

These Are the Best Supplements, Part 1

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Anyone who has been in practice more than a few weeks, and especially anyone who emphasizes nutrition in their practice, has heard others say, "These are the best supplements." I always find it interesting how so many different brands can all be the very best. Whenever I hear this, I ask myself, is this true? Because when I do find a superior product, I will want to recommend it and, depending on its availability over the counter, I may even want to carry it in my clinic.

What Makes a Good Product?

Purity, digestibility, ease of compliance, formulation and cost are the main factors I use to rate a nutritional supplement or product.

Purity

Normally, when I am approached by a representative or encounter a person who advocates that I change my recommendations based on issues of purity, the odds are 99.9 percent that what they promote costs more than the so-called impure alternative I may use or recommend. I always request human studies comparing their form with a placebo and the so-called impure form. Rarely will I ever receive such a study. Usually, I receive loads of well-designed literature containing an occasional in-house proprietary study (funded and performed by those who sell the product) and abstracts from other studies that are presented as evidence, but in fact are extrapolations along with loads of testimonials. Secondary gain issues demand evidence that a neutral party can duplicate the outcomes and results achieved by those who stand to gain financially. Those who truly are legitimate have no problem fulfilling this request.

Since most of the hundreds of vitamin companies only get their raw materials from a handful of major suppliers, purity is most commonly affected by how those materials are transported, stored, processed, packaged and shipped. No matter how exotic or expensive the form of a given nutrient is, if it is not handled properly at every stage, it will not deliver as promised.

Digestibility

If a representative or company brochure states that I should change products because theirs is more easily digested, I again request evidence proving the product I use or recommend is inferior. Those who advocate liquids and food concentrates often use this argument to support products.

Proponents of liquid supplements use digestion to sell their products. They typically show me literature that says close to 100 percent of their product is absorbed, compared to only 50 percent of the leading brand. What they do not say is that the amount of nutrient in liquid is much less than in a capsule or a tablet. Therefore, if only a fraction of a tablet or capsule is absorbed, the amount of nutrient the patient receives must be equal to or greater than the typical liquid dose. I am not opposed to liquids when marketed correctly.

There is no question I am biased toward the importance of getting micronutrients from a diet rich in unrefined whole foods. An unhealthy diet with supplements is still an unhealthy diet. Advocates

of food concentrates claim their products are better digested because they are in whole-food form. Unfortunately, we do not recommend pills in the place of whole foods. They are used to supplement additional amounts of a given nutrient that are required to alter a patient's physiology due to a wide variety of causes, including disease, injury and deficiency. I have yet to see a study that shows small amounts of a vitamin or mineral naturally present in a food concentrate are better than normal supplements when one is therapeutically addressing a specific condition. And if pharmacological amounts of a nutrient are required, a handful of food concentrate pills is needed. For example, a food-based product that contains 50 mg of calcium or vitamin C would need to be dosed at 10 pills a day to get 500 mg provided by a typical vitamin C or calcium supplement.

Ease of Compliance

Compliance is a huge issue when I recommend supplements. The number of total products, the number of doses, the number of pills per dose, the size and shape of the pills, and aftertaste are important issues that will either improve or reduce compliance. I always try to recommend the fewest number of products with the lowest number of doses, and containing the smallest number of pills, that will resolve the problem or condition I am treating.

Formulation

Boiling down how to decide what a good formula is has been the hardest part of this article to write and will be the least satisfying to those who are interested in a quick, easy way to determine patient needs without spending additional time. When evaluating a product formula, the questions you want to ask are as follows:

- Why am I recommending this product?
- What is the purpose of this product?
- What amounts of this product are required to achieve a given result?
- Are those amounts backed by research?
- What products does the patient already eat?
- What kind of diet does the patient consume?

These will all influence your determination of whether a product is good for a specific person. When analyzing a product, look at the ingredients and the amounts recommended. If you have any questions, go to a reference text or the computer and look for human studies involving the forms of product and doses you are considering. Are the amounts per dose and the duration of dose similar to positive human studies? Could you find human studies? If the only evidence is a testimonial, the only thing you've confirmed is the power of placebo.

Cost

I was thinking about all the things I would say regarding cost. I had a long list of examples, but I used my editing pen because this can be boiled down to one simple sentence: Any time you can safely save a patient money, do it.

The Best Supplement

So, what is the best supplement? It is the most affordable product that fulfills the patient's individual needs not met by their current diet and supplements, to correct a deficiency or treat a condition. The best supplement allows ease of compliance by providing a sensible number of total products, a realistic number of daily doses and a small number of total pills per dose.

Next month, we will discuss the all-too-common mistake of recommending supplements without a

full understanding of what a patient has been and will be eating.

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