

INTRODUCTION

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There are many different rheumatic diseases some are of a well known etiology, while some are still of an obscure one, some types are characterized by certain clinicopathological features which makes their differentiation relatively easy. In other forms of arthritis the clinical pattern varies considerably and identification may depend on detailed and comprehensive study, it is impossible to divide arthritis into acute and chronic forms as almost any acute arthritis can pass into subacute or chronic stage and many cases of chronic arthritis began acutely or are subjected to acute exacerbations [Hollander 1979].

Arthritis is the general term used when the joints themselves are the major site of the rheumatic disease in which pain and stiffness of some portion of the musculo-skeletal system are prominent. (Hollander 1974).

There is a possibility that many inflammations and degenerative disorders of unknown aetiology may be attributed to masked food allergic disorders. Clinical and laboratory studies in patients whose rheumatoid arthritis appeared to be exacerbated by dairy products showed that challenge with certain food resulted in a pronounced increase in synovitis, and change in IgE antibodies and immune complex. Exclusion of the food from the diet produced considerable improvement in the previously aggressive symptoms (Parke and Hughes 1981).

Recent interest has developed on the possible relationship of R.D. especially rheumatoid arthritis to food or food related products. It has been postulated that some R.D. may arise from food allergy or alternatively that food derived antigens may perpetuate inflammation (Darlington et al., 1986).