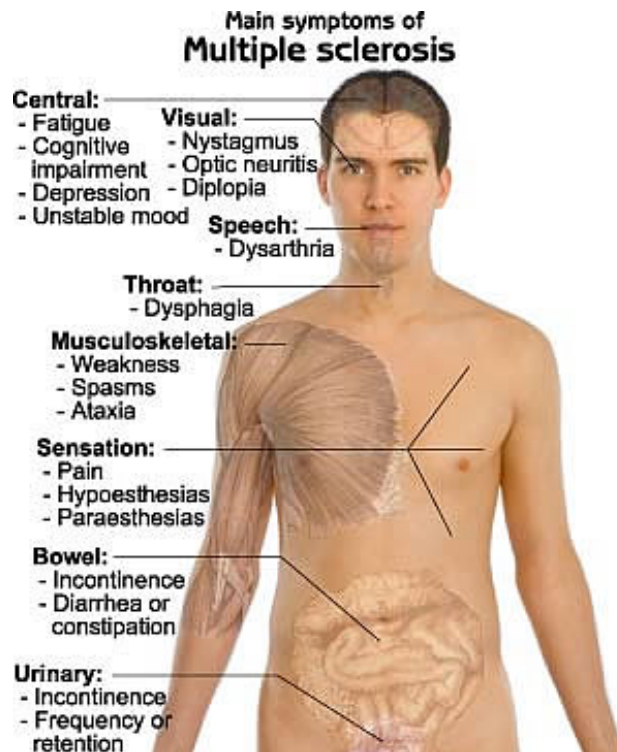
The milk fragments resemble cells in the pancreas. The immune system destroys the invading protein fragments and also damages the pancreas. The pancreas loses its ability to produce insulin. The baby develops Type 1 diabetes and has to be treated with insulin injections for the rest of his life.

There is evidence to support this theory. In Finland researchers took blood samples from Type 1 diabetic children and found antibodies against bovine serum albumin, a component of cow's milk. It is also thought that genetically susceptible children fed cow's milk may be infected by a virus which affects the immune system in the intestines. The risk for Type 1 diabetes in these children is 13.1 times greater than children without these genes who are breast-fed at least three months.

Dr. Campbell shows a graph correlating the incidence of Type 1 diabetes with cow's milk consumption in 12 countries. Finland, Sweden, and Norway with their large consumption of milk have the highest incidence of Type 1 diabetes. Japan, France, and Israel with a low consumption of cow's milk have a lower incidence of Type I diabetes.

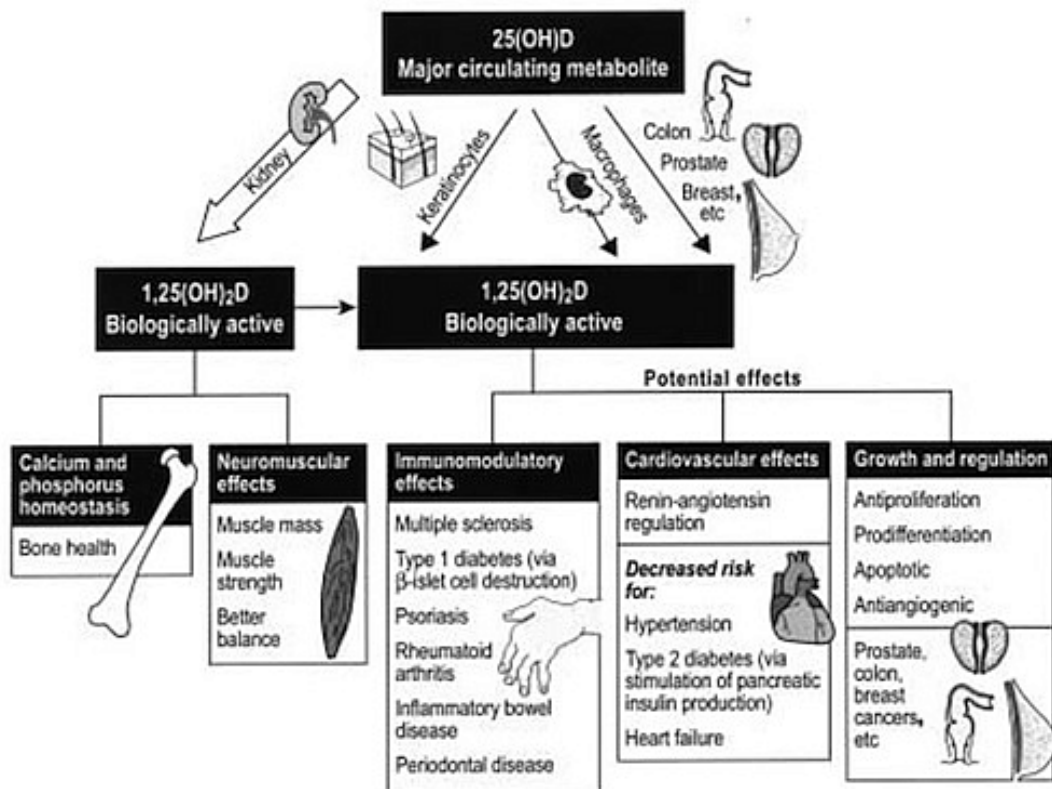
Multiple Sclerosis is a disease in which the immune system damages the myelin sheath which insulates nerves in the brain and spinal cord. Symptoms of loss of vision, muscle weakness, and loss of coordination occur. Usually it begins between ages twenty and forty. Women are affected about three times more often than men.

Dr. Roy Swank of the University of Oregon Medical School studied 144 patients with multiple sclerosis over a 34 year period. He advised patients to eat a diet low in saturated fat. He found that the progression of disease was reduced by the low-saturated fat diet. Those who began the low-saturated fat diet during the early stage of their illness remained mildly disabled for 30 years. Only 5% of these patients died. In contrast the death rate was eighty percent for multiple sclerosis patients who consumed the high saturated fat diet.



Dr. Campbell notes that autoimmune diseases have six characteristics in common. (1) The immune system attacks a person's own proteins. (2) Autoimmune diseases are more common at higher geographic latitudes where there is less sunshine. (3) The diseases tend to afflict the same people. Multiple sclerosis and Type 1 diabetes occur in the same individual. Multiple sclerosis is also associated with lupus erythematosus, Graves' disease, and myasthenia gravis. (4) The consumption of animal-based foods, especially cow's milk, is associated with greater disease risk. (5) There is evidence that a virus may trigger the onset of several of these diseases. (6) These autoimmune diseases may have to do with the lack of activated Vitamin D (1,25 hydroxyvitamin D).\*

\*This information was presented in the discussion of the China Study and Osteoporosis. "Vitamin D is known to participate in the regulation of the metabolism of calcium in the body. When the skin is exposed to the ultraviolet rays from sunshine, the body makes vitamin D (cholecalciferol) from a derivative of cholesterol. We also absorb Vitamin D from food: Vitamin D is transported to the liver where it is metabolized to 25-hydroxyvitamin D (25 D). This represents the storage form of Vitamin D. It is bound to a protein and transported to the kidney. In the kidney another hydroxyl group is added to form 1,25 hydroxyvitamin D or 1,25 D (also known as "calcitriol"). 1,25 D is the active form of vitamin D which enhances calcium absorption by the intestines. Parathyroid hormone stimulates the production of more 1,25 D."



"Animal protein-containing foods cause a drop in the level of 1.25 D. The acidic environment inhibits the enzyme which converts 25 D to 1.25 D. Also when the level of calcium in the blood is high, the production of 1.25 D is inhibited. It turns out that a high consumption of cow's milk with its high protein and high calcium content will inhibit the production of 1.25 D. (See the China Study, pp. 361-368)".

Activated Vitamin D inhibits the production of lymphocytes called T- and inhibits the production of lymphocyte hormones called cytokines. Lack of activated Vitamin D may be an important factor in the dysfunction of the immune system which causes it to attack its own body.

Dr. Campbell's epidemiologic data supports the idea that excess consumption of animal protein such as cow's milk can lead to autoimmune diseases of persons with genetic susceptibility. He presents factors associated with a higher risk of autoimmune disease but he does not provide proof.

Now let us analyze Campbell's information from an Ehret viewpoint. Each person has an individual metabolic pattern. Fruits and vegetables clean the body. They help the body eliminate "mucus". Grains, meats, and dairy products are foods that are "mucusproducing." When they are digested and metabolized by the body there is a residue of waste material which needs to be eliminated. The immune system plays a critical role in disposing of this waste. When waste is carried to the tonsils and eliminated in the throat the body experiences viral and bacterial infections such as streptococcal infection of the tonsils. When waste is carried to the surface of the body the body may experience skin infections like boils or pimples. Other chronic skin diseases involving the immune system include eczema and psoriasis.

Autoimmune diseases such as multiple sclerosis, rheumatoid arthritis and lupus erythematosus are serious chronic diseases that cause severe disability and are often life-threatening. The latest treatment of autoimmune diseases involves expensive medications which suppress the immune system. One such drug is Embrel (etanercept) used in psoriasis and rheumatoid arthritis. It inhibits a lymphocyte product called "tumor necrosis factor". As a result the drug inhibits inflammation and alters the immune response. A typical dose is 50 mg by injection each week. One dose of 50 mg of Embrel costs approximately \$375.

Instead let us assume that the immune system is not defective, The body has a reason for attacking the nerves or the skin or the joints. Why would it do that? What if the body is accumulating waste in these tissues and the immune system is trying to clean it up? In that case the Ehret approach of fasting and using the Mucusless Diet Healing System would make more sense. Help the body eliminate waste by stopping the consumption of foods that are contributing to the problem. Use dietary dialysis so that the liver and the kidneys can participate in eliminating waste.

A person with an autoimmune disease may require standard medication to alleviate pain, suppress an overactive thyroid or stop the itching of psoriasis. But the use of these medications should be a stopgap measure. Begin an Ehret transition diet. Reduce or eliminate animal proteins. Try to get down to your ideal weight. Try to achieve your ideal metabolism. Dietary dialysis may not cure these diseases but it can go a long way in reducing the symptoms and promoting longevity. Dr. Swank's approach to treating multiple sclerosis fits into this pattern and was very successful. What we need to do is apply Ehret's approach to as many conditions as possible and document the benefits and the extent of healing.

**About the author:**

Dr. David L. Duffy, MD graduated from Harvard Medical School in 1971. He trained in Internal Medicine and Ambulatory Care at Montefiore Medical Center, Bronx, NY, from 1971 - 1975. He continued seeing patients and supervising interns and residents at the Montefiore Medic Clinic until 1980. From 1981-1988 he had a private medical practice in Oceanside, California. In 1988 he returned to New York to work at Metropolitan Hospital Center in Manhattan. From 1996 to 2005 he served as Section Chief of General Internal Medicine. He also served as Chairman of the Patient Education Committee from 1999 to 2005. His medical office is located at 27-10 30th Avenue, Suite LA, Astoria, NY 11102. Astoria is in a section of Queens County, NY a part of New York City. Dr. Duffy is only available by appointment. Dr. Duffy can be reached by phone at 718-932-9870. Dr. Duffy will not be available for phone, fax, mail or e-mail consultations.

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