

These Are the Best Supplements, Part 2

IT CAN'T BE THE BEST IF IT'S NOT WHAT THE PATIENT NEEDS!

G. Douglas Andersen, DC, DACBSP, CCN

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When a person tells me they are taking the best supplements, I ask the following questions: What are you taking? Why do you take it? Who was involved in the decision to use, and the identification of, the "best supplements?" These questions usually catch a person off guard because they always expect me to ask, "Which brand?" In my practice, I am not concerned about the brand until I have a detailed health history and a thorough understanding of what foods the patient eats.

I explain that people rarely develop problems by taking supplements that aren't "the best." Rather, problems are caused by long-term dietary imbalances and/or mistakes. Supplements are just that - a supplement. A common mistake I see made by practitioners and patients is to focus on the validation and recommendation of supplements, with eating habits relegated to a few minutes at best. Dietary problems usually are corrected with a "what-to-eat" and "what-to-avoid" handout. A nutrition plan that minimizes or ignores diet is doomed to failure. An inadequate comprehension of what a patient really eats makes it very difficult to find the best supplement. Here are a few examples:

I recently heard a Saturday morning nutrition talk show on the radio. Callers were diagnosed with a few leading questions about symptoms. The doctor never asked the callers what they ate; instead, he spent a lot of time explaining why the supplements he sold were the best. One woman called and was advised to take mushrooms in capsule form. The doctor recommended 15 capsules, three times a day, for two to three months. He explained that the mushroom was encapsulated "fluffly" to retain the potency of its therapeutic compounds. Since compressing them into a concentrate wouldn't work, I wondered why he didn't recommend eating whole mushrooms. (Granted, this was not a clinical setting, but it was such a good example of the supplement-over-food approach, I had to include it.)

Every year, I see patients who fail to lose weight using enzymes. I saw a woman with this scenario a few months ago. Her DC determined that, since she had occasional gas, her weight gain was due to poor digestion. He recommended three different digestive enzyme products, totaling 12 pills a day when taken as directed. He claimed that improving her digestion would cause the weight to melt off and that he only sells the very best supplements. The woman was very frustrated that after months of taking enzymes, she still couldn't lose weight. (Note on enzymes and weight loss: If food is not digested, it cannot be broken down. If food is not broken down, it cannot be absorbed. If it is not absorbed, it cannot be transported. If it is not transported, it cannot be stored. People who truly lack enzymes can't gain weight!)

The woman lost weight when I discovered the salad she ate daily for lunch was packed with more than 800 calories. We eliminated the cheese, croutons and dressing, which saved more than 400 calories.

When she told her DC she had a salad for lunch six days a week, he said *great*, rather than finding out what she actually was eating.

A few weeks prior to writing this article, I saw a patient with multiple fatigue-related complaints. When we met, she brought all 12 products she had been purchasing from her nutritionist. They were for improving her sleep, energy, blood sugar and digestion. She had been seeing this person for more than one year and was spending approximately \$300 a month on what he told her were the "best supplements." I began my consultation by taking a detailed history, which included a dietary analysis. She had a high-fiber diet and avoided red meat. I discovered that, in addition to low energy and poor exercise tolerance, she also had very heavy periods. Only one of the 12 products she took contained iron, and only 5 mg. Two of the products he recommended were fiber supplements. Clearly, her doctor never bothered to find out what she ate. I removed her from all 12 products and gave her a bottle of iron. Five days later, I got a call from a very excited patient. She could not believe the difference in her energy. She stated that by the third day, she noticed she was no longer getting sleepy in the afternoon. This, in turn, stopped her craving for caffeine and sugar, which improved her sleep at night. The quality of her sleep also improved because her legs no longer twitched at night. Better sleep improved her energy even more. She said, "I thought these were the best supplements. Boy, was I wrong." I told her the products weren't bad, they were just wrong for treating her condition.

My last example is a patient who had high cholesterol. His nutritionist recommended he take six to nine omega-3 fatty acid capsules daily for the purposes of reducing cholesterol. The patient told me the fish oil he was taking was the best on the market. When I analyzed his diet, I discovered he consumed eight to 12 servings of fish per week, of which at least half were salmon. He ate a mixed green salad and a granola bar daily and was under the impression that these foods gave him a high-fiber diet when, in fact, the opposite was true. My treatment was as follows: 1) Stop taking all fish oil. 2) Eat a high-fiber cereal for breakfast. 3) Add beans to the mixed green salad. 4) Substitute an apple or an orange for the granola bar. Three months later he returned. His cholesterol had dropped from 215 to 185. He said, "I guess that fish oil wasn't very good after all." I assured him there was nothing wrong with the quality of the fish oil supplements; it was just that his body simply didn't require it.

In a nutshell, a supplement cannot be the best if it is incorrect. Without learning a patient's history and food consumption habits, the odds of selecting the best supplement (or determining if products are even necessary) are low.

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