Dynamic Chiropractic

NUTRITION / DETOXIFICATION

Commonly Asked Questions of 1998

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As I've done in past years, this is a summary of the most common questions I received in 1998. With the exception of question number three, regular readers of this column will recognize a very familiar tone.

Question: What do you think about glucosamine? Does it work?

Answer: DCs not investigating glucosamine are doing their patients a great disservice. I recommend that you read the three articles I wrote about glucosamine earlier this year. If those don't answer all your questions, part III of the series included a list of books and periodicals that will most likely answer any additional questions you may have.[1,2,3]

Q: I want to add nutrition to my practice, but don't know where to start.

A: I have also written about this topic before.[4,5,6] Please see those articles. To make it short and sweet, if you have the average practice that is over 90 percent neuromusculoskeletal acute, subacute, and chronic conditions, here are the four basic formulas you should carry and their key ingredients:

Anti-inflammatory formula: proteolytic enzymes, trypsin, chymotrypsin, papain and bromelain.

Antispasmodic formula: calcium, magnesium, valerian, passiflora, kava kava.

Osteoarthritis formula: glucosamine sulfate and/or hydrochloride. Chondroitin sulfate optional.

Osteoporosis formula: calcium, vitamin D, magnesium, manganese, boron and zinc.*

- Nonessential accessory ingredients will vary widely from company to company.

Again, details on the breakdown of these formulas are in the above-referenced articles. You can also call any of the fine nutrition companies that support our industry, and they will be happy to give you information on products in these categories. In addition, I also recommend that you carry a broad-based immune system formula which you can offer to the many patients you encounter throughout the year who will have a collateral condition (colds, upper respiratory infections, flu) during the time they are receiving treatment in your office. Finally, stocking a high-quality, multivitamin, multimineral formula rich in antioxidants and a prenatal formula with adequate amounts of the macrominerals (if you read the labels of most prenatal formulas from the pharmacy, you will find that although they have enough folic acid and iron, they are grossly deficient in calcium and magnesium), will fill the majority of supplemental needs for the average DC who does not specialize in nutrition.

Q: What do you think about androstenedione, the muscle enhancer that home-run champ Mark McGwire takes?

A: Two summers ago, in July of 1997, I wrote about this substance.[7] Androstenedione is not an anabolic steroid, but is classified as an androgen or prohormone. Standing alone, it does not have much activity and must be converted by the body to testosterone. Because this conversion is tightly regulated by the body, taking large amounts of androstenedione is not the same as taking large amounts of preformed testosterone. The body's feedback mechanism limits the amount of "andro" that is converted to testosterone. Therefore, it is wrong to state that androstenedione is as dangerous as testosterone.

Androstenedione will cause a temporary increase in testosterone levels which, if a person is training hard and ingesting adequate calories, may result in accelerated muscular growth and/or recovery. Any prohormonal substance your patients elect to use should be done with care and caution. Any patients who want to use androstenedione or a close derivative (which are now appearing on the market) should abstain from its use until more research is in if they have any medical conditions that could be negatively affected by increases in testosterone.

Q: What do you think is the best diet for losing weight: high protein, 40/30/30, low fat or low sugar?

A: There are an infinite amount of combinations of protein, carbohydrate and fat one can consume and still lose weight. The most common thread in all successful weight-loss programs is that patients consume fewer calories than burned. Regardless of what some diet experts say, calories do count. The trick is to find which way is easier for the patient to consume fewer calories than desired. When total calories are reduced, some people will have less hunger and cravings eating a larger percent of protein, while others will do better with more carbohydrates; still others do better with a little more fat. Any percentage will work as long as total calories are low. The healthiest way to lose weight is to keep the diet balanced. A very basic, simple to follow food recommendation I employ for the average overweight patient (10-30 pounds) is as follows:

Food Type	Percent Calories	Food Source*
Protein	20 25	Higher vegetable, lower animal
Carbohydrate	50 60	Higher complex, lower simple
Fat	20 25	Higher unsaturated,lowersaturated

- I make sure my patients understand the differences in protein, carbohydrate and fat sources.

In my practice, obese patients will receive an individual program tailored to their unique metabolic needs coupled with their health risks. For more information on weight loss, including natural weight-loss supplements available to the DC, I refer you to the obesity series published in the spring of 1997.[8,9,10,11]

References

1. Andersen GD. Glucosamine, part I: basic science. Dynamic Chiropractic May 19, 1998;16(11):7.

2. Andersen GD. Glucosamine, part II: forms. Dynamic Chiropractic June 15, 1998;16(13):26.

3. Andersen GD. Glucosamine, part III: dosing, safety, and side effects. Dynamic Chiropractic July 14, 1998;16(15):28.

4. Andersen GD. Nutritional support for the musculoskeletal practice, part I. Dynamic Chiropractic January 26, 1998;16(3):30.

5. Andersen GD. Nutritional support for the musculoskeletal practice, part II. Dynamic Chiropractic February 23, 1998;16(5):18.

6. Andersen GD. Adding nutrition to your practice. The American Chiropractor March-April 1995;17(2):28.

7. Andersen GD. Cutting edge compounds -- androstenedione. Dynamic Chiropractic July 24, 1997;15(15):17.

8. Andersen GD. Obesity, part I: just the (fat) facts. Dynamic Chiropractic April 21, 1997;15(9):14.

9. Andersen GD. Obesity, part II: natural weight-loss aids. Dynamic Chiropractic May 19, 1997;15(11):29.

10. Andersen GD. Obesity, part III: the new fats. Dynamic Chiropractic June 15, 1997;15(13):16.

11. Andersen GD. Obesity, part IV: weight-loss tips. Dynamic Chiropractic August 11, 1997;15(17):14.

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