



Print: Printed with the permission of the Colourful Network.

New research reveals why black people are more prone to inflammatory diseases and how they can be prevented



Deborah Gabriel

Obesity, heart disease, lupus, high blood pressure, endometriosis and diabetes are all inflammatory diseases. Black Britain examines why black people suffer disproportionately from these illnesses and crucially how they can be prevented.

Statistics confirm higher levels of inflammatory diseases among black population



Obesity, heart disease, lupus, high blood pressure, endometriosis and diabetes are all inflammatory diseases. But why do black people suffer disproportionately from these illnesses and crucially how they can be prevented? Read on and you will find the answers.

“ If you have more inflammatory receptors than your

Caucasian counterparts, you are going to suffer quicker, longer and more intensely. ”

*Ian Stoakes,
Research
Professor and
Author*

8.4 per cent).

If anyone doubts that inflammatory diseases affect people of African descent disproportionately in the UK, then they need look no further than the Health Survey for England 2004 – it is all there in black and white.

Let's take obesity for starters. Among the general population 22.7 per cent of men and 23.2 per cent of women are obese (a BMI over 30 kg/m²). This compares with 25.2 per cent of black Caribbean men, 32.1 per cent of black Caribbean women and 38.5 per cent of black African women. The exception is black African men who have a lower obesity rate (17.1 per cent).

If we turn our attention to diabetes we find that the rate of doctor-diagnosed diabetes among the general population stands at 4.3 per cent for men and 3.4 per cent for women. But **among the black population the rates are more than double** (black Caribbean men 10 per cent and black Caribbean women

As we reported last week on Britain, diabetes can lead to loss of sight and **people of African heritage are four times more likely than white people to develop glaucoma** – and to develop it at a younger age.

But it does not stop there; **black Caribbeans have the highest levels of**

hypertension (high blood pressure). Among the general population the rates are 31.7 per cent of men and 29.5 per cent of women. But among black Caribbeans the rates are 38.4 per cent for men and 31.7 per cent for women.

Another alarming revelation is the prevalence of asthma in young black boys. **Black Caribbean boys (30 per cent) were more likely than boys in the general population (23 per cent) to have had asthma diagnosed by a doctor.** However, doctor-diagnosed asthma was less prevalent among Black African boys (17 per cent) and only 9 per cent of black African girls were diagnosed with asthma, compared with 18 per cent among girls in the general population.

So we already have the evidence in the UK of higher levels of inflammatory diseases among the black population. For the record, the problem is just as pronounced in the Caribbean. The issue of health was discussed at a recent CARICOM meeting in St Kitts, which looked at a report called **The Caribbean Commission on Health and Development**, headed by Sir George Alleyne, Chancellor of the University of the West Indies. The study showed that **deaths resulting from diabetes, hypertension and heart disease were ten times higher than the number resulting from AIDS and HIV** and it looked at the high cost to the region of treating these illnesses.

In the USA 3.2 million African Americans aged 20 (13.3 per cent of the population) have diabetes, a third of whom are undiagnosed and on average, African Americans are 1.8 times more likely than hispanics or whites to suffer from diabetes. (Source: National Diabetes Education Program).

On the African continent more than 20 million people are affected by hypertension and its prevalence ranges from 25 per cent to 35 per cent in adults aged between 25 and 64. Each year there are 300,000 deaths as a result of rheumatic heart disease with 20 million people requiring ongoing hospitalisation. So we are beginning to see that inflammatory diseases are a big problem not just for black people in the UK, but also in the USA, the Caribbean and on the African continent. (Source: WHO Africa Report June 2005).

Now that we have established the prevalence of inflammatory disease among people of African descent, there should be some sense of urgency. In the UK, the cost of treating these illnesses within the NHS runs into billions of pounds and when we consider that the NHS is in a cash crisis, preventing the onset of inflammatory disease should be a priority. In the USA the annual cost of treating diabetes alone is \$132 billion.

How inflammatory diseases develop any why people of African descent are more susceptible

Ian Stoakes is a research professor, author and ex-Director of the Dietary Research Foundation. He previously worked in the area of behavioural science looking at the role of inflammation as a means of creating behaviour. But he was keen to understand the cause of the inflammation, a very new area of science.



Doctors in this area of research were saying that they thought it was caused by 'non-self' getting into the bloodstream and producing this immune response. 'Non-self' put simply is anything that does not originate from the body (nail varnish, for example) and 'self' is everything that does come from the body (nails for example).

Doctors looking at this area of research were not able to demonstrate this and were not necessarily interested in looking at this particular aspect of inflammation. But Stoakes approached a manufacturer about what equipment was available to test blood for certain chemicals. Such equipment is not cheap.

Stoakes told Black Britain that when he first became involved in this area of research in the late 1980s a haematology analyser cost around £120,000. He managed to talk a manufacturer into loaning him a machine that he could experiment with. This was how he discovered what causes inflammation.

“An inflammatory illness is the result of inflammation being continued either because the pathogen (non-self) cannot be overcome or because it is continually replaced. This process, in some form or other is the root of all inflammatory illness.”

*Ian Stoakes,
Research Professor
and Author*

He told Black Britain: **“Inflammation is a response that your body has that is generated by your immune system in response to something which shouldn't be there.”**

A new study published in the **Journal of the American Heart Association** called **Ethnic Differences in Arterial Responses and Inflammatory Markers in Afro Caribbean and Caucasian Subjects** found that African Caribbean people had **“Higher insulin levels and increased inflammatory markers compared with matched Caucasians.”**

But what does this mean? Stoakes explained: **“If you have more inflammatory receptors than your Caucasian counterparts, you are going to suffer quicker, longer and more intensely.”**

So this research points to why black Caribbeans are more prone to develop inflammation, which can lead to inflammatory disease, but the crucial connection is how the process of inflammation takes place, as this is the key to how inflammation can be prevented.

Stoakes confirmed: **“The biggest source of non-self that gets into the body three or four times a day is food.”** Digestion is the normal process by which

the body converts 'non-self' food sources into 'self.' But if that system breaks down or food is not digested properly, food particles can find their way into the bloodstream and that is where the fireworks begin!

The body's immune system is then activated and white blood cells begin to attack the 'non-self' detected in the bloodstream. One of the major white cells that spring into action is called the **neutrophil** .

In 1999 Professor Casatella from Verona University in Italy revealed that the **neutrophil** produces around 50 pro-inflammatory chemicals and that 80 million neutrophil cells are produced each day and they are hugely significant in relation to the development of inflammatory diseases.

Stoakes explained: **"An inflammatory illness is the result of inflammation being continued either because the pathogen (non-self) cannot be overcome or because it is continually replaced. This process, in some form or other is the root of all inflammatory illness."**

Prevention is better than cure – NHS needs to move with the times



Ex NFL & Scottish Claymores football star John Jacobs - lost 43 pounds through IAAP

“ The problem we have in medicine is that things move unbelievably slowly. Most of the doctors you see on a daily basis and many

Obesity , which we confirmed earlier is prevalent among the black UK population is caused by insulin resistance. Insulin resistance is caused by a protein called **TNF alpha** attacking and destroying insulin receptors on the muscle cells and other essential functions which results in a reduced availability of oxygen to the muscle cells.

(**TNF alpha** is one of the chemicals produced by the **neutrophil** , which we explained earlier is activated in response to 'non-self' getting into the bloodstream).

The muscle cells are where conversion of food to energy takes place and the reduced availability of oxygen results in a poor energy conversion and a low metabolism. Stoakes said: **"Losing weight without reducing inflammation is of absolutely no value whatsoever."**

Diabetes is a direct result of insulin resistance and a main contributor to heart disease. **Hypertension** occurs due to a loss of collagen as a result of reduced Vitamin C. This occurs when Vitamin C is redirected to the **neutrophil** to protect them from inflammatory chemicals.

TNF alpha both causes and maintains endometriosis. In 2002 Dr David Bullimore wrote a research paper revealing that:

more besides, still have old information and resist at all costs any new information [about common illnesses]. ”

*Ian Stoakes,
Research
Professor and
Author*

“[TNF alpha] is required for the establishment and maintenance of endometriosis and also is responsible for the associated infertility...”

But he went on to recommend a drug called **Infliximab** to block the production of **TNF alpha** . But there are a host of nasty side effects produced by **Infliximab** which include: upper respiratory tract infections, urinary tract infections, cough, rash, back pain, nausea, vomiting, abdominal pain, headache, weakness and fever. It can also cause high or low blood pressure, chest pain, difficulty breathing, rash, itching, fever and chills, shortly after administration.

The test that Stoakes devised to detect which foods activate the **neutrophil** is called the **Immune Activation Avoidance Programme** (IAAP). It assesses the degree and nature of the neutrophil response in blood that is incubated with reconstituted food samples. Once the foods are identified then a diet is put together that avoids these foods.

Stoakes said: **“The 'treatment' is to remove the 'non-self' material thus stopping the neutrophil from starting the damaging process. It is equally applicable to all humans but even more so to the person of African descent.”**

Former NFL and Scottish Claymores American football star John Jacobs, a 33 year old African American put on 330 pounds when he retired from the game and his blood pressure rose to a dangerously high level of 190/190. He also suffered from sleep apnea – a condition where someone stops breathing during sleep.

John came in contact with Stoakes and underwent a blood test, after which he followed his specially prepared IAAP programme. Jacobs lost 43 pounds and his blood pressure has dropped to 120/78. His sleep apnea has also improved dramatically and he no longer needs to wear an oxygen mask. There are others with similar stories to tell.

But the question that springs to mind is when a preventative method has been identified for so many illnesses and health disorders, why are doctors still prescribing drugs which will only treat symptoms, many of which have dreadful side effects and why are people still undergoing needless operations?

Stoakes told Black Britain: **“The problem we have in medicine is that things move unbelievably slowly. Most of the doctors you see on a daily basis and many more besides, still have old information and resist at all costs any new information [about common illnesses]. ”**

Black Britain asked Stoakes whether he had approached the UK government about his research and if so what their response had been, to a test that could prevent several illnesses which are prevalent in people of African descent and which could potentially save the NHS billions of pounds.

Stoakes has learnt through past experience that although prevention is better than cure, the whole health system in the UK is structured around treatment, rather than prevention. A few years ago, Stoakes headed a research team on a £1 million study which looked at the affect of diet on educational attainment and behaviour amongst children in the USA, UK and Israel.

"We found that in a single school term we were able to raise IQ by eight points and we cut anti social activity in a group of American juvenile prisons by 50 per cent. The British government asked me to present that material to them. I presented it to them at least 15 years ago and I haven't heard anything from them since."

Stoakes said that it was pointed out to the government that the loss of nourishment in school meals was responsible for a fall in intellectual attainment. He said: **"That was a million pounds that was simply wasted."** The research team included the world's only double Nobel Prize winner, Professor Linus Pauling.

Stoakes hopes that through patient power, lobbying and campaigning that pressure may be brought to bear on the Department of Health, who is responsible for the nation's health and wellbeing, and that they will look at his test and try to implement prevention methods for inflammatory disease, rather than merely treating the symptoms. He told Black Britain that he has already forwarded details of his research to MP Diane Abbott and is hoping she will take up the issue in Parliament.

IAN STOAKES APPEARED ON MEDIA SPOTLIGHT - OBTAIN A COPY OF THE PROGRAMME

In Stoakes was a guest on Colourful Radio's Media Spotlight Programme on Sunday July 23. The whole hour show was dedicated to inflammatory diseases and other guests included John Jacobs, who appears in this article. If you would like to obtain a copy of the programme email mediaspotlight@colourfulradio.com. A small fee is payable.

Copyright © 1998 - 2007 colourfulnetwork.net & Colourful Network. All rights reserved. Reproduction in whole or in part without permission is prohibited.