

Your First 90 Days

A plain guide to gout and joint pain — what's actually happening, and what to do about it.

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BEFORE YOU START

This will take you fifteen minutes

You don't need to read it all at once. Read the first three sections now, and come back to the rest when you need them.

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One thing first

This guide is general information, not medical advice, and it is not a substitute for your GP or rheumatologist. **If you have been prescribed medication for gout or arthritis, keep taking it.** Nothing in here is a reason to stop.

SECTION ONE

Two different problems that hurt in the same place

Most people arrive here with one of two things going on. They feel similar from the outside. They are not the same, and what helps is different.

Gout

Your body makes a waste product called uric acid. Normally it dissolves in the blood and leaves through the kidneys. If levels stay high for long enough, it can form sharp microscopic crystals that settle in a joint — very often the big toe, but also the ankle, knee, wrist or fingers.

The crystals themselves are not the pain. The pain is your immune system attacking them. That's why a gout flare comes on so fast and so violently, often overnight, and why the joint goes red and hot and cannot bear the weight of a bedsheet.

The important part: when the flare settles, the crystals are still there. The attack stopped. The cause didn't.

Wear-and-tear joint pain (osteoarthritis)

This is the slower one. The cartilage that cushions the ends of your bones thins over years of use. Bone starts working harder than it was built to, and the joint aches, stiffens and grinds. Knees, hips, hands and the base of the thumb are the usual places.

It builds over months and years rather than arriving overnight. It is worse after activity and at the end of the day, and it eases with gentle movement rather than rest.

You can have both

Plenty of people do, particularly over 50. If your knee aches most days *and* your toe occasionally erupts, that's two things happening at once — and it's worth telling your GP, because the treatment for each is different.

SECTION TWO

Which one sounds like you?

Not a diagnosis — only a blood test and your GP can give you that. But it will tell you which pages of this guide matter most.

	SOUNDS LIKE GOUT	SOUNDS LIKE WEAR
How it starts	Overnight, out of nowhere	Gradually, over months or years
How fast it peaks	Within 12–24 hours	It doesn't — it just persists
The joint looks	Red, swollen, hot to touch	Much the same, maybe a little swollen
Morning stiffness	Not the main feature	Yes, usually eases within 30 minutes
Movement	Unbearable during a flare	Painful at first, then it loosens
Between episodes	Often completely fine	Never completely gone
Where	Often one joint — classically the big toe	Often several — knees, hips, hands

See a doctor promptly if

- A joint is hot, swollen and you also feel feverish or unwell — a joint infection can look like gout and needs treating urgently
- A first flare hasn't started to settle within a few days
- Flares are becoming more frequent, or reaching more joints
- You're getting hard lumps under the skin around joints or on the ear

SECTION THREE

What the research actually says

We would rather you heard this from us than found it later and wondered what else we'd left out.

What the evidence supports

The largest study of its kind followed **633 people with gout** and looked at whether eating cherries was associated with fewer flares. Those who did had a **35% lower risk** of a flare in the following two days. For cherry extract specifically the figure was **45%**. For people taking cherry *alongside* allopurinol, it was **75%**.

Zhang Y et al., *Arthritis & Rheumatism*, 2012.

That last number is the one we'd draw your attention to. The best associations in the research are not for cherry *instead of* treatment. They are for cherry *in addition to* it.

What the evidence does not support

You will see tart cherry sold on the claim that it lowers uric acid. **We don't make that claim, because the best-designed trial didn't find it.**

A placebo-controlled dose-ranging study of 50 people with gout found no meaningful effect of tart cherry concentrate on uric acid in blood or urine.

Stamp LK et al., *Rheumatology*, 2020.

If anyone tells you a cherry supplement will bring your urate number down, ask them for the trial. If your urate is high, the thing that reliably lowers it is urate-lowering medication prescribed by your doctor.

WHY WE TELL YOU THIS

A supplement that only shares the flattering half of the evidence is asking you to trust it without giving you any reason to. We'd rather give you the numbers, including the inconvenient one, and let you decide.

SECTION FOUR

Your 90 days, week by week

Roughly what to expect. Everyone's timeline is their own — use this as a map, not a promise.

Days 1–7

Building the habit

Two capsules a day, at the same time each day. Most people notice nothing yet, and that is entirely normal. Log each day in your tracker — the first week is about the routine, not the result.

Days 8–21

Where most people notice something

This is the usual window. It tends to be unglamorous — getting up the stairs without thinking about it, a morning that starts a bit easier. Keep rating each day, because change this gradual is very hard to notice from memory alone.

Days 22–45

Comparing, not remembering

Look back at your first week's ratings against this week's. This is the honest comparison, and it is usually more generous than your memory is.

Days 46–75

The quiet stretch

Nothing dramatic happens here, and that's the point. If things are steady, steady is the result. This is also where people start to forget to take it — the tracker is doing real work for you now.

Days 76–90

Deciding what's next

You now have three months of your own data. Not a claim from a bottle — your own numbers. That's the basis for deciding whether this stays part of your routine.

SECTION FIVE

Taking it: the daily habit

What's in it

Tart cherry extract	360mg at a 10:1 ratio — equivalent to **3,600mg** of fresh tart cherry (*Prunus cerasus*, fruit)
Anthocyanins	Standardised and disclosed — the compound the research is interested in
Serving	2 vegan capsules daily · 60 capsules · 30 servings
Also contains	Hypromellose (capsule), rice flour, silicon dioxide
Free from	Gluten, dairy, soy, artificial colours and sweeteners. Vegan, non-GMO.
Testing	Third-party lab tested, every batch

How to take it

- **Two capsules, once a day.** With water. With or without food.
- **Pick a time and keep it.** Attach it to something you already do without thinking — the kettle, brushing your teeth, the first coffee. The time of day matters far less than the fact that it's always the same one.
- **Missed a day?** Take the next one as normal. Don't double up.
- **Keep taking your prescribed medication.** This sits alongside it. It doesn't replace it.

Worth checking with your GP or pharmacist first

- If you take warfarin or another blood thinner
- If you have kidney disease or are on dialysis
- If you're pregnant or breastfeeding
- If you're due surgery in the next fortnight

SECTION SIX

Gout: what tends to set off a flare

Diet doesn't cause gout — genetics and how your kidneys handle urate matter far more. But triggers are the part you can do something about.

The common ones

Alcohol	Beer is the worst — purines as well as alcohol. Spirits also raise risk; wine is the least provoking, in moderation.
Sugary drinks	Fructose is the one to watch — fizzy drinks and juice concentrates. Surprises people more than the beer does.
Red and organ meat	Liver, kidney, game and heavy red meat. A question of quantity and frequency, not banning them.
Some seafood	Anchovies, sardines, mussels, scallops, herring. Most white fish is far gentler.
Dehydration	Less fluid, more concentrated urate. Hot weather, illness and long flights all count.
Crash dieting	Losing weight helps long-term, but losing it fast can trigger a flare. Steady beats drastic.
Injury or illness	A knock to a joint, an infection or surgery can all set one off.

What tends to help

- **Water.** Dull advice, consistently useful.
- **Low-fat dairy.** One of the few foods repeatedly linked to lower risk.
- **Coffee.** Associated with lower risk — no need to give it up.
- **Vegetables, even high-purine ones.** Plant purines don't behave like meat purines — spinach, asparagus and mushrooms are fine.
- **Steady weight loss** if you're carrying extra.

SECTION SEVEN

Wear-and-tear: what tends to help

The instinct with an aching joint is to rest it. With osteoarthritis, that's usually the wrong way round.

Movement is the treatment

Cartilage has no blood supply of its own. It's fed by joint fluid, and joint fluid moves when the joint moves. A joint that's rested stiffens and weakens; a joint that's used gently, regularly, tends to do better.

The aim is little and often rather than hard and occasional.

What that looks like in practice

- **Walking.** Twenty to thirty minutes most days does more than almost anything else.
- **Water.** Swimming or an aqua class takes the load off while still moving everything.
- **Strength around the joint.** For knees, the thigh muscles carry load the joint would otherwise take. Sit-to-stands from a dining chair, ten at a time, is a genuine exercise.
- **Warmth before, cold after.** Heat to loosen a stiff morning joint; something cold if it's swollen and sore after activity.
- **Stop before you pay for it.** Some ache during and after is expected. Pain that lasts into the next day means it was too much — go shorter, not less often.

On weight

Every extra pound is roughly four pounds of force through the knee with each step. It's the least welcome advice in this guide and the one with the most evidence behind it. Small and sustained beats dramatic.

SECTION EIGHT

Month three: the part nobody warns you about

Here is the most useful thing in this guide, and it has nothing to do with what's in the bottle.

Something predictable happens around the third month. Things are better. The flare hasn't come back, or the knee has stopped announcing itself on the stairs. And a reasonable thought arrives:

> "I'm fine now. I probably don't need this anymore."

It's a completely logical conclusion. It's also the single most common reason people end up back where they started.

Why it happens

You started because something hurt. The pain was the reason, and the pain is now gone — so the reason feels gone with it.

But go back to page 3. **When a gout flare settles, the crystals are still in the joint.** The attack stopped; the cause didn't. And cartilage doesn't grow back — a knee that's comfortable is a knee being managed well, not a knee that's been repaired.

Feeling well isn't evidence that you no longer need what got you there. Usually it's evidence that it's working.

The shift worth making

At the start, you were treating a problem. By month three, you're preventing one. It's a less dramatic job and a much better one to have — but it only works if you keep doing it after the drama stops.

If you take one thing from this guide: **the goal was never to feel better once.**

SECTION NINE

Getting the most from your tracker

Your tracker lives at **raveasupps.com/pages/tracker** — bookmark it on your phone. It takes about ten seconds a day.

Why bother

Because memory is unreliable about slow change, and reliably unkind about it. Ask anyone how their knee was six weeks ago and they'll guess. Ask them to read the number they wrote down and they'll know.

Gradual improvement is almost impossible to notice from the inside. Written down, it's obvious.

Three habits that make it work

- **Rate at the same time each day.** Morning tends to be most consistent — before the day has had a chance to affect things.
- **Rate honestly, including the bad days.** A tracker with only good days in it tells you nothing. The pattern is the point, and patterns need the dips.
- **Don't read too much into any single day.** One bad day is weather. Look at the week.

What to look for

- **Your floor rising.** Often the first real sign — not that good days get better, but that bad days stop being as bad.
- **Fewer bad days in a month**, even if the good days feel unchanged.
- **Shorter episodes.** A flare that settles in two days instead of five is a meaningful result.
- **Your streak.** Consistency is the variable you control. It's also the one that matters most.

SECTION TEN

Questions we get asked

How long before I notice anything?

Most people who notice something do so between weeks two and three. A meaningful number take the full month. If you're at day ten and nothing has changed, that's ordinary — don't read it as a verdict.

Can I take it with my gout medication?

It's designed to sit alongside, not replace. The strongest association in the research was for cherry taken *together with* allopurinol. Do check with your GP or pharmacist, and don't stop anything you've been prescribed.

Will it bring my uric acid level down?

We don't claim that, and page 5 explains why. If your urate number needs lowering, that's a conversation with your doctor about urate-lowering therapy.

Is it just cherry juice in a capsule?

It's a 10:1 extract, so 360mg carries the equivalent of 3,600mg of fresh fruit, with the anthocyanin content standardised and stated. Juice varies bottle to bottle and carries a good deal of sugar with it — which, if you have gout, isn't ideal.

Should I take it during a flare?

You can keep taking it as normal. It isn't a painkiller and won't stop a flare in progress — for that, follow whatever plan your GP has given you.

What if it doesn't work for me?

Then it doesn't, and we'd rather you kept your money. **Ninety days, full refund, no return needed** — keep the bottle. Email us and it's done.



Measured, not marketed.

Your tracker: **raveasupps.com/pages/tracker**
Your orders: **raveasupps.com/a/loop_subscriptions/customer**
Questions: **sales@raveasupps.com**

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