

Commonly Asked Questions of 1997

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Q: Which is the best form of glucosamine?

The majority of the research on glucosamine has been done on the glucosamine sulfate form. However, there are some experts in the field who state that glucosamine hydrochloride works as well or better. There is also a third form of glucosamine called N-acetyl glucosamine. This is not the form to recommend for your patients who have joint problems. The majority of N-acetyl glucosamine is scavenged by the intestinal epithelium. N-acetyl glucosamine is a beneficial product for people with various types of intestinal disorders.

Q: I have a patient who needs a supplement but is unable to take it because it upsets her stomach. What should I do?

Whenever a patient has a reaction to a supplement, before I give up on that supplement, I try the following:

1. If they are taking it on an empty stomach and have stomach problems, I recommend they take it with food.
2. If they are taking it before a meal and have stomach irritation, I recommend they take it after the meal.
3. If they are taking it after the meal and complain of repeating or a bad taste, I recommend they take it before the meal.
4. Make sure to ask how much they are taking. For example, the standard recommended dose of glucosamine sulfate is 1500 mg in divided doses. I recently had a woman complained of stomach problems with glucosamine. I found out she was taking 1500 mg at one time. She misunderstood my directions of taking 500 mg three times per day. When she changed to this dosing pattern, her problems ceased.
5. Change brands. As you know, there are hundreds of different supplement brands. The manufacturing process, fillers, binders, and accessory nutrients often vary. Therefore, because a patient has an intolerance to one brand does not necessarily mean they will have the same problem with a formulation from a different company.

Q: I have patients who are athletes and taking creatine monohydrate to help gain lean muscle mass and gain strength. However, some of them are complaining of cramps. What do you know about this?

In all the research on creatine monohydrate, none of the studies have reported that athletes get cramps. Tens of thousands of athletes are now taking creatine monohydrate and we have been getting

reports of cramping in some athletes. This cramping is most often seen in people who are using creatine, working out, and playing sports, as opposed to those people who only lift weights and do not play sports. If you have a patient who is cramping and on creatine, there are three management choices:

1. Remove the athlete from creatine.
2. Recommend the athlete double the fluid intake when consuming the creatine.
3. Check to make sure the athlete is consuming adequate amounts of electrolytes, that is, calcium, potassium, magnesium, and sodium.

Q: After your four-part series on weight loss, I had many questions about a certain preparation sold in a multilevel scheme that is a liquid collagen-protein-aloe vera mixture. It is claimed that one tablespoon of this mixture at bedtime on an empty stomach (no food for the prior three hours) will, without exercise or dieting, cause people to increase lean muscle mass, lose body fat, strengthen joints, reduce skin wrinkles, improve stamina, improve sleep, and shorten workout recovery time (if they do work out).

I laughed after I read the first flyer I received on this product and put it in my nutritional myth file. I wondered how anyone with the education of a chiropractor could take such claims seriously. I don't know if the many DCs who are pushing this garbage did not do well in physiology and biochemistry or are just desperate for dollars. One tablespoon of liquid collagen and aloe vera is certainly not going to build muscle without exercise. Even anabolic steroids won't build muscle without regular workouts.

The rest of the claims are just as unreasonable, including the claim of 20 years of research (without a single reference). The latest ad I saw stated that it can lower blood pressure, lower blood sugar, lower cholesterol, lower triglycerides, give relief to carpal tunnel, fibromyalgia, chronic fatigue syndrome, tinnitus, arthritis, urinary incontinence, and psoriasis. I challenge the folks who make this product to fund a study with an independent institution and have the product tested by researchers with no financial stake in the company. I will gladly use space in this column to write up the results. I will also bet the farm that this will never happen.

Q: What do you recommend to your patients who are taking vegetables in pill form to meet their six daily servings per day?

Research on phytochemicals has exploded over the last few years. There has also been a lot of research that shows that people who eat large amounts of fresh fruits and vegetables have a lower incidence of many types of disease. Companies have extrapolated from this research to make statements that fruit and vegetable pills can act as a substitute for people who do not eat enough fruits and vegetables. I disagree. There is no research that shows humans who eat a handful of vegetable pills two or three times a day have a lower incidence of any type of disease. All the research has been on people who eat whole foods. If you have patients who refuse to eat fresh fruits and vegetables, the odds are they have a diet that is probably high in saturated fats, high in simple carbohydrates, high in processed foods, high in total calories, low in fiber, and low in complex carbohydrates. If these patients are truly concerned about their health, they will decrease the amount of simple carbohydrates, saturated fat, and processed foods in their diet and increase their consumption of fruits and vegetables in food form, not pill form.

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