

# The Weston A. Price Foundation

## Gout

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**Question:** A client of mine is concerned about consuming organ meats, shellfish and full-fat dairy because he's had several attacks of gout during times when he was eating "rich" foods, (specifically crabmeat, crawfish and cheesecake). He has high triglyceride levels (400) and a family history of diabetes. He is fairly active but also smokes cigarettes.

**Answer:** The understanding of gout gets into some of the most interesting questions about the history of medicine and the understanding of physiology and its relationship to human disease. It is also interesting because there are many misconceptions that abound about gout, among both laymen and medical professionals. Gout is one of the oldest and probably most painful diseases known to mankind. We know of cases of gout dating back at least 500 years as some of the most notorious of the England's monarchs were apparently afflicted with the disease. There are treatises explaining the causes and treatments of gout that also date from the Middle Ages. The typical description of a patient with gout was a wealthy, corpulent aristocrat, particularly one with an enormous appetite for food, drink and women. It was almost always associated with men, and in fact still has a male predominance, and was considered a consequence of overindulgence.

The symptoms of gout are intermittent, excruciating attacks of pain in the joints, although typically each gouty episode only affects one joint at a time. The most common joint affected is the joint at the base of the big toe, which often becomes red, swollen, hot and so painful that the patient cannot even bear the weight of the bedsheets on his affected toe. Other joints, particularly the knees and elbows, can also be affected, but, again usually one at a time. The individual episodes usually last about two weeks then subside, only to recur at some seemingly random time in the future. The episodes can vary from every few months to every few years or longer. In some cases, the symptoms do not go entirely away between episodes and the patient has some degree of joint pain all the time.

In the twentieth century, through the use of microscopic examination of the fluid removed from affected joints of those with gout, the “real” cause of gout was identified. That is, in the inflamed, painful joints pointy crystals of uric acid create the excruciating pain so vividly described by those with gout. In some patients, there is so much uric acid in their system that they develop yellowish chalk-like deposits around the joints or in other places such as the ear lobes. The blood of patients with gout often, but not always, contains elevated levels of uric acid, a fact that usually confirms the diagnosis of gout.

The next step in unraveling the mystery of gout was to find out how this excessive uric acid is produced and why it is associated with a “gluttonous” lifestyle. It turns out that uric acid is a by-product or a breakdown product of purine, a type of protein found in many common foods. It therefore seems logical to conclude that gout is caused by excessive protein intake, particularly of proteins that are rich in purines, such as organ meats, fatty fish, shell fish and game.

As a result of this information patients are put on low-protein, or at least low-purine, diets and given drugs that prevent the formation of uric acid, or stimulate its excretion through the kidneys. Typically, patients also receive advice to choose lean meats, low-fat dairy products and limit fat intake.

This simple explanation, however, does not account for all the facts about gout. For example, high-protein intake is not necessarily connected with obesity so why are many gout patients overweight?. Also, we now know that gout attacks can occur with almost any change in diet, even to a better diet, or even to a lower-protein diet. In fact, it seems that the precipitating factor is often change, even the particulars of the change. And finally, there is a connection with fat, as your doctor suggested, although the solution is not to eat less fat.

The newer theories about gout recognize the fact that the disease is not simply a result of high-protein intake. For example, we have discovered that uric acid levels are high in those patients with syndrome X, otherwise known as insulin resistance. This means that excessive carbohydrate consumption, particularly of refined flour and sugar, foods that in previous times were solely the domain of the wealthy, can also raise the uric acid levels and precipitate gout. This fact also explains the frequent finding of obesity in those suffering from gout.

Another overlooked factor is the fact that traditional peoples always balanced protein intake with plentiful fat intake as well as gelatinous soup broths. Thus, gout is better understood as a situation of excessive protein intake compared to the fats and gelatin intake, two factors which balance the protein intake. This is why people with historically high protein intake who also ate lots of fats and soup broths, with no refined carbohydrates, rarely if ever suffer from gout.

Finally, it will probably come as no surprise to the readers of *Wise Traditions* that the specific nutrient that seems to prevent the buildup of uric acid is vitamin A, a fat-soluble vitamin that is particularly associated with the kidney. In fact, gout can be seen as a problem of the kidneys not being able to excrete enough of the uric acid to prevent the buildup, rather than simply a matter of excessive protein intake.

In my years of treating patients with gout, a program of decreasing protein intake along with liberal use of all the usual animal fats and the regular use of gelatinous stocks has been the key to preventing uric acid buildup and further attacks of gout.

As for other medicines, cherry juice is a virtual specific for preventing uric acid buildup and further attacks of gout. I have patients with gout take 1 teaspoon 2 times per day of cherry juice concentrate (without the sugar), literally for the rest of their lives. I also make sure they take 1 teaspoon per day of high-vitamin cod liver oil to supply the vitamin A, which antagonizes the uric acid buildup and also nourishes the kidneys. Of course, the patient should avoid refined carbohydrates and alcohol (which contributes to syndrome X).

As for medicines, I use arginex from Standard Process at a dose of 1-2 tablets three times per day. Arginex is made from fermented beets and helps stimulate excretion via the kidneys. For acute attacks, I use the antiinflammatory Boswellia comp from Mediherb 1-2 tablets three times per day. Hopefully, with these measures your client will be able to overcome the tendency for these painful attacks.

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(<http://www.westonaprice.org/blog/2004/12/31/journal-winter-2004-soil-fertility/>).

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## About Tom Cowan

Dr. Tom Cowan has been one of the leading voices speaking out against the mainstream medical narrative and coordinated agenda of masking, social distancing and forced vaccinations. His messages of health freedom and personal autonomy have resonated with millions of people around the world. Dr. Cowan challenges conventional medicine to explore health and wellness in holistic terms, seeking to provide a collaborative forum for the exchange of knowledge, products and practices that enable us to forge a new world together, governed by truth. Explore this website for a wealth of free content (podcasts, blogs, videos, etc.), join Dr. Cowan's subscriber community of like-minded individuals seeking to survive and thrive in our rapidly changing world, and check out his books and the products he has used personally and with his patients over 37 years of medical practice, including EMF mitigation products, water structuring, and supplements for detoxification, healing and support.

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