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Editor's Pick

The science of patient retention: The 3 rules you need to follow

If you want to retain more patients and build your practice, then it is important to understand what drives patients away and what brings them into your office.

Doing the wrong things often enough will probably discourage even the best patients from coming back. Unfortunately, some patients are tempted to leave chiropractic care altogether or abandon their treatment plans when they begin to see their chiropractic clinic struggle in these areas.

In this article, you will read about some of the most important factors in patient retention. Keep in mind, there are other factors patients consider when choosing a chiropractor or deciding to leave the practice.

ChiroEco.com/retentionrules

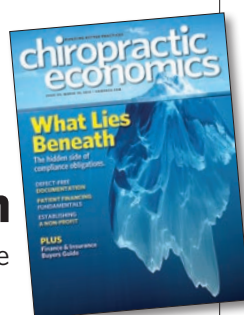


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ALTHOUGH THERE ISN'T UNIFORM AGREEMENT ON THE POINT, ONE WORKING DEFINITION OF THE TERM "integrated practice" is one in which an MD and a DC are working together under one roof. It's also used to describe a DC's practice if the chiropractor has a close referral relationship with one or more local medical doctors.



Let me know what's on your mind:
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On the other hand, a "multidisciplinary practice" can be used in a similar way, but more often it tends to indicate a DC's practice where the chiropractor has other health care providers on hand, but not an MD. This tends to be more typical.

While the distinction between integrated and multidisciplinary practice sounds semantic or philosophical, in legal terms the difference can be dramatic. Different states require specific rules for both types of practices, particularly with regard to ownership and corporate structure.

Make no mistake, if you're looking to team up with another health care provider of any stripe, consulting a health care attorney who can confirm you are compliant and help you draft any needed contracts is absolutely necessary. As the saying has it, getting permission first is easier than getting forgiveness later.

One thing that often comes up in discussions of working with other providers is the need to find like minds to work with. The MD, DO, or PT you choose to bring aboard should be someone who "gets" chiropractic, and can deliver care complementary with yours.

It might be diplomatic, however, to consider this more than a one-way street. If you opt to join forces with another professional, do your homework into their modality and see if there some adjustments you can make to maximize their strong suits. You don't have to give up your core beliefs and philosophy, but being open-minded could be the key to success. In this issue of *Chiropractic Economics*, we'll look at teaming up with a physical therapist, but much of the advice is applicable to other arrangements as well.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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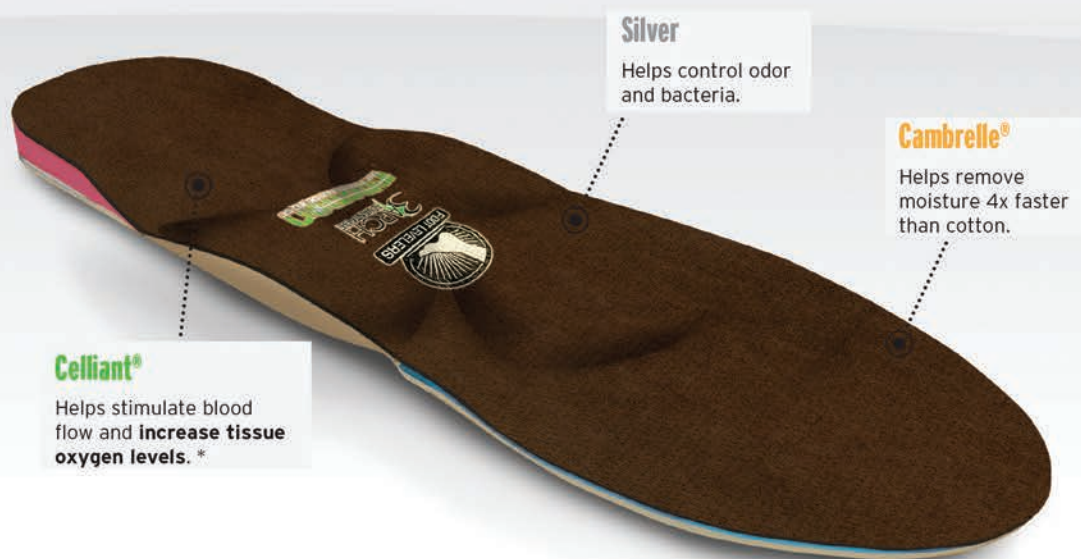


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THE CHIROPRACTIC PULSE

State of Missouri set to expand chiropractic coverage

On March 1, 2018, the Missouri State Senate passed a bill (SB 597) expanding on previous legislation that outlined the services covered under Missouri's HealthNet program, the state's version of Medicaid. The new section, 208.152(7), reads in part:

"Up to twenty visits per year for services limited to examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians practicing within their scope of practice."

The services are restricted to musculoskeletal care and the treatment of subluxations, and do not apply to other treatments Missouri doctors of chiropractic can perform within their scope of practice, such as acupuncture or acupressure. The bill's sponsor, State Sen. Jeanie Riddle [R-Callaway County], said the legislation is aimed at addressing the opioid crisis currently afflicting the state.



To read more, visit ChiroEco.com/missourichiro

Source: Fulton Sun, fultonsun.com



American Chiropractic Association elects leaders, implements governance changes

The American Chiropractic Association's (ACA) House of Delegates (HOD) elected a new leadership team on March 2 at its annual meeting in Washington, D.C. With the election of the new officers, who comprise the Board of Governors (BOG), ACA also implements historic governance changes intended to position the association for the future and engage a new generation of leaders.

The newly elected BOG is composed of five members of the association. The group will elect one of its members to serve as the new ACA president at an upcoming meeting. The BOG includes: Karen Konarski-Hart, DC; Robert Jones, DC; Michele Maiers, DC, PhD; Kathy Boulet, DC; and N. Ray Tuck Jr., DC. The new board also includes one member of the public who is not a chiropractor, Steven C. Roberts, who will contribute a new and diverse perspective to the ACA.

The new leadership team reflects governance changes that were approved by the HOD in 2017. Rather than elected governors from specific geographic locations, the new board members were elected based on their expertise and competencies. The changes are designed to make ACA a stronger and more successful organization.



To read more, visit ChiroEco.com/acaleaders

Source: American Chiropractic Association, acatoday.org



New study shows majority of patients get more relief from low-back pain with spinal manipulation therapy

A new study published in *The SPINE Journal* concludes that spinal manipulation is most likely to reduce chronic low-back pain and improve function when compared to other approaches. The research examines the safety and effectiveness of various manipulation and mobilization therapies for the treatment of chronic low-back pain.

According to the Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to raising awareness about the value of chiropractic care, results show that both manipulation and mobilization are likely to reduce pain and improve function for patients with chronic low-back pain, but that spinal manipulation—most often performed by a doctor of chiropractic—produces a larger effect than mobilization.



To read more, visit ChiroEco.com/SpinalReliefStudy

Source: Foundation for Chiropractic Progress, f4cp.com



BY THE NUMBERS



40

The percentage of empty calories that make up a child's diet.

Source: statisticbrain.com



1 in 10

The adults who get enough fruits and vegetables on a daily basis.

Source: cdc.gov



43.8


The number of Americans in millions who experience a mental illness each year.

Source: nami.org

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THE LEARNING CURVE

University of Western States opens Standard Process Student Commons

The University of Western States (UWS), a leader in educating health care professionals, has opened a new student commons area on campus thanks to a generous \$500,000 capital pledge from Standard Process, Inc., a manufacturer of whole food nutrient solutions.

"We are so pleased with the Standard Process Student Commons," said UWS President Joseph Brimhall. "Our students will benefit from this space for many years to come. Thank you to Standard Process for their ongoing support of chiropractic and integrated health care education."

The new student commons was created with the needs of the student in mind, incorporating a variety of furniture to allow for individual or group study, as well as a large TV monitor where students can cast presentations or notes for group study, large mobile white boards, charging stations for electronic devices and microwaves.



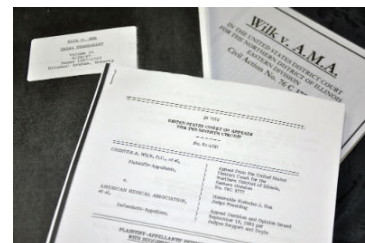
To read more, visit ChiroEco.com/UWScommons

Source: University of Western States, uws.edu

Cleveland University-Kansas City receives Wilk v. AMA court papers

Cleveland University-Kansas City (CUKC) is now the permanent home for some of the most important documents in the history of the chiropractic profession. In the fall of 2017, lead attorney, George McAndrews, donated to CUKC his legal papers from the landmark *Wilk v. American Medical Association* court case. The court documents can now be used for educational reference to illuminate the past while shaping the practitioners of the future.

McAndrews argued during the case that the AMA had been engaged for many years in a conspiracy to destroy the chiropractic profession. In 1987, a federal appellate judge ruled in favor of the plaintiffs, which earned McAndrews a historic victory for the profession.




To read more, visit ChiroEco.com/courtpapers

Source: Cleveland University-Kansas City, cleveland.edu

Professional sports chiropractor shares tips with NUHS students

Stuart Yoss, DC, CCSP, ART, the official team chiropractor for the Chicago Bulls and Blackhawks, met with students earlier this month to discuss how he was able to break into the world of professional sports. Yoss credits much of his success to persistence and his willingness to volunteer his time. "You have to create your own story, figure out what you want to do and go in that direction," he said.

After graduating with his doctor of chiropractic degree and moving to Chicago to open a private practice, he started treating gymnasts and other athletes at the University of Illinois in Chicago. He also volunteered his time to work with an arena football team created by Walter Payton before he passed away. 



To read more, visit ChiroEco.com/NUHSstudents

Source: National University of Health Sciences, nuhs.edu

WHAT'S HAPPENING IN HEALTH?

That motorcycle helmet just may save your spine

A good helmet not only protects your skull if you crash your motorcycle but it can also reduce the risk of cervical spine injuries, researchers found.

The finding counters claims by some that helmets do not protect against such injuries and may even increase the risk of injury, according to a team from the department of neurological surgery at the University of Wisconsin Hospitals and Clinics, in Madison.

For the study, Paul Page, MD, and colleagues analyzed data from more than 1,000 people injured in motorcycle crashes and treated at a level 1 trauma center in Wisconsin between 2010 and 2015. Of those patients, 30 percent were wearing helmets at the time of the crash and 70 percent were not. In Wisconsin, not all riders are required to wear a helmet.



To read more, visit ChiroEco.com/MotorcycleHelmet

Source: HealthDay News, consumer.healthday.com

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CHIROPRACTIC ECONOMICS STAFF REPORT

IN EARLY 2015, **CHIROPRACTIC ECONOMICS** REPORTED ON THE merger of ChiroTouch and Future Health, two of the largest vendors of EHR systems for doctors of chiropractic. This merger was notable in that two major competitors in the software industry had chosen to combine forces. And in so doing, they were able to merge their technologies and offer a more robust EHR system, under the flagship ChiroTouch brand.

Now, there have been additional developments at ChiroTouch, and we're updating our coverage.

Strategic acquisition

In the summer of 2017, Waud Capital Partners, LLC, a capital investment firm based in Chicago, made a strategic acquisition of ChiroTouch, and Waud's software industry executive, George Ahn, was brought in as the new ChiroTouch CEO, while Robert Moberg, the previous CEO of ChiroTouch, was named president and also appointed to the ChiroTouch board of directors.

Ahn has an extensive career in the software industry, with particular expertise in the technology sector, which made him a natural fit for this position.

Prior to taking the helm at ChiroTouch, Ahn was a "C" level executive at a few firms, and most recently with Tririga and IBM. Ahn commented, "I went to the Florida Chiropractic Association annual convention as one of my initial endeavors with the ChiroTouch team, and was so impressed." He took note of the ChiroTouch presence there,

and recognized some characteristics it shared with other companies he's worked with.

"In my background with Siebel Systems and PeopleSoft, we were major firms with the largest footprints in their field and staffed with passionate employees. When I looked at ChiroTouch, I saw these similarities." Those traits matter a great deal to Ahn, as he looks for great customers, great partners and great energy.

One of the things he finds most exciting is that the EHR user base is generally composed of small offices and clinics, but the doctors have invested a great deal into them. "How do we help them keep up with quality and regulations, and continue to grow their businesses?" Ahn asks. "We want to help them with technology to improve patient care. We're 100 percent committed to them."

When looking at near- and longer-term challenges, Ahn says that if ChiroTouch invests correctly and makes the right decisions, downstream business benefits will follow for the more than 15,000 installed ChiroTouch systems.

Over the past six months, as he's been familiarizing himself with his new role, he's been increasingly involved in strategic decisions

regarding the ChiroTouch platform. Armed with the extensive resources of Waud Capital Partners, he's overseeing major investments into the company's infrastructure and R&D.

For example, ChiroTouch has doubled its support and developer teams: "This is a tremendous expense," Ahn notes. "You can't do all this with one developer—you need a team. And this investment will pay off."

A changing model

"We wanted to continue to invest in the ChiroTouch platform. We earlier had a semi-cloud-based architecture, and over time we're migrating to a wholly cloud-based platform."

One of the recent major changes he's been implementing is an overhaul of the company's payment model.



Traditionally, customers would purchase a ChiroTouch EHR system outright, and then pay for an annual maintenance plan. To make the software more affordable, the company now offers a subscription model and customers can pay as they go.

“And we’ve more than doubled our infrastructure to support that,” Ahn says. “We’re looking how to keep up

with changes in technology and stay ahead of regulations.”

Ahn stresses that the success of the company is dependent on the success of its customers. “Our bigger focus was how to help the profession,” he says. First and foremost, the new ownership is looking to invest back into the product and the profession. As an example, Ahn points to how


they’ve doubled their physical space at the company’s headquarters, but notes wryly that even so, space is at a premium.

A major challenge lying ahead is the issue of interoperability between EHR systems. Ahn says he’d like to talk to other vendors about that. “We talk a lot about compliance, and that’s something we look at as well. We speak with experts like Kathy Mills Chang, and it’s a huge area for us.”

Staying close to the profession

Expect ChiroTouch to increasingly promote doctor education. This support goes beyond training in the use of their software and will include information about compliance and regulations. “As we look out longer term, it’s really about improving the community,” Ahn says. “We’ll continue to learn from the industry, which continues to evolve.”

Another area of focus will be the further development of the company’s practice management tools. This embraces the tracking of data and analytics and is looking forward to engaging with DC’s and the Colleges to provide the best value. “We have to stay close to the profession and understand it in order to better serve the profession.”

Further down the road, the company may look to take advantage of new technologies, like artificial intelligence. “But not many clinics are prepared to spend a large amount on predictive analytics. What DCs need is just the *right* data in the right amount.” In terms of industry trends, Ahn notices that integrated practices are on the rise: “If a DC decides to bring in a partner, how does our software help them? It’s important to understand how health care and chiropractic are changing, and we have the funding and capability to grow with it. That’s why I’m so excited and enthusiastic.” 



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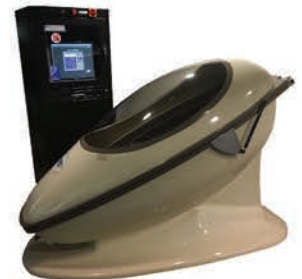
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Cutting-edge care

Treating TBI with transcranial photobiostimulation.

BY DANIEL J. BOURASSA, DC

ADOBE STOCK

GIVEN THE NEW INFORMATION ON THE BENEFITS OF TRANSCRANIAL photobiostimulation, doctors of chiropractic have an opportunity to deliver cutting-edge treatment for post-concussion syndromes, mild traumatic brain injury (mTBI) treatment, and potentially many other brain disorders. However, there are several questions that must be answered regarding the knowledge base, steps, and preparation doctors should undertake to become competent in transcranial photobiostimulation therapy.

Many DCs use lasers for neuromusculoskeletal (NMS) biostimulation, but be aware that there are differences between transcranial and NMS applications. The brain is a sensitive organ and frightfully unforgiving of mistakes. Different light modalities

have different capabilities, limitations, and potential for CNS injury. The selection of treatment parameters and choosing between the different light delivery equipment available is of paramount importance to prevent injury and maximize outcomes.

Near-infrared LEDs, Class 1, Class 3B, and certain Class 4 lasers are the most common types of photobiostimulation equipment available to chiropractic physicians. Lasers differ from LED light in that the emitted photons are coherent, directional, higher power density or intensity, in a tighter wavelength spectrum and are divided into classes based on power and risk of injury. (See Table 1)

The various light emitting devices offer different wavelengths and photon sources. These characteristics affect penetration and absorption.

Penetration depth can also be influenced by power density (watts/cm²), monochromaticity, coherence, pulsing, delivery, and obstructions.

Photons are absorbed in the region of a molecule called a chromophore, and different chromophores will only absorb a certain photon wavelength and are sensitive to too little or too much light stimulation. An important rule to remember is that *sufficient* light of the correct wavelength must be absorbed in the *intended* tissue to have the *desired* effect.

Considerations for selection

If you are planning to use LEDs or one of the lower-powered Class 3B lasers, early intervention in personal injury cases frequently involves the frontal lobe, and light pulsed at 10 Hz poses minimal risk to most patients.

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CLINICAL CONCERNS

Almost any biophotostimulation device of the proper wavelength in the hands of a knowledgeable clinician can produce a therapeutic benefit. But you will only achieve optimal in-office therapy outcomes and realize the full potential of transcranial photobiostimulation with the skillful and precise application of considerably more powerful lasers.

LEDs should probably be restricted to home therapy programs, but they can be an effective adjunct to in-office care. If you treat personal injury patients and are not interested in taking time to develop exper-

tise in transcranial laser therapy, then consider home-based LED photobiostimulation.

Inexpensive LED units and some low power diode (Class 1 and 2 lasers) are available for home therapy prescription including intranasal applications. These units can be safely used unsupervised by patients with minimal instruction, although treatment times can be long.

Safety concerns

The individual doctor's practice style, office structure, and commitment to this area of patient care and

CLASS	US: FDA/CDRH	IEC 60825
Class 1	<ul style="list-style-type: none"> ▶ No known hazards to eye or skin during normal operation ▶ Note: Service operation may require access to hazardous embedded lasers 	
Class 1M	N/A	No known hazards to eye or skin unless collecting optics are used
Class 2a	<ul style="list-style-type: none"> ▶ Visible lasers are not intended for viewing ▶ No known hazards up to maximum exposure time of 1,000 seconds 	N/A
Class 2	<ul style="list-style-type: none"> ▶ Visible lasers ▶ No known hazards with 0.25 seconds (aversion response) 	
Class 2M	N/A	No known hazards with 0.25 seconds (aversion response) unless collecting optics are used
Class 3a	<ul style="list-style-type: none"> ▶ Similar to Class 2 with the exception collecting optics cannot be used to directly view the beam ▶ Visible only 	N/A
Class 3R	N/A	<ul style="list-style-type: none"> ▶ Replaces Class 3a (with different limits) ▶ 5x Class 2 limit for visible ▶ 5x Class 1 limit for some invisible
Class 3B	<ul style="list-style-type: none"> ▶ Medium-powered (visible or invisible) ▶ Intrabeam and specular eye hazard ▶ Generally not a diffuse or scatter hazard ▶ Generally not a skin hazard 	
Class 4	<ul style="list-style-type: none"> ▶ High-powered lasers (visible or invisible) ▶ Acute eye and skin hazard intrabeam, specular and scatter conditions ▶ Non-beam hazard (fire, toxic fumes, etc.) 	

Table 1: Laser classifications



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CLINICAL CONCERNS

how transcranial laser therapy will be employed should be taken into consideration before choosing a laser system. Also, the application of Class 3B and Class 4 transcranial laser therapy should only be performed by a certified or trained doctor and never as unattended or performed by a CA who does not also meet the same certification and training as the doctor. Remember, even some Class 3B low-power lasers have the potential to cause injury to sensitive tissues.

When transcranial photobiostimulation is deemed to be clinically necessary, the application of transcranial laser should be as precise as possible in the delivery of therapeutic photobiostimulation to injured and stressed areas of the brain. An EEG and patient assessment with cognitive tests and other metrics are necessary (but lie beyond the scope of this article). If you are not skilled in

these areas, then establish a relationship with a chiropractic (functional) neurologist or medical neurologist for patient care.

Transcranial photobiostimulation is a new application of laser therapy. There is a greater potential for serious and permanent consequences if used improperly. Individual state law notwithstanding, if you have an interest in adding transcranial photobiostimulation with laser to your practice, take the following steps before providing patient care. (No one wants to risk a poorly trained or untrained DC causing a transcranial laser horror story and media frenzy.)

Education basics

First, complete a laser safety certification course, as should any staff who will be delivering laser treatments, and designate an office laser safety officer. In most practices, that will be the

DC. Second, register your laser and verify it meets the regulations of your board of medicine on medical lasers (if applicable). Third, it is strongly recommended that you obtain formal transcranial laser photobiostimulation training and certification.

The level of instruction should meet CEU standards for your state board. Many DCs already possess a laser but practical knowledge in laser physics and photobiostimulation is necessary to set treatment parameters such as pulse width, Hz, and peak and average power to safely achieve clinical results. A less obvious but still important consideration is that you want to competently sort through all the manufacturers' claims to decide which laser system is best for your needs.

Fortunately, classes in transcranial laser photobiostimulation are in the works. Although many doctors are focused on posttraumatic transcranial



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CLINICAL CONCERNS

care, it is just the tip of the iceberg in brain photobiostimulation. A quick literature search will reveal the potential of transcranial photobiostimulation, and it is a hot topic of interest in medicine.

There is a tremendous amount of evidence of its effectiveness across a wide spectrum of brain disorders, including PTSD, neurodegeneration and dementias, cognitive disorders and functional impairment. Transcranial photobiostimulation has even been shown to be a performance-enhancing cognitive therapy and some top CEOs are using it to maintain their individual peak performance.

Only the beginning

The chiropractic profession should be at the forefront of this new modality. Hopefully, laser photobiostimulation research, including transcranial photobiostimulation, will be aggressively pursued in both chiropractic college undergrad and postgraduate research programs. Doctors of chiropractic are certainly capable of producing solid research and should contribute to the knowledge base.

At present, standards of care and definitive transcranial protocols are in need of further study and there is a lot of work yet to be done. Expect to see some solid interdisciplinary clinical studies across the spectrum of brain disorders in the not-so-distant future that will clarify and validate your therapy choices. 



DANIEL J. BOURASSA, DC, graduated summa cum laude from Life College in 1989 and is currently in the medical studies program at USAT. He is a past expert medical advisor for the Florida Division of Worker Compensation. He was a member of the editorial review board of the *Journal of Sports, Chiropractic and Rehabilitation* and has authored several articles on nutrition, rehabilitation, and low level laser therapy. He can be contacted at drfwb@watersidemed.com.

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ADOBE STOCK

A better model for patients

Pain can be a touchy subject, so know how to approach it with patients.

BY JOE LAVACCA PT, DPT, OCS

THERE ARE TWO THINGS THAT CONNECT ALL HEALTH CARE professionals: First, they are in their respective professions to help improve patients' quality of life through the alleviation and mitigation of pain. The second is that the skin is the entry point for doing so; this is how the story comes together.

Pain is a billion-dollar market, and it's snowballing into an even bigger problem. A quick Google search of the word "pain" yields over 900 million results. Click on Merriam-Webster's definition of pain and you will see words like "suffering," "punishment" and "disorder." Reflect on how we ask people about pain: Does it burn, sting, ache, shoot, or stab? Is it sharp, spreading, or

constant?

Pain can most definitely be a scary thing, not only for patients but for health care professionals alike. You know through pain science and from leading researchers in the field that not only may you be able to alter the *perception of pain*—you can also be successful at treating it differently as well.

The value of pain

Most people classify pain into two categories: acute and chronic. Acute pain is good. It serves to protect the body and change a behavior; it's important for survival. There is usually an *issue in the tissue*, and if you wish to alleviate it, you must act accordingly. However, what is the

value of chronic pain? Is there any at all? We know that active healing is no longer occurring in most such cases—there is nothing to avoid per se, so why are patients spending millions of dollars to treat chronic symptoms with oftentimes less-than-average results?

Most practitioners in the physical therapy world do not have a proper understanding of pain, nor can they effectively communicate this to their patients. This typically results in a fear-based model, stressing avoidance tactics, and oftentimes encouraging patients to seek alternative medicines, second opinions, and in some cases surgery, injections or pills. Therefore, instead of thinking of chronic pain as something that is happening in the



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Pain education allows patients to understand that pain is normal and better sense when it's better to 'push' versus 'rest.'

tissue, we should be looking at the *central nervous system*—the changes in the brain and sensitization of peripheral nerves.

A persisting problem

What we know about pain is that it is an output, not an input. Pain does not correlate with tissue damage. A patient doesn't require nociception to experience it, and cannot simply think it away, despite it being a conscious subjective experience. Chronic pain is usually the result of sensitized nociceptors. These nerve endings become easily excitable thus contributing to the persistence of pain that patients feel.

Old-fashioned explanations for chronic pain, through lifestyle, demographics and co-morbidities have not

established a correlation to a pathway. As new research looks to changes in the brain, we can see distinct adaptations compared to healthy controls—mainly in the cortico-limbic and somatosensory cortex regions, which result in increased emotional processing to stimuli.

Research has established that pain travels via two pathways: A-fibers and C-fibers. A-fibers are rapid, discriminatory receptors that allow for reflexive responses and the body to localize incoming (threatening) stimuli. C-fibers are slower and typically result in the longer, unpleasant ache felt after an initial stimulus produces an affective signal. In other words, A-fibers let you know you've stepped on a pin, and C-fibers enable

the achy, steady reminder that stepping on a pin is bad.

Remapping the response

Since typical modes of treatment are often unsuccessful in alleviating chronic pain, where is the practitioner to go? New evidence shows that if you use the power of affective touch, educate patients on pain, and gradually expose them to fearful stimuli, you may be able to "re-map" their brains and empower them to once again enjoy a pain-free life.

Pain education allows patients to understand that pain is normal and better sense when it's better to "push" versus "rest." Complementing this information with coping strategies such as breathing, meditation and

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visualization equips a patient with initial steps to “rewire” their brains.

What’s more, fMRI imaging has shown that the brain demonstrates similar activity among subjects who moved, and subjects who thought about moving. So if patients are fearful of bending, lifting or running, just having them imagine themselves undertaking those tasks may be a good entry point to movement retraining to de-threaten their central nervous systems and prime them for more advanced motor control drills.

Light touch by way of instrument assisted soft tissue mobilization to stimulate C-fibers, or kinesiology taping to provide non-noxious stimuli and neurosensory cueing can create windows of opportunity to help patients move farther and with higher levels of perceived safety. We no longer need to think about “releasing” tissue, or “breaking” scar

tissue; we should be focusing on peripheral nerves and the sympathetic and parasympathetic nervous systems. Coupling these treatments with graded exposure training has proven to be quite effective in the rehabilitative process.

Chronic pain can be bothersome, but it need not be debilitating if a proper approach and understanding exists between the practitioner and patient. **CE**



JOE LAVACCA, PT, DPT, OCS, is an experienced outpatient orthopedic clinician. He has obtained certification in movement screens for both the FMS and SFMA, Functional Strength Coaching, as well as Fascial Movement Taping and Performance Movement Techniques through RockTape. He stays current in the most up-to-date evidence-based research, which allows him to give individualized care to each of his patients. He can be contacted through rocktape.com

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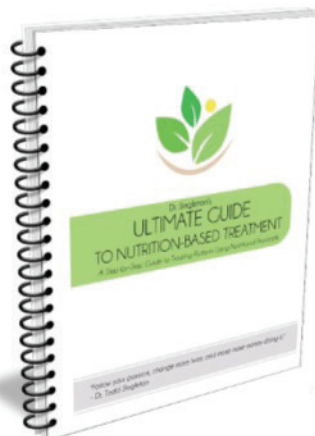
They reached this conclusion after comparing the findings of eight different studies conducted across four continents, sampling more than two decades’ worth of data on the topic.

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Keep them active

The keys to treating common lower extremity injuries in adolescents.

BY KEVIN WONG, DC

ADOLESCENCE REFERS TO THE YEARS BETWEEN AGES 13 and 19 and is considered the transitional stage from childhood to adulthood. The telltale transformations that occur can start during the preteen or “tween” years (ages 9 through 12), and last through the end of puberty (typically around age 15 for girls and 17 for boys); the physical, emotional and hormonal shifts can have parents scratching their heads, remarking that their child has “become someone else.”

As parents and health care providers, we witness their mood swings, changes in the body and voice, changes in sleep patterns, and of course changes in attitude. Their musculoskeletal system is going through profound changes, too. Bone growth during adolescence is crucial.

Increased sex hormones lead to

an increase in size and mass. This is both an exciting time and a daunting one; with limited cognitive ability when it comes to risk assessment and long-term thinking, teenagers tend to engage in risky behaviors and push themselves aggressively during activity and sports.

Common concerns

Road accidents, sports and recreational activities are common sources of adolescent musculoskeletal injury, and they often prompt visits to the chiropractor.¹ Injuries or pain in or around the growth plates of the long bones and persistent pain around joints should never be ignored or dismissed as “growing pains.” Seemingly innocuous injuries during adolescence may lead to serious health problems down the road, including chronic posttraumatic osteoarthritis.²

Injury can also lead to a premature exit from sports and activity altogether, which invites a whole new set of health complications, immediately and in the future. According to the World Health Organization, the waning years of adolescence have become a “high-risk time period for physical inactivity.”

For adolescents ages 12 to 19, 50 percent of males and 75 percent of females fall short of activity targets set by the World Health Organization, according to a recent study. The most alarming finding? By age 19, “teenagers are as sedentary as 60-year-olds.”³ This is all the more reason to keep adolescents active and on their feet.

Focus on the foundation

As a chiropractor, you are hyper-aware of the importance of keeping

RESEARCH RESULTS

the spine strong and aligned, but what about the feet and lower extremities? Most acute sports- and recreation-related injuries in children and adolescents involve the lower extremities.⁴

Moreover, healthy feet are critical in maintaining balance and promoting healthy biomechanics and proprioception, which in turn decrease an adolescent's risk of injury. The feet are well-supplied with proprioceptive nerve endings with connective and articular tissues, and both intrinsic and extrinsic muscles. Mechanoreceptors in the joints along with the muscle spindles of the foot muscles are responsible for the positive support reflexes and a variety of automatic reflexive reactions.⁵

Generally speaking, adolescents and their parents have little understanding of the three arches of the foot and the role they play in supporting the ankles, knees, hips and spine. After age 7, the arches can either begin their collapse into some degree of foot pronation or roll out into excessive supination. More than 80 percent of individuals worldwide over-pronate, while only 3 to 5 percent of the population excessively supinate.

The pronation-supination phenomena are important because the resultant stress they create moves up the axial kinematic chain. These can cause numerous ailments that bring adolescent patients in for care. Most of the conditions involving the lower extremities have a link to the stability of the feet, which is why assessing, supporting and correcting the feet must play a role in any effective treatment plan for lower extremity injuries.

Typical adolescent injuries

You may find a wide range of problems in the lower extremities of your adolescent patients, but the following chronic conditions and syndromes are some of the more-common injuries likely to present in practice:

- ▶ Osgood-Schlatter's disease
- ▶ Sinding-Larsen-Johansson disease
- ▶ Anterior knee pain
- ▶ Knee ligament issues
- ▶ MCL (medial collateral ligament) injuries
- ▶ ACL (anterior cruciate ligament) injuries
- ▶ Meniscal injuries
- ▶ Sever's disease

- ▶ Ankle sprain
- ▶ Patellar tracking disorders
- ▶ Osteochondritis dissecans
- ▶ Growth plate fractures

Many of the more recent (and traditional) treatment approaches to musculoskeletal problems take advantage of proprioceptive concepts. Joint manipulation, especially of the spinal joints, has a direct and immediate effect in normalizing receptor responses.⁶⁻⁸ In most cases, adjusting the appropriate extremity and spinal bones will also be vital.

Restoring proper alignment is essential for any of the other ancillary therapies or treatments you perform to work more effectively. Use the appropriate modalities to address the presenting symptoms. Ultrasound, cold laser, EMS, interferential, heat, ice, etc., can all be appropriate depending on what situation you are dealing with.

Stretching and strengthening for the lower extremities and the spine can be recommended, and tailored to the particular injury and patient. Luckily, there is so much variation on the types of exercises that you can

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help the patient choose. A patient who is empowered to choose is more likely to be compliant.

You might start the patient on simple, basic stretches for the lower back (e.g., knees-to-chest, child's pose, and cat or cow). Yoga and Pilates are also effective as the patient stretches and strengthens their body during the same session.

Orthotic support

I recommend three-arch, flexible, custom orthotics to nearly every patient who walks through my doors, especially those who are suffering a lower extremity injury. On the patient's first visit, I begin with a digital foot scanner. The report of findings helps teach about the foot arches, foot structure, and how the integrity of these affects the rest of the body.

While waiting for the patient's custom orthotics to arrive, you can rely on taping to stabilize the area, improve blood flow and aid the healing process. I use elastic tape to create a "pseudo-orthotic" for the patient. I use two pieces of tape to support the three arches so when the patient leaves my office, they leave the tape on and have support for the next few days until the orthotic arrives. There are plenty of seminars and videos online from the various taping companies that can help you tape the lower extremities.

It is important to discuss the quality and type of shoes the patient wears the most. Have them take their shoes off and look inside to examine the wear pattern. Most shoes have little to no arch support, or only at the instep.

Accordingly, people end up fitting their feet to their shoes rather than the other way around. Teach your patients how to choose healthy, supportive shoes and, better yet, recommend they fit every pair with arch-supporting custom orthotics.

Proper foot support will go a long way toward preventing lower extremity injuries from worsening or reoccurring.

The adolescent patient presents in similar fashion to your adult patients, but their age creates special vulnerability. Keep a close eye on them as you treat them and consider the body's foundation in your treatment plan. What is amazing about this young age range is how fast they heal compared to adults.

It takes a fraction of the time for adolescents to heal compared to your older patients. Use your clinical knowledge, apply your techniques for the feet and the extremities, and you will help get those tweens and teens back out engaging in healthy sport and play. **CE**



KEVIN WONG, DC, is an expert on foot analysis, walking and standing postures, and orthotics. He discusses spinal and extremity adjusting at speaking engagements, and he can be contacted through orindachiropractic.com.

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Workforce security

Breaking down the HIPAA security standard and its requirements.

BY JEFF BROWN, DC

MANY PROVIDERS VIEW THE HEALTH INSURANCE Portability and Accountability Act of 1996 (HIPAA) as an irritant they wish would disappear. Given the sheer volume of requirements placed on doctors, this sentiment is hard to deny. However, the HIPAA rules won't vanish, so you may as well elevate your understanding of these standards. In the process you may discover that the rules for the workforce security standard (found at §164.308(a)(3)) are sensible and easy to implement.

Policies and procedures

From a HIPAA perspective, compliance starts with a policies and procedures document, which is typically a manual that you create for your practice. The manual should detail

each workforce member's responsibilities as well as the responsibilities and prohibitions for your practice regarding workforce security measures. Be certain to review your policies and procedures and document your conduct of these reviews annually (at a minimum).

A well-known HIPAA safeguard requires you to maintain a list of workforce members. Because small health care practices have relatively few employees, they often overlook this requirement, believing that it's unnecessary because everyone is personally known. Documentation is always required and critical if your compliance is ever questioned. While your list should name individual employees, contractors, and volunteers, it must also contain the following attributes:

Job role and level of access

In a HIPAA context, a role has less to do with job duties and more to do with the level of information access required to complete the job. Examples of roles include provider, clinical assistant, receptionist, biller and office manager. Before you can assign a role to a workforce member, you must first determine what roles exist in your office and define which information systems (e.g., clinical, billing, scheduling) each role is authorized to access. Make certain to limit access to the minimum necessary for a person to perform his or her job. This process is often referred to as granting access on a "need-to-know" basis.

In small offices, there is the possibility that workforce members must perform multiple functions and share

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a need to access all electronic protected health information (ePHI) systems to fulfill their job responsibilities. If this is the situation in your practice, be sure to document the reasons for allowing this global access.

Go mobile

Mobile devices can be easily lost or stolen. Knowing who is authorized to use a mobile device in your practice helps you provide specialized training and keep track of the devices. Additionally, indicating which employees are authorized to access practice resources from outside your facility helps you manage training.

Sanction policy and training


At a minimum, all workforce members must sign your practice's sanction policy. HIPAA law is clear about this requirement. Simply document that the agreement was signed and keep the original in a file. Additionally, each employee should have a record of regularly completed HIPAA training. Make sure to keep track of these training records.

Termination

Knowing who has office keys, access cards, and lock combinations is critical to HIPAA compliance and is a precursor to the next requirement. Your practice should have formal procedures when a workforce member's employment is terminated. For example, there needs to be a repeatable process for collecting keys, mobile devices, and disabling user accounts within information systems. Additionally, there is a little-known requirement to record whether employee termination was amicable or hostile, as this applies to your risk analysis.

Nice-to-haves

Clearly written job descriptions that set forth the qualifications for various job positions make sense to have but are not required. Likewise, screening prospective employees via a background check prior to enabling access to your patient information is a great idea, but only a recommendation.

The HIPAA requirements pertaining to workforce security are straightforward and completely reasonable. Believe it or not, all HIPAA standards are as well, once you get to know them. 



JEFF BROWN, DC, is obsessed with creating affordable, easy-to-use software to end the frustration of HIPAA compliance. Brown's career spans private chiropractic practice, meaningful use and compliance consulting, and software product management for three health care technology companies. He is a co-founder of HIPAAmate, software designed and priced for small practices. He can be contacted at 614-706-2066, hipaamate@gmail.com, or through hipaamate.com.

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Take flight

You can now be part of an FAA medical exam program for pilots.

BY MICHAEL MEGEHEE, DC

WHEN I WAS 14, I ASKED MY PARENTS FOR A radio-controlled airplane for Christmas. Instead, they gave me flying lessons. Their gift led to my lifelong love of flying.

When I graduated with my DC degree 20 years later, I recognized that I had the training and skills to perform the Class 3 medical certificate exam that all private pilots are required to have. I eventually began a somewhat lengthy communication with the FAA Flight Surgeon.

FAA BasicMed

The BasicMed program is an FAA anomaly. It is the result of years of the Aircraft Owners and Pilots Association (AOPA) appealing to the

FAA to simplify the Class 3 medical certificate process. When those within the FAA program would not relent, the AOPA convinced Congress to intervene.

Congress then constructed the BasicMed regulation, the purpose of which is to make flying more safe and affordable. Congress opened the door for all state-licensed physicians to be eligible to perform the BasicMed exam. Without the FAA's support of BasicMed, this opportunity for state-licensed physicians—including DCs—would not have existed.

Regulations

The BasicMed exam does not apply to all pilots. Airline transport and commercial pilots have to use the

Class 3 program. But student pilots, recreational and private pilots, as well as flight instructors (who make up the majority of pilots), can obtain a BasicMed exam in lieu of obtaining a Third Class medical certificate from an FAA Aviation Medical Examiner. BasicMed does not end the First, Second and Third class medical certificate program provided by FAA Aviation Medical Examiners. It just offers eligible pilots to have a choice between taking the BasicMed and Third Class medical certificate exam.

DCs in at least 32 states can use the term “chiropractic physician.” The FAA specifically looks to the individual chiropractic physician to determine if they have the training and skills to perform the

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BasicMed exam, and that they are a state-licensed specialty physician. Understandably, DCs may be a little reluctant to make that jump. Fortunately, if the physician is not sure, the FAA advises them to contact their state licensing agency for further determination.

As with other DOT safety programs, the chiropractic profession should step up and support the BasicMed program to meet its purpose of helping to make flying safer and more affordable. Those who put this program together are looking to health care professions to make the program successful, and DCs can play a significant role.

The BasicMed program features a medical exam that would be described as similar to or less complex than the physical exam for commercial drivers. The description of what needs to be examined is less precise, and there is no FAA medical guidance to use in determining when a pilot is safe to operate an aircraft. However, there are FAA aeromedical resources (to be used for informational purposes only) that are helpful. For this reason, DCs may want to take a course on how to


perform the BasicMed exam. There are a number of training programs available for chiropractors who want to participate.

Supporting DCs

Not only is taking this course a great way for your profession to support pilots and a federal medical exam program, but there are benefits to the profession and to DCs in general. The FAA medical program has always been considered the gold standard in health evaluations. Participating in this program elevates the public view of doctors of chiropractic, as well as working to open other government programs to the chiropractic profession in the future.

DCs are giving pilots a greater choice in obtaining a BasicMed certificate by widening the variety of health care providers who offer it. Having more providers means that pilots can obtain their exam for less due to increased competition in the marketplace. Providers who already perform the commercial driver's license (CDL) physical exam will find this an easy add-on to the services they already provide.

Pilots, however, are reporting difficulty in finding providers who offer the BasicMed exam as the FAA doesn't yet offer a registry for them. Still, because the BasicMed exam is a simpler process, it is expected that many pilots will now return to flying, increasing the market size.

BasicMed is expected to promote student and recreational pilots, as well as other low-privilege pilot certificate holders who aren't required to have a medical certificate; and those who only require a current driver's license to fly certain aircraft can take it to upgrade to a higher pilot's license. For the FAA, it's a win. For pilots, it's a win. And for the chiropractic profession, it's a huge win. 



MICHAEL MEGEHEE, DC, is president of TeamCME, a nationwide network of DOT medical examiners. TeamCME provides full spectrum services to CMEs providing services to the transportation industry. Megehee was a member of the FMCSA Teams who developed the basis for certification and the physician training core curriculum for the National Registry of Certified Medical Examiners. He can be contacted at 541-276-6032 or through TeamCME.com.

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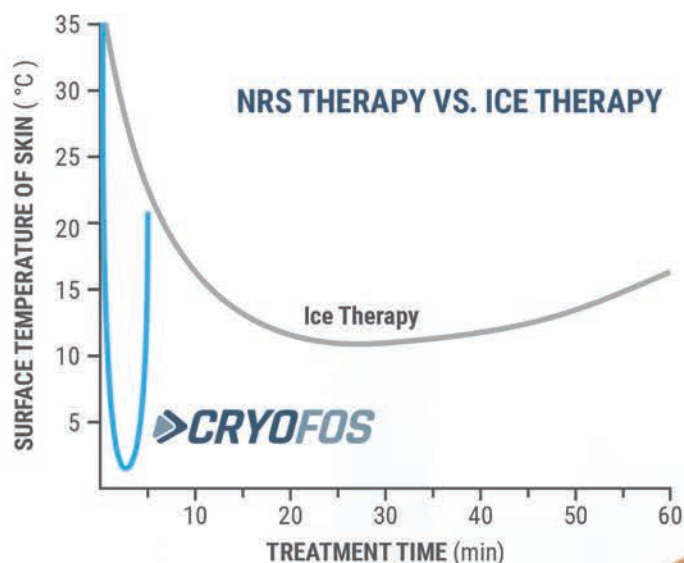
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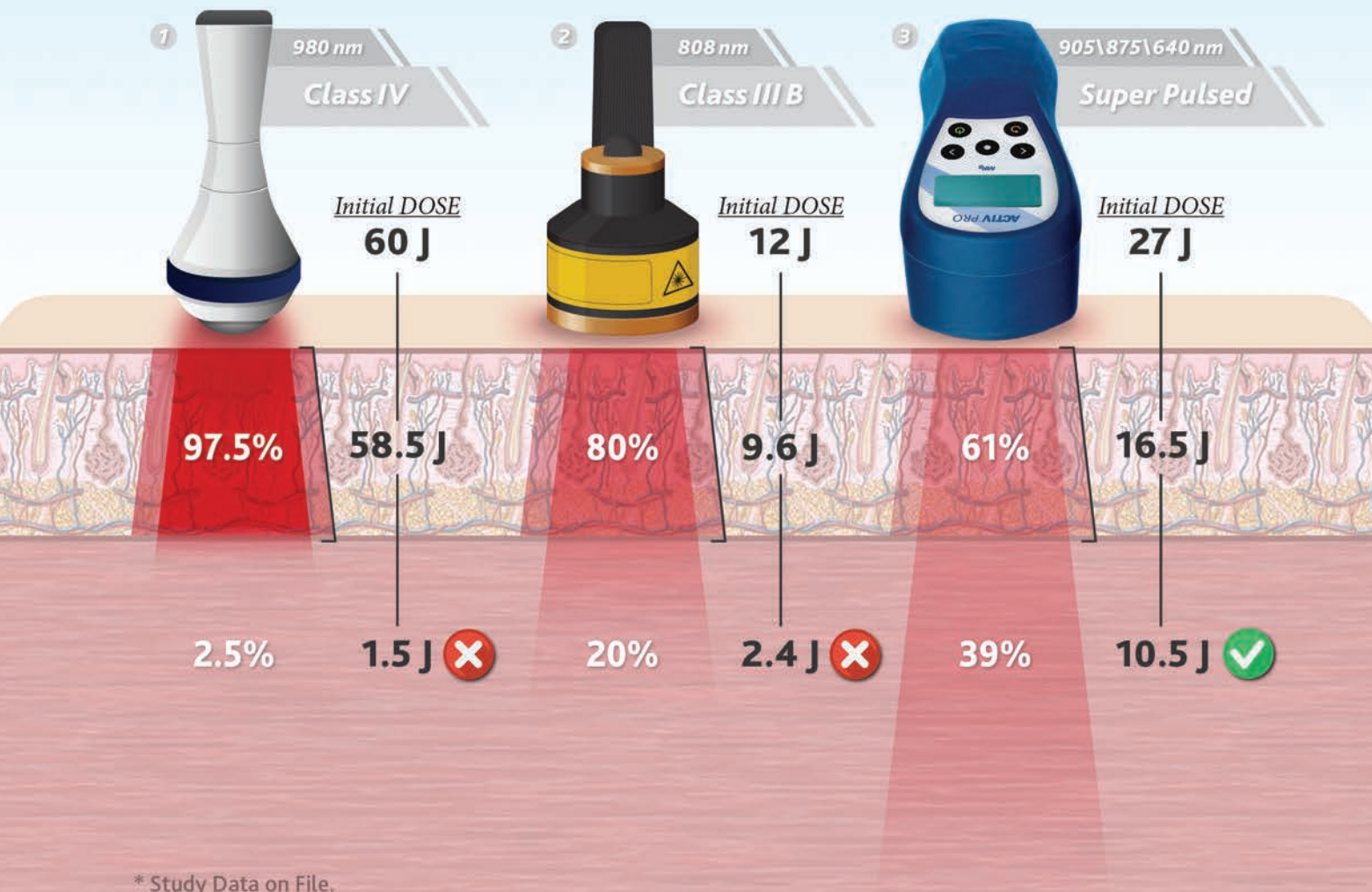
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Team effort

Gain by collaborating
with physical therapists.

BY KAREN APPOLD



As the Detroit Lions' team chiropractor for almost 15 years, **Sol Cogan**, DC, has seen the benefits of patients receiving care from multiple health care providers who work together. "Combining the skills of providers who share the goal of putting the patient first results in better health care," he says.

A particular collaboration patients can benefit from is one formed between their chiropractor and physical therapist. "Although chiropractors can do many things, they don't have the time to spend 30 to 60 minutes at every patient visit administering therapies, whereas a physical therapist does," Cogan says. "When you combine the power of chiropractic care with the attention of a physical therapist, it can really benefit certain patients."

Stephanie Higashi, DC, also sees many advantages to chiropractors and physical therapists teaming up. "Patients will get muscular rehabilitation in combination with skeletal adjustments—which will make the adjustments more effective," she says. "If you only give an adjustment but don't stretch and strengthen the muscles that keep pulling the bones out of alignment, it will be a recurring problem."

Likewise, if a physical therapist is stretching and strengthening skeletal muscles and an underlying skeletal misalignment exists, then the problem will never fully resolve. "From a patient's aspect, seeing both of these providers is the optimal solution for achieving the desired results after an injury or accident, or if they have a chronic condition," Higashi says.

Furthermore, economically speaking, if

a chiropractor and physical therapist work together in one practice, then that entity can generate revenue as a group rather than having to refer out to an unrelated corporation and miss capturing all of the revenue, Higashi adds.

Another reason for a chiropractor and physical therapist to collaborate is that chiropractors are better trained and equipped to treat certain conditions, such as axial back and disc conditions, and physical therapists excel in treating other conditions, says **Alan K. Sokoloff**, DC.

Bringing a PT on board

By adding a physical therapist to your practice, you'll add another dimension to it, because they don't do what chiropractors do. "Ultimately, two heads are better than one," Cogan says.

Higashi notes that some physical therapists have specialty training in specific physical medicine and rehabilitation protocols that can enhance what a practice provides. For example, some physical therapists specialize in pre- and post-surgical knee rehabilitation, hand therapies, female pelvic floor balancing, and fertility.

Depending on the state, **Deborah A. Green**, Esq., says a physical therapist might have a broader scope of practice than a

State laws differ regarding how chiropractors and physical therapists can work together.

chiropractor does. In New York State, for example, a chiropractor is limited to treating the spine, whereas a physical therapist can treat the arms, legs, shoulders, and more.

After adding a physical therapist

to his practice, Sokoloff began getting even more referrals from primary care physicians. He's found that some physicians don't know who to refer patients to when they have back or neck pain. "Now they can refer to our

practice, and we decide who can best treat a patient's condition."

Effective collaboration

When looking to join forces with a physical therapist, look for someone whom you think you'll enjoy working with. "Find one who understands your philosophy and the basic premise of chiropractic care," Cogan says. Decide whether or not you want to work at the same facility and, if so, whether your office space allows for that. Also, check with a health care attorney to be certain your desired arrangement is legal in your state.

If both providers are located in the same building, it will be easier to keep an open line of communication and provide better patient care. In addition, the fewer times a patient has to move to see a provider, the better their compliance will be. "That's why medical complexes have different specialties working in the same location," Cogan says. "Proximity makes life easier."

You'll also want to seek legal counsel on how the arrangement must be structured in terms of billing, reimbursement, and so forth, Higashi says. "Different state and federal laws exist and health care is highly regulated. Specific laws should be reviewed such as anti-kickback laws, Stark laws, and fee-splitting laws."

When interviewing physical therapist candidates, make sure their specialties are a good fit for your practice's needs. Higashi recommends that both providers educate the other on what each profession brings to the table. "If that conversation doesn't occur, each provider will work in a silo, and they won't collaborate or messages will become mixed," she says. Taking this a step further, an uneducated chiropractor or physical therapist could deter a patient from seeing the other provider. The arrangement could end up working against the practice.

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Sol Cogan, DC, CEO/ president, HealthQuest Management Inc., in Farmington, Mich.
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Alan K. Sokoloff, DC, clinic director, Yalich Clinic of Glen Burnie, in Glen Burnie, Md.
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Deborah A. Green, Esq., The Green Law Firm, PL, in Boca Raton, Fla.
deborahgreen@thegreenlawfirm.net

To facilitate learning about each other's skill sets, Higashi suggests providers schedule meetings for educational discussions. "Tell the other provider about your profession and things they might not know about it. Debunk any myths about your profession." If indicated, you could take this a step further and have providers treat each other—which will reinforce their abilities and provide a better understanding of what the other one does and the benefits of their care.

When working in a multidisciplinary environment, someone should be the quarterback, Cogan says. He thinks a chiropractor is in the perfect position to diagnose a patient's condition and determine the course of action. "Then, decide how and when to use a physical therapist," he says. "Tell the physical therapist about the specific treatment you will provide, and keep the PT apprised of results as you proceed."

Educating employees is also key. "Even if they don't understand clinically what each profession does, staff members should understand that each provider excels in treating different things," Sokoloff says. "Patients also have to understand why they are seeing a chiropractor and not a physical therapist, or vice versa."

If a chiropractor or physical therapist works with a patient for more than two weeks without a positive response, then Sokoloff starts to document where deficiencies are and

builds a case for another provider to treat them if warranted.

Structuring the contract

State laws differ regarding how chiropractors and physical therapists can work together. In the state of New York, for example, a chiropractor and a physical therapist can open a professional limited liability corporation (PLLC) together in which they are both owners and have an interest in the PLLC, but they can't open a professional corporation together nor can they provide services as a general business corporation, Green says.

Florida's laws are lenient compared to those in New York, Green says, as she is licensed in both states. In the state of Florida, a chiropractor can own a general business corporation and can hire a physical therapist, but there is a limit on the number of visits a patient can have without a referral from a medical doctor.

The rest of the states' laws fall somewhere in the middle. "Some states allow a chiropractor and physical therapist to own a practice together and refer to each other and others have their own glitches," Green says. "It's all across the board."

Regarding whether a chiropractor and physical therapist can refer to each other, Cogan says that in most states a physical therapist needs to get a prescription from an osteopathic or medical physician—so a chiropractor may not be able to refer to a physical therapist.

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Another area where you'll want to be cautious concerns how you arrange compensation, employment agreements, and whether you charge a physical therapist rent, Higashi says. "Rent will need to be based on fair market value and not just what comes in for collections that month. Again, it's important to review this with an attorney."

Risks in the relationship

When it comes to collaborating, Green has found that some practitioners start exceeding the scope of their practice. "They think that because they own their practice, they should be able to make decisions regarding the services offered," she says. "But you cannot exceed the

scope of your own practice."

In addition, Higashi says chiropractors with smaller practices might think they are under the legal radar, when in fact they are not. Or, because one chiropractor heard of another one doing a certain type of arrangement, they assume it's legal and do the same thing. "Why not make sure you do things correctly and legally from the onset, so you can grow as big as you want and not have to worry," she says.

Cogan concurs. "Make sure everything you do is always in compliance with the law," he says. "More often than not, when chiropractors get into trouble, it's because they didn't do their due diligence to hire an experienced health care attorney to make sure that they didn't violate any state

or federal laws."

In addition to ensuring that everything you do is legal when adding a physical therapist to your practice, your budget will have to allow for the expense of another practitioner. You may need to enlarge the space of your practice to accommodate a physical therapist's needs, because they tend to require a larger room than a chiropractor does. If you're sharing a space, make sure that both providers can agree on a schedule for using it.

In addition, you may need to invest in physical therapy equipment. If so, make sure the physical therapist will have enough patients to justify the expense and that you'll get an adequate return on your investment.

"A good way to start out is to purchase low-tech rehabilitation equipment," Higashi says. "Then, after the therapist has proven to be an asset to your practice and it looks like



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they will stay, you can invest in more expensive advanced equipment.”

Another risk involves adding a provider who might not be a good fit for a practice. “If you buy a lot of physical therapy equipment or renovate your facility to accommodate a specific physical therapist and that provider quits, then you’ll be stuck with money out of your pocket and space taken out of your practice if you can’t quickly line up another physical therapist,” Higashi says. She recommends mitigating these risks by having two part-time physical therapists. If one doesn’t work out, the other one might be able to take over the other’s load. “The key is to avoid putting all your eggs in one basket so in case the law changes, and you can no longer work with a physical therapist in your state, you are diversified.”

Moreover, personalities among providers can become problematic,

just as in any human relationship. “If the first collaboration doesn’t work out, you don’t have to give up,” Higashi says. “Try again.”

Avoiding competition

Despite the benefits of teaming up, chiropractors and physical therapists can wind up competing with each other. But when providers educate each other on what they do best, they can avoid this. For example, if a physical therapist who works outside of your practice knows your strengths, then he or she can help generate referrals. Although Sokoloff has two in-house physical therapists, he sometimes refers patients to outside ones if they need a modality that his therapists don’t offer, such as vestibular rehabilitation.

Sokoloff also notes the importance of educating patients on whether or not their insurance will cover them

being treated by both a chiropractor and physical therapist on the same day. Many insurers limit the number of the procedures that they will cover during one visit.

Ultimately, when looking at the country’s economic climate and changes in health insurance coverage, Higashi thinks chiropractors will need to diversify their portfolios to remain profitable. Many insurance carriers have excluded chiropractic benefits or have opted for extremely low reimbursement; many policies have no out-of-network chiropractic benefits. Collaboration with other health care providers, such as physical therapists, is one way to achieve practice diversification. **CE**



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Relief for joint pain and body-wide inflammation

An ancient spice meets modern health needs.

BY CAROLINE FEENEY

IF THE AROMA OF CAREFULLY SEASONED INDIAN CUISINE MAKES your mouth water, next to the coriander and cumin in your spice box might be a bottle of ground turmeric. This yellow-orange powder that adds a peppery kick and golden tint to your favorite curry dishes comes from the ginger-family's *Curcuma longa* root. And, as you may know, amidst the warm color and earthy fragrance of this tropically grown spice you'll find curcumin—a pivotal ingredient in ancient herbal remedies that comprises about 3 percent of turmeric's total weight.

For 4,000 years, turmeric has been on the radar for its therapeutic uses, particularly in Southeast Asia and India where it is a staple in Ayurvedic practices.¹ But its value hasn't been confined to folk medicine. Over the last few decades, more than 3,000 publications have reported on turmeric's health benefits to include boosting immunity. These have been identified through a variety of clinical trials testing curcumin's effects on chronic

diseases associated with inflammation. As a bonus, turmeric is low in calories (24 to a tablespoon) and contains no cholesterol.¹⁻³

In addition to these explorations, research has focused on curcumin's lack of bioavailability. With growing support of the product's sweeping benefits, trials have tested various curcumin formulations in effort to optimize the amount absorbed in the body. As scientists unearth the ideal packaging for this golden spice, you can guide patients through the vast scope of available information and into a healthier life.

Spice up your options

At the crossroads of natural medicine and evidence-based care, healthcare practitioners familiar with curcumin may find it relevant in a wide array of treatment plans. Curcumin supplementation can serve as a valuable tool in the areas of joint pain, inflammation, oncology, and wellness, simultaneously expanding your resources and the range of individuals who could benefit from your care.

Inflammation. In traditional medicine, curcumin has long been prized as a home remedy for fevers, swelling, and wounds.¹ Modern trials illustrate its ability to inhibit the expression of inflammatory enzymes and molecules.¹

With strong evidence of the connection between inflammation and many chronic diseases, curcumin's value has wide implications and it could be considered a natural aid to counteract pro-inflammatory influences and oxidative stress.¹ Curcumin also may be a viable, side-effect-free alternative to other approved anti-inflammatory agents, including steroids and NSAIDs.³

Joint pain. Research evaluating curcumin's effects on the joints provide insight into its pain-relieving properties. A 2009 study in the *Journal of Complementary and Alternative Medicine* demonstrated that curcumin was equally effective and safe as ibuprofen at reducing pain and recovering function in patients with knee osteoarthritis.⁴ In addition, a 2012

ROZMARINA/THINKSTOCK

study in *Phytotherapy Research* highlighted curcumin's role in decreasing tenderness in the joints of patients with active rheumatoid arthritis.⁵

Therapy and prevention. As patients undergo oncology treatment, chiropractors can work with other members of a healthcare team to assist in pain management and rehabilitation.⁶ In this capacity, nutritional counseling may also be a valuable service.

Extensive research into curcumin's cancer-fighting abilities and preventative properties make it a viable candidate for supplementation in cancer therapy. Although more research is needed, studies highlight curcumin as a natural polyphenol with the potential to suppress tumor cell proliferation and regulate transcription factors involved in cancerous activity.⁷

Mastering the mix

When advising patients about curcumin supplementation, note any other herbs or medications they're taking and their potential interactions.⁸ But in general, curcumin is considered safe, as demonstrated by human trials involving dosages up to 8,000 mg per day with no evidence of toxicity.⁹

Of course, curcumin's potential is only as immense as it is usable in the body. As a fat-soluble compound with poor water solubility, curcumin acting alone is apt to rapidly exit the body without imparting many of its therapeutic effects.¹⁰⁻¹²

As important components of turmeric are often lost during extraction, intense research to discover more bioavailable curcumin formulations has been conducted over the past decade. One simple remedy said to enhance the body's retention of curcumin is the simultaneous consumption of black pepper, which contains piperine.

Studies have investigated several curcumin blends that preserve the raw turmeric root and its essential oils, resulting in a 7-fold increase in

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If you just look at milligrams and compare prices, the one with the most milligrams and the lower price at first glance may appear to be the best buy, when it is in fact inferior to the 500 mg product that is standardized for 95% Curcumin at a slightly higher price. When looking for Turmeric, you want the one with the highest content of the important active ingredient—Curcumin. The bottom line is the antioxidant properties and protective powers of Turmeric depend on the amount of active ingredient, Curcumin, it contains.

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absorption.¹³ Others increase curcumin's lipid or water-solubility through the addition of simple compounds, soy, and various processes including homogenization.

These efforts have shown to increase the therapeutic effects and level of curcumin in the blood.¹³ Familiarity with current research can help you find the best formulation and dosage for your patients.

Promising prospects

The *New York Times* reported on turmeric as a remedial agent during radiation therapy. In the article, the author quotes Paul Okunieff, MD, on his view of curcumin in healthcare: "Alternative medicine becomes standard medicine when it is proven true,"

Okunieff said.¹⁴ That was 2002.

Since then, science has continued to advance our understanding of this natural wonder at a swift pace, propelling it precisely into the realm of chiropractic's doctrine of evidence-based, opioid-free care. If not for yourself, attain the necessary knowledge to make curcumin a piece of your wellness repertoire for patients who need your guidance. And as for the ground turmeric in your spice box? Perhaps you should promote it to the medicine cabinet. 

CAROLINE FEENEY is a former associate editor of *Chiropractic Economics*. She can be reached through ChiroEco.com.

 To view the full list of references, visit ChiroEco.com/curcuminhealth.

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The right ratio

Understand the relationship between protein quality and weight loss.

BY TAMMY HUTCHISEN RD, LDN

FOR YEARS, PROTEIN HAS BEEN THE TOP MACRONUTRIENT STRESSED in weight loss programming. Since the mid-1970s, nutritional programs like The Atkins Diet have focused on increased protein intake while reducing carbohydrates to elicit good weight loss results, but little research was available to prove this theory. Recent research is showing proof of the benefits of this macronutrient profile.

A meta-analysis of 24 studies published in *The American Journal of Clinical Nutrition* examined the effect of the macronutrient profile of diet on weight loss.¹ Low-caloric, high-protein diets (>0.8 gm/kg of body weight) were found to be more effective in overall weight loss when compared to a low-caloric, standard-protein diet. The higher protein diets also

performed better in preserving lean muscle mass and preventing a metabolic slowdown during active weight loss.

Theories of why protein helps

Research shows that higher protein diets are effective for weight loss, but why? Many theories in the bariatric medicine community exist and shed light on the impact of protein for weight loss. One theory is diet-induced thermogenesis (DIT) or the thermic effect of food on increasing metabolism.²

The digestion, absorption, transport and storage of macronutrients all have an effect on metabolism. And protein has the highest DIT value, at 15 to 30 percent higher than basal metabolic rate (BMR) energy expenditure. Another theory is protein's impact

on satiety.

Of the three macronutrients (carbohydrates, fat and protein), protein has the highest satiety rating. Protein helps promote satiety because it increases levels of appetite suppressing hormones like glucagon-like peptide-1 (GLP-1) and peptide tyrosine tyrosine (peptide YY). Protein also helps to preserve lean muscle mass, which helps metabolism stay elevated, as muscle tissue burns more calories at rest than fat tissue.

Protein quality matters

Newer research shows that the quality of protein counts for overall health while losing and maintaining body weight, unlike the early high-protein diets that advocated eating higher saturated-fat proteins. A study published in the *New England Journal*

of Medicine showed that eating a diet high in vegetable proteins and vegetable fats and low in carbohydrates can lower the risk of heart disease in women by 30 percent.³

Protein comes in two types: complete and incomplete. Complete proteins contain all nine essential amino acids (histidine, isoleucine, leucine, lysine, methionine, phenylalanine, threonine, tryptophan, and valine); these are the amino acids that must be provided to the body by diet. Although most complete proteins are animal-based, there are some vegetable-based complete proteins such as soy, pumpkin seeds, chia seeds and quinoa.

There is a tremendous diversity in the amino acid profile of today's protein sources. To evaluate the quality of the amino acid profile, the Food and Nutrition Board of the Institute of Medicine (IOM) recommends using the Protein Digestibility Corrected Amino Acid Score (PDCAAS) as the international standard to evaluate proteins.

Table 1

Protein source	PDCAAS
Whey protein	100% (1.0)
Casein protein	100% (1.0)
Egg white protein	100% (1.0)
Soybean protein concentrate	99% (0.99)
Milk protein	95% (0.95)
Soybean protein isolate	92% (0.92)
Quinoa	85% (0.85)

The PDCAAS represents the quality of protein in terms of its most limiting indispensable amino acid using a standard reference based on estimated average requirements for a healthy population. The PDCAAS reflects the estimated amount of total protein available for tissue synthesis without drawing indispensable amino acids from any other dietary source or from lean muscle mass.⁴ The score is based on a scale of 0 to 100 percent (sometimes represented as 0–1.0); with 100 percent (1.0) being representative of the protein providing sufficient amounts of indispensable amino acids for tissue synthesis. See Table 1 for common digestibility scores of commonly used protein sources.

Encourage the conversation

When your patients are sharing details with you about their weight loss and weight management journey, ask questions regarding the quantity and quality of their dietary protein as well as the sources of protein they are



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ingesting. Overall, protein is crucial for maintaining lean muscle mass during weight loss. It also is critical for compliance as it provides a supporting role in satiety.

Encourage your patients to seek lean sources of animal- and vegetable-based protein. Different protein sources have different effects on overall health. Choosing lean meats, poultry and fish are just as important as vegetable proteins found in nuts, legumes and vegetables. Striking a balance among the protein categories should be emphasized. 



TAMMY HUTCHISEN RD, LDN, is the director of clinical and commercial services at Nutritional Resources Inc. (d/b/a HealthWise). She is a member of the Academy of Nutrition & Dietetics, (AND), the AND Weight Management DPG, and the Georgia Academy of Nutrition and Dietetics (GAND). She can be contacted through healthwise-nri.com.

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Quick Tip

The power of greetings

"How are you?"

Is this the greeting your clients regularly receive? It is often said as a variant of "Hello." But in a chiropractic clinic, clients may answer it as a question that relates to their symptoms—good or bad. Consider alternatives that frame the visit in a positive way:

"Great to see you, Sara."

"Glad you're here, Sam."

"Good day for an adjustment, Bill."

"You're in the right place, Mary."

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The first food of life

Colostrum—it does more than you think.

BY DOUGLAS A. WYATT, JD

COLOSTRUM IS MORE THAN JUST GOOD FOR YOUR PATIENTS' bodies, it does good for you as their health care provider. This supplement can offer a complementary healing modality to help maintain your chiropractic adjustments and facilitate the healing process.

Whether your patient has an acute injury, chronic pain, or is in need of a monthly spinal tune-up, colostrum provides numerous health benefits. Daily supplementation helps in four major areas:

- ▶ Accelerated repair and decreased recovery time after a soft tissue injury;
- ▶ Elimination or significant reduction of pain;
- ▶ Cessation of further tissue destruction by healing intestinal hyperper-

meability ("leaky gut syndrome"); and

- ▶ Optimization of the immune system.

Key factors

Sometimes called the "first food of life," colostrum is provided to all nursing infants by their mothers. Colostrum and breast milk give infants the best possible start in life and provide for healthy growth and development.

Beyond infancy, bovine colostrum supplements can help continue the process of cellular renewal. Bovine colostrum contains a rich mixture of components that modulate the immune system and repair and regenerate the body's cells, including the muscles, tendons and ligaments that may have led your patient to seek chiropractic care.

Soft tissue injuries require improvements in muscle strength and a decrease in inflammation for chiropractic manipulation to be successful. These two areas are where colostrum is most advantageous. Colostrum contains a high concentration of growth factors that promote the growth and maturation of various cell types and tissues. They also help regenerate and accelerate the repair of aged or injured skeletal muscle, skin, bone, cartilage and nerve tissues.

The most significant factors for muscle and cartilage growth and repair are insulin-like growth factor-1 (IGF-1) and transforming growth factors alpha and beta (TGF- α and TGF- β). Additionally, colostrum's IGF-1 helps increase muscle mass, rev-up metabolism and burn fat for fuel when paired with regular exer-

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cise. A leaner, stronger body is less susceptible to back strain and injury caused by weak abdominal muscles and excessive abdominal fat.

Inflamed tissue causes pain, which can lead to the use of dangerous pain medications, injury aggravation and sedentary behaviors. Colostrum contains anti-inflammatory components that help reduce inflammation—and the associated pain. In particular, the proline-rich polypeptides (PRPs) regulate and balance immune response. PRPs relieve swelling by counteracting an overly aggressive immune response, such as over-production of T-cells and lymphocytes.¹

Furthermore, PRPs help halt the overactive immune response that characterizes autoimmune conditions, such as rheumatoid arthritis and fibromyalgia.² Because bovine colostrum is all-natural, non-addic-

Benefits of daily colostrum supplementation

- ▶ Maintain spinal adjustments
- ▶ Improve healing after an injury
- ▶ Decrease inflammation and pain
- ▶ Shorten recovery time
- ▶ Enhance therapy regimen
- ▶ Increase lean body mass
- ▶ Heal and protect the GI tract
- ▶ Support overall health and well-being

tive and well-tolerated, unlike many over-the-counter and prescription pain medications, it's ideal to getting patients on the road to recovery. And when patients aren't experiencing pain, they're more likely to follow through with your prescribed exer-

cises for even quicker healing without the consequences of prolonged inactivity.

Healing the gut

Another critical action of colostrum's growth factors, epithelial growth factor (EGF) in particular, is to heal and prevent damage to the lining of the gastrointestinal tract by maintaining integrity of tight junctions. The delicate lining between the GI tract and the bloodstream is one cell thick and, because it is permeable, it allows nutrients from food to gain access to the body.

The downside is that the lining can become hyperpermeable when the tight junctions loosen. This condition, commonly referred to as "leaky gut syndrome" or "leaky gut," allows larger, partially digested food proteins, disease-causing microbes and toxins to enter the body as well. Once

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inside the bloodstream, the immune system recognizes these substances as foreign and mounts an inflammatory response against them. If the ensuing inflammation becomes chronic, the immune system may mistakenly attack healthy cells, which over time can lead to tissue destruction and autoimmune conditions.

Damage to the gut lining can be caused by a variety of factors, including NSAIDs, prescription pain medications, antibiotics, birth control pills, glyphosate, GMOs, poor lifestyle choices and environmental toxins. Damage can be compounded by an unhealthy microbiome in which beneficial bacteria are unable to keep pathogenic bacteria in check.

Colostrum's immunoglobulins, antibodies, lactoferrin and other immune-modulating components can help maintain a healthy microbiome.³ When the GI lining is strong and the microbiome is healthy, the body can make good use of the foods and nutrients consumed and help maintain an optimally functioning immune system. Bovine colostrum is the only natural substance that has been clinically proven to heal damage to the intestinal lining and prevent intestinal hyperpermeability.⁴⁻⁶

Reduce inflammation


Bovine colostrum contains more than 200 growth factors and immune-modulating components (such as the aforementioned PRPs) that function synergistically to help the immune system do its job more effectively.

PRPs can stimulate an under-active immune system to seek out and destroy viruses and bacteria to prevent infection. They can also tone-down an overactive immune system, such as in the case of autoimmune conditions, to prevent further damage caused by excessive inflammation.

Note that when prescribing bovine colostrum as an adjunct therapy, for it to be effective its healing compo-

nents must be bioavailable. The infant's digestive system does not contain harsh stomach acids the way an adult's digestive system does. The immature GI tract plus the natural lipid coating on mother's colostrum guarantees maximum benefit for the infant.

But when raw, fresh bovine colostrum is processed into powder form, it loses the lipid coating that otherwise protects it from being digested in the adult's stomach, and it becomes more like powdered milk. Thus, it is critical that the lipid coating be restored.

The reapplication of lipids preserves the growth factors and immune-modulating components, making it as close to raw, fresh colostrum as possible. Colostrum with maximized bioavailability has greater efficacy, such that adults can reap the healing benefits of this supplement. 



DOUGLAS A. WYATT, JD, is a leading authority on bovine colostrum, and as founder of Sovereign Laboratories is credited with establishing the gold standard in processing raw bovine colostrum into supplements. Wyatt was an early developer of liposomal delivery for enhancing the bioavailability of colostrum and other nutritional supplements. He can be contacted through colostrumtherapy.com.

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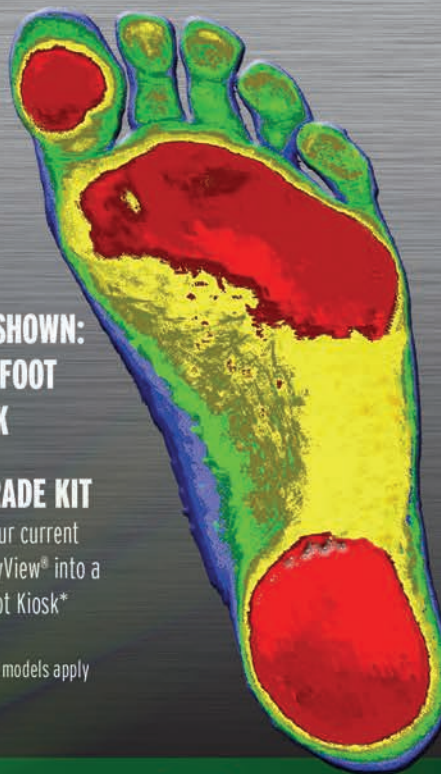
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Planning to win

Measure your expectations against the reality of financial markets.

BY H. WILLIAM WOLFSON, DC, CFP

INVESTORS HAVE BECOME FINANCIALLY COMPLACENT IN RECENT years as the market has lulled them with ever increasing gains and returns. When alarm clocks went off in February 2018 with one of the biggest daily and weekly losses in market history, the realization of what it means to be in the market became all too real. Unless you have been totally cut off from the news, you could not miss the turbulence the financial markets have experienced.

The Dow Jones Industrial Average set a record when it dropped over 1,000 points in one day. If you were invested in the market, what did you do? Did you buy, sell or hold your position? According to an editorial by *Investment News*, “Luckily, the preliminary evidence suggests that most investors stayed calm and did not rush to sell.” Were you like most investors?

You need a plan

In the words of Alan Lakein, a management expert, “Failing to plan is planning to fail.” Before investing in the market, you should be prepared to potentially lose some or all of your investment. Therefore, only use money not needed for any other purpose. This may sound a bit harsh, but it’s true.

Obviously, investing into any financial market involves some degree of risk. The question is how much risk you are willing to take. If you think that keeping your money in cash is a safe play, you might be surprised to learn that inflation will erode its value over time, as current interest rates are near zero. Keeping cash “under your mattress” and away from banks or other financial institutions is vulnerable to the same purchase and inflation risks, and can be a total loss if stolen.

Time can be your friend or nemesis depending on when you begin your financial journey, and you’ll hear this advice repeatedly. A younger investor has time to recoup market losses versus someone older who may not be able to sustain a loss because of their shorter timeframe. The amount of risk an investor should take is a personal decision based on their risk tolerance and the expectation for some level of financial return at a future date.¹

Your gross portfolio includes not only your financial components but according to Joshua Kennon, a personal finance expert, it also “Encompasses so much more—your emergency cash reserves, your insurance coverage, your funded retirement accounts, your real estate holdings, and even your professional skills that determine the income you can potentially earn should you lose your job and have to start over.”²

Risk adverse or risk taker

Before investing in any financial asset, the amount of inherent exposed risk should be calculated and evaluated. Standard deviation is one risk-assessment tool used to determine possible gains or losses on either side of a bell curve. If a concentrated position is taken in an investment, e.g., 100 percent, then that investment is exposed to the full brunt of the standard deviation with positive or negative returns.³ Are you willing to be exposed to the risk of impressive gains but equal or greater losses?

Building a smart portfolio

Diversification is how advisors and investors mitigate the possibility of wild market swings. It is sensible to build a basket of financial products that when combined can lower the standard deviation risk with an expectation that different assets will

move up or down independent of on another (+1, 0, -1).⁴

Correlation is the ability to ascertain how different financial products interact. Different financial products can move up, down or not at all in a financial market.⁵ Asset classes consist of like financial products and collectively are part of an index where the correlation is expected to be positive (+1) in similar market movement.⁶ There are many different indices across the U.S. and world markets.⁷

A large capital stock, like a "blue chip," will potentially move in a different direction of another asset, such as gold. Financial markets constantly monitor such things as domestic and international markets and economies, world events, and breaking news.

For example, if the U.S. economy is doing well, with low inflation and unemployment and good corporate

earnings, a blue chip stock would be expected to do well. Gold is expected to do better in almost the exact opposite scenario, that is, a recession or period of financial unrest.

In other words, a blue chip stock and gold may be considered to be oppositely correlated at -1. As expected, their relative prices move opposite to each other when having a -1 correlation. This is the concept behind having a diversified portfolio. When some assets go up, other assets may go down, tempering a portfolio's ever-changing internal asset gyration and net return. Depending on your personal preference and risk tolerance, a portfolio can be developed to include specific and broad-based securities and financial products.

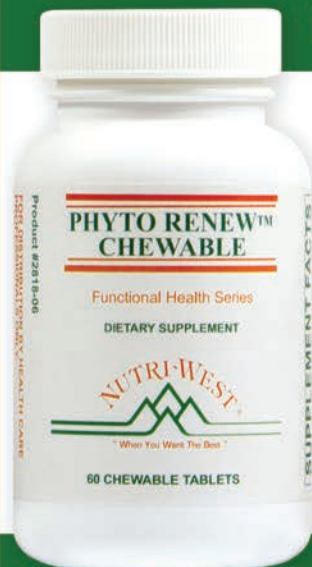
Allocating your assets

After determining your tolerance for risk, begin constructing your financial

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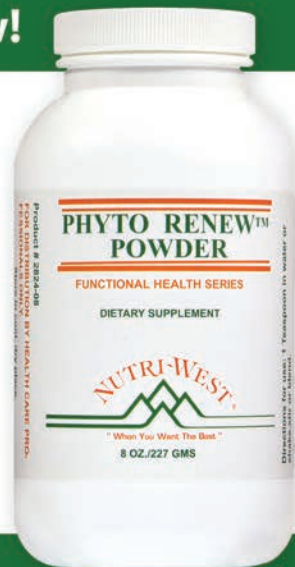
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portfolio after scrutinizing different assets, analyzing financial product correlations, and determining the percentages of asset allocations to yield a 100 percent blend of investments.⁸ A portfolio can contain almost any security traded on an exchange, such as stocks and bonds, exchange-traded funds (ETFs), financial products sold by a registered agent, commodities, and alternate investments.^{9,10} Art and rare coins, private equity or debt, hedge funds or venture capital are considered alternate investments.¹¹

The Securities and Exchange Commission (SEC) and Financial Industry Regulatory Authority (FINRA) were formed to protect the public from unscrupulous companies and individuals.¹² However, despite the existence of these agencies, stories abound of people being financially hurt by fraudsters like Bernie Madoff. Additionally, not every asset class falls under the auspices or protection of these agencies and investors should take note.

Whether a portfolio is concentrated or diversified, the chosen financial products must be acceptable to you. The inherent risk associated with owning the portfolio needs to meet the desired risk tolerance, the anticipated timeframe chosen, and the expected return for participating in the market. Your decisions should take account of short-, mid- and long-term personal needs and goals.

As shown over many years, the markets can be unpredictable, at times displaying low volatility and calm, and then shifting to tremendous turbulence and wild swings of asset values. A well-diversified portfolio of securities can help mitigate some of these concerns by decreasing risk exposure and conserving expected returns.

Expert assistance

You can always obtain professional advice for navigating the myriad complex and confusing financial

products available before making your selections. Prior to entering a business relationship with someone, do your due diligence and ensure there are no complaints or sanctions on their record. Visit the "Ask and Check" section of finra.org, where you can view the history of a broker, investment advisor or insurance agent.

Review your quarterly statements for errors and use them as snapshots of your portfolio holdings. Once your plan is established, follow it and be prepared to rebalance as necessary. Avoid trying to time the market, as chasing returns in an up or down market is rarely a good idea.

A certified financial planner (CFP) professional is a fiduciary and required to have a client's best interest in mind while working together. CFP credentials can be reviewed at cfp.net.

Whomever you consult with, whatever your decision, develop a plan, review it, change it as necessary and stay focused. It's ultimately up to you to have the total portfolio you want and access when you need it. ☺



H. WILLIAM WOLFSON, DC, MS, CFP, is an independent financial consultant and advisor. He retired after 27 years of practice and remains active volunteering his time to the continued education and success of colleagues. He can be contacted at 631-486-2792 or drhwwolfson@gmail.com.

Note: The information contained in this article is for educational and informational purposes only. Consider obtaining professional advice before agreeing to any financial purchase, trade, sale or activity.

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² Kennon J. "The Most Important Rule of Investing." The Balance. <https://www.thebalance.com/the-most-important-rule-of-investing-357325>. Published Jan. 2018. Accessed Feb. 2018.



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You can't make this stuff up

COMPILED BY MICHELE WOJCIECHOWSKI

Dear readers,

Heath care is a serious business. That's why the occasional moments of hilarity are memorable. This installment of **Funny Bones** should bring a smile, and might even remind you of something that's happened in your practice. — eds.

Booby trapped

On an occasion when I was visiting my parents at their home, I needed to do a virtual video call. My mom didn't know that I was on a virtual call and walked out of her room in her bra and underwear while I was coaching 30 people.

Yes, they could all see her.

When Mom realized what was going on, she threw her hands in the air, screamed, and ran out of the picture.

Perhaps the generations who talk about the importance of changing your underwear should also keep up with changing technology!

—D.M., DC

What you don't learn in massage school

Massage therapists face something on a daily basis—many people often release gas while they are getting a massage. We learn about this in massage school.

What we don't learn, however, is that while some people fart, others produce what folks refer to as "silent, but deadly" gas.

On a regular workday, I was giving a great back massage. As I pulled the cover up to drape the leg, it leaked out. And I was nearly knocked to the floor.

I was trying so hard to be quiet,

but it took everything to not gag. I wanted to die.

—D.K., LMT

In God we trust

About 14 years ago, I was in my first year of private practice, and a new patient came to my office for an appointment. After the patient completed the paperwork, we went into my office to begin the history consultation portion of the visit. On my patient intake forms is a line, that reads, *Who may we thank for referring you?* This patient wrote only one word in response to that question: "God."

Naturally, I thought she was joking around, so once I noticed this I asked the patient with a bit of a smile on my face, "I see God referred you to me?" The patient, with a serious expression and tone of voice, replied, "That's right doctor." Instantly my expression became serious, and I was no longer smiling—but I was curious to learn more.

"Oh, OK. How did God refer you to me?" I asked, but this time in a professional tone. "He spoke to me, doctor," the patient affirmed. By this time, my curiosity was over the moon, "He spoke to you? And did he tell you to come to see me specifically?"

"Yes," the patient replied. "He spoke to me through your road sign and said he wanted me to see you."

By this time, I was pleasantly surprised at two things: First, by the prospect that God himself might be helping me build my practice and, second, I was comforted by the fact that the road sign I spent thousands on was finally starting to pay off.



"He spoke to you through my sign?" I asked. I recalled the scene from *The Ten Commandments* when Moses, played by Charlton Heston, speaks to God through the burning bush.

"Yes, doctor," the patient replied with an unchanging serious expression. "He spoke to me through your sign."

Turns out that it wasn't exactly what I thought.

My patient then began to clarify the divine experience that led her to me. While on her way to Bible study, the patient had been having neck and shoulder soreness for many months, and for the first time ever she saw my sign. The patient recounted this story to their peers in the Bible study group and they all replied, "Oh my! Don't you see what is happening? God is telling you to go and see him!"

And that's how she ended up in my office.

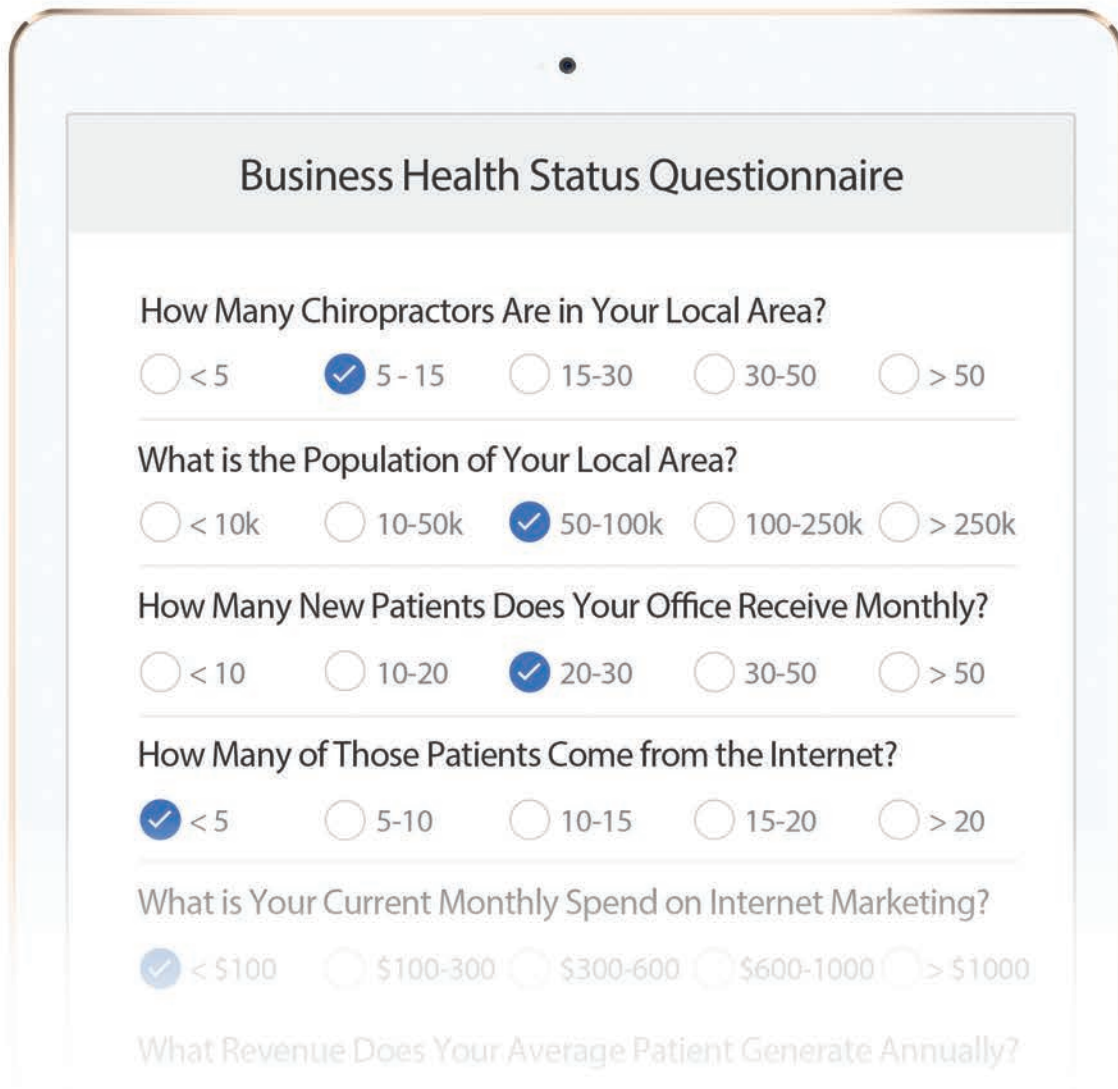
Since then, though, I have not received any more referrals from God. I think it's because God is a little miffed at me because I tell this funny story. I'm hoping he has a sense of humor.

—A.L., DC

MICHELE WOJCIECHOWSKI is author of the award-winning humor book *Next Time I Move, They'll Carry Me Out in a Box*.

Have a great story for "Funny Bones"? Contact Michele Wojciechowski at MWojoWrites@comcast.net.

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5 questions every DC should ask

BY WILLIAM D. ESTEB

SPENDING TIME IN SELF-REFLECTION IS AN ESSENTIAL PART OF understanding your role in the lives of others. What often distinguishes busy, thriving chiropractors from those who are merely surviving is that successful chiropractors tend to ask better questions. When these chiropractors do spend time in self-reflection, they get better answers. And having solid answers to the following five questions can bring clarity, focus and a sense of peace.

1. Who are you?

How are you choosing to show up in your practice? There are three ways that many chiropractors choose to present themselves. These personas are convenient ways to create an identity and guide the interactions you have with patients.

The fixer: From this vantage point, you see patients showing up with problems and, like a plumber or electrician, your job is to put them back in working order. Be careful. Patients can do many things that either help or hinder your plans for their healing.

The doctor: While in reality chiropractors are limited to arousing the innate ability of patients to self-heal, chiropractors who embrace a medical doctor persona often do so to hijack the social authority commonly given to medical doctors.

There's a third path: You choosing

to be the facilitator, guide, coach or inspirer and a source of encouragement and hope.

2. What is your intent?

What are you attempting to accomplish when you get a new patient in your practice? What outcome are you hoping to achieve? What part of your imagined outcome do you have any control over?

Often the intent of your intervention is based on the persona you've adopted. Fixers want to see pain relief—or at least improved biomechanics. Bosses want to see patients toe the line and show up for every visit. Doctors want patients to follow their “prescription” and perform the home-care procedures as outlined.

3. What is your purpose?

Adjusting patients helps you advance, pursue or fulfill your purpose. Confusing what you do with your purpose blurs an important distinction between cause and effect: the ends and the means.

Adjusting patients is how you help restore spinal biomechanics and nervous system integrity. But for what purpose? To produce your income or relieve their suffering?


4. Where does your responsibility end?

Establishing and honoring clear boundaries is essential if you want to help as many people as possible and enjoy a sustainable career. Accepting

the responsibility for relieving a patient's symptoms causes many chiropractors to take on a burden that is not rightfully theirs. While you can reduce nervous system interference along their spine, whether that produces a reduction of their symptoms or does so at the speed expected by the patient is out of your control. Patients can do countless things that preclude the relief they seek.

5. What's your plan?

It's not enough to get a license, borrow from your parent's retirement nest egg, open a practice and think that success will be automatic. You want a practice, but you'll find yourself in a small business, facing the same challenges of every small business: getting and keeping customers.

You may call it a “practice” instead of a business, and call them “patients” instead of customers. But that only obscures the fact that you need a plan to introduce your services to as many strangers as possible. 



WILLIAM D. ESTEB was introduced to chiropractic in 1981, when he was asked to help write and produce the profession's first video-based patient education. He has written more than a thousand blog posts and is approaching his 20th year of publishing his weekly Monday Morning Motivation email. Review his patient education communication tools at www.patientmedia.com.

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DATE	EVENT	WHERE	SPONSOR	PHONE
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Aug. 18-19	FAKTR Rehab System with Tom Hyde	New Orleans	Southeast Sports Seminars	877-489-4949
Sept. 8-9	FAKTR Rehab System	Birmingham, AL	Southeast Sports Seminars	877-489-4949
Sept. 13-14	CEAS I Ergonomics Assessment Certification Workshop	Chattanooga, TN	The Back School of Atlanta	800-783-7536
Sept. 28-29	CEAS II: Expanded Ergonomics Assessment Skills Certification	Austin, TX	The Back School of Atlanta	800-783-7536
Sept. 28-30	FAKTR 3 with Dynamic Tape	Pasadena, TX	Southeast Sports Seminars	877-489-4949
Oct. 14-15	Cox Technic Seminars Honors Course	Philadelphia	Cox Seminar	800-441-5571
Oct. 20	StrongPosture Protocols and Strengthening Patients and Referrals	Atlanta	Georgia Chiropractic Association	770-723-1100
Nov. 3-4	FAKTR Rehab System	Miami	Southeast Sports Seminars	877-489-4949
Nov. 8-11	Cox Technic Certification Course in Lumbar Spine - Parts I / II	Fort Wayne, IN	Cox Seminar	800-441-5571
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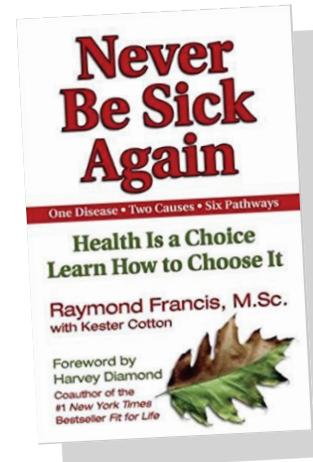
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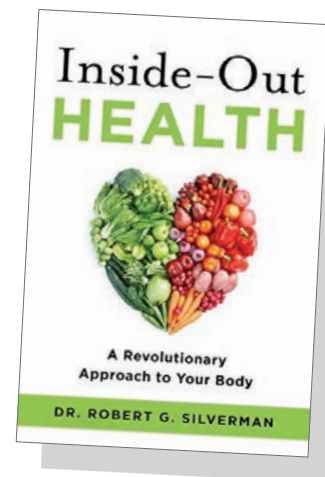
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CANCER PREVENTION UPDATE

A conversation
with Dr. Ajay Goel

DISCOVER THE HEALTHY SIDE OF HEMP

THE BLOOD SUGAR STABILIZING EFFECTS OF HINTONIA

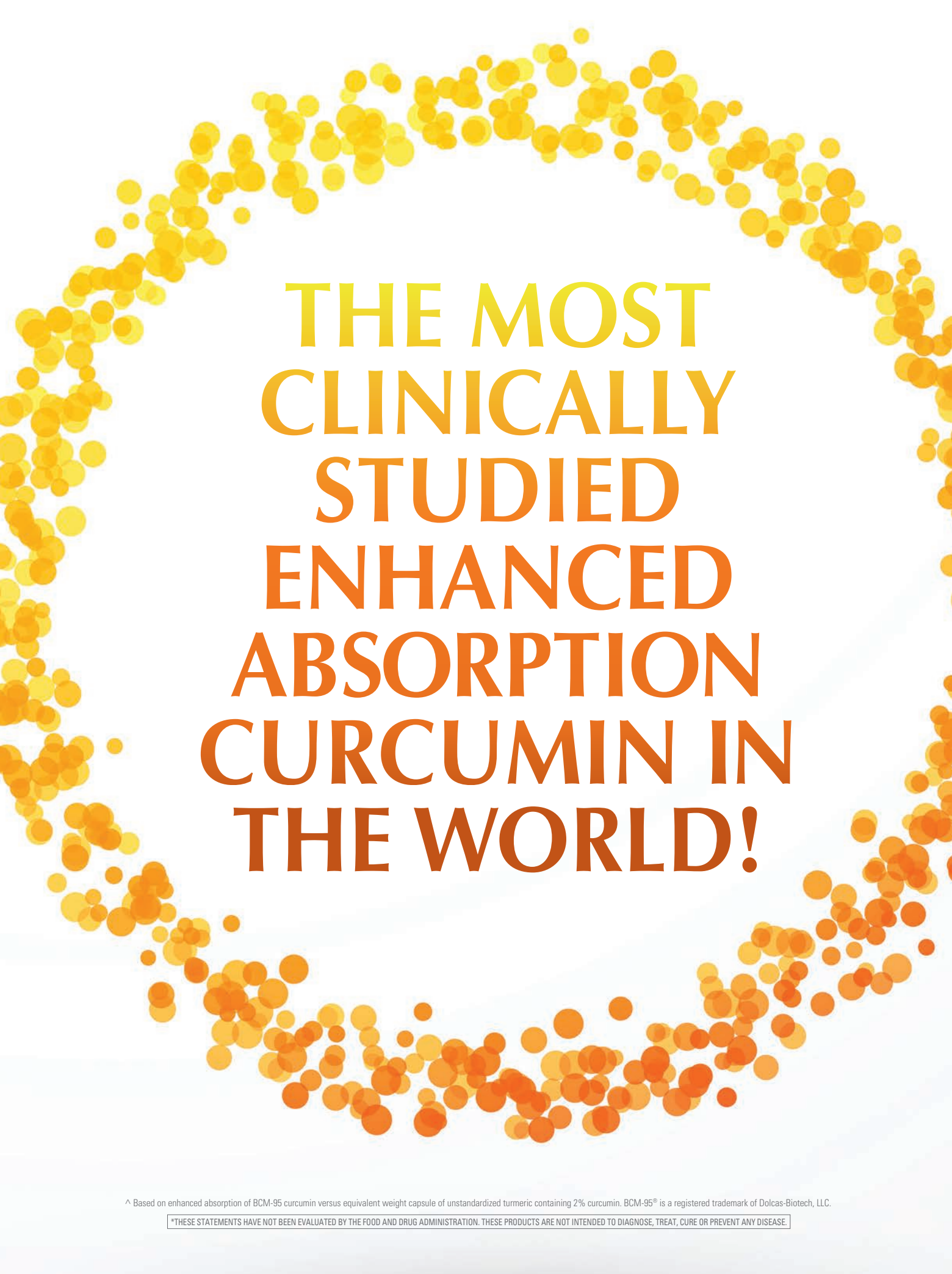
WHAT'S
STEALING YOUR
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PAGE 20

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TIPS ON FINDING THE
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COMPLIMENTARY ISSUE
VOLUME 3, ISSUE 0418



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EDITOR'S CORNER

As the weather warms and Spring begins to bloom, nature reminds us that change is in the air! *Integrative Lifestyles* is undergoing a change as well. Having served as the editor-in-chief since the magazine's inception, Jaye McDonald is off to explore new editorial adventures. So, with more than 20 years of experience as a natural health and medical writer and editor, I'll be taking over for Jaye as the new editor-in-chief of *Integrative Lifestyles*. While those are pretty big shoes to fill, I am devoted to bringing you the cutting-edge health news and research you've come to depend on in each and every issue. Plus, you'll find loads of fresh, easy ideas in every issue to help foster a healthier life!

For many people, Spring is a time of revitalization. Warmer weather, new growth, and for some, a boost in energy. But too often, the sheer speed and complexities of modern life take a toll. As a result, one of the most common complaints practitioners hear from patients is how fatigued they are. In this issue, Dr. Jacob Teitelbaum shares three common ways people undermine their vitality—and offers a few simple tips, along with some energy-boosting herbs, that can help us all recharge our batteries.

Modern life is also rife with everyday habits that can influence our long-term risk of more serious diseases. In "Epigenetics, Cancer Prevention, and You," Dr. Ajay Goel talks about how environment, diet, and lifestyle choices can either protect us from or put us at a greater risk of developing some types of cancer. He'll also share his groundbreaking research on the botanicals that can inhibit cancer cells before they can become a full-fledged disease.

Perhaps the hottest news in health this year revolves around hemp. Research has exploded on hemp's many benefits, from easing anxiety to crushing chronic pain. And that may just be the tip of the iceberg. "Healthy Hemp" on page 26 will bring you up to speed on how hemp oil works with the body's own endocannabinoid system to foster better health and wellbeing.

With all the exciting information in this issue, it's no surprise that I'm over the moon to be part of the team at *Integrative Lifestyles*. I'd love to know what you think. Please drop me a line and give me your thoughts on what you'd like to see in future issues. In the meantime, here's to better health . . . naturally!

Be well,

Kim Erickson
Editor-in-Chief





BREAKFAST BEATS ATHEROSCLEROSIS

You've heard it countless times: Breakfast is the most important meal of the day. But here's even more reason to scramble those eggs ... new research suggests that missing your morning meal could lead to cardiovascular issues like atherosclerosis. A study of over 4,000 participants with no cardiovascular symptoms confirmed that those who regularly skipped breakfast were more likely to suffer from hardened, narrowed arteries. Yet simply opting for a quick bite doesn't cut it either. Researchers found that those who only consumed a light breakfast (think toast and coffee) had a higher incidence of atherosclerosis too. The health risks didn't stop there: People who skipped breakfast entirely were more likely to lead an unhealthy lifestyle overall, including a generally poor diet, frequent alcohol consumption, and smoking. They were more likely to suffer from high blood pressure and be overweight or obese, as well.

Uzhova I. The Importance of Breakfast in Atherosclerosis Disease: Insights From the PESA Study. *Journal of the American College of Cardiology*. Volume 70, Issue 15, 10 October 2017, Pages 1833-1842. <https://doi.org/10.1016/j.jacc.2017.08.027>.



The number
of adults with
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CDC: Vital signs: awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010. www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a3.htm.



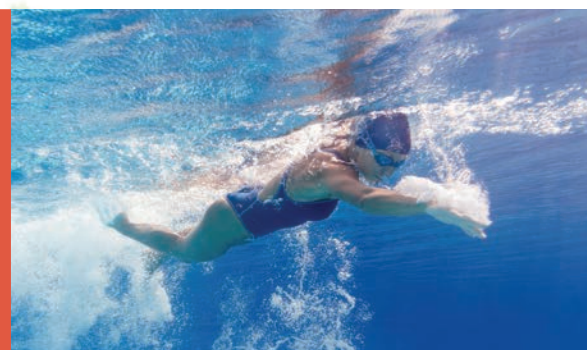
**Percentage of
Americans now
considered to be obese.**

Hales CM. Prevalence of Obesity Among Adults and Youth: United States, 2015–2016 NCHS National Health and Nutrition Examination Survey Data Brief No. 288, October 2017.

SAY CHEESE

Cheese lovers rejoice! A recent report published in the *European Journal of Epidemiology* reveals that milk and cheese may not harbor negative health impacts after all. In fact, avoiding dairy altogether may actually be harmful to your health—especially in younger individuals. Milk and cheese are good sources of essential vitamins and minerals like calcium that encourage bone development and could possibly even prevent osteoporosis later in life. To determine these results, researchers looked at 29 different studies of over 900,000 participants from all across the globe. They concluded that these dairy delights were not associated with negative health outcomes such as cardiovascular disease. Furthermore, the research team found that fermented dairy products may even diminish the chance of a stroke or heart attack. When choosing dairy, select full-fat, preferably organic, options for the most health benefits.

Guo J. Milk and dairy consumption and risk of cardiovascular diseases and all-cause mortality: dose-response meta-analysis of prospective cohort studies. *European Journal of Epidemiology* (2017). DOI: 10.1007/s10654-017-0243-1.



DEFEAT DEPRESSION WITH EXERCISE

Depression is a debilitating disorder that affects millions of Americans every year. But what if a little exercise could curb those dreary feelings? According to new research released in the *American Journal of Psychiatry*, it can. A cohort study of over 30,000 adults showed that just one hour of exercise a week could beat back the blues. And the best part is these antidepressant effects were shown even at low levels of physical exertion. That means you don't have to become a gym rat to reap the rewards. Simply going for a swim or a walk can benefit your mood, as long as you keep a regular regimen. It's so effective that researchers estimate that 12 percent of new depression cases might be avoided with a bit of exercise.

Harvey SB. Exercise and the Prevention of Depression: Results of the HUNT Cohort Study. *American Journal of Psychiatry*. Published online: October 03, 2017. <https://doi.org/10.1176/appi.ajp.2017.16111223>.

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The DIABETES- DEFYING Superstar



Everyone reading this article most likely knows someone with type 2 diabetes. That's a bold, but accurate statement alluding to how prevalent the disease has become. Perhaps you have type 2 diabetes yourself, or you've been told you are prediabetic. In fact, 29.1 million people in the United States have diabetes with an additional 8.1 million possibly undiagnosed and unaware of their condition. The World Health Organization (WHO) estimates that 90 percent of people around the world with diabetes have type 2. Television and radio ads remind you to know your numbers, including your A1C—a number that measures the average blood sugar level over a two- or three-month period. This is important since one out of every three adults has prediabetes, yet 9 out of 10 of these people don't know they have it. The numbers all add up—

diabetes has become a major health problem that is approaching epidemic proportions. While advertisers constantly tout a new pharmaceutical to control type 2 diabetes and A1C numbers, an herbal answer has been validated by over 60 years of German research. It's called *Hintonia latiflora*.

REDUCING BLOOD SUGAR NATURALLY

Scientists have been working long and hard to discover the key to *Hintonia latiflora*'s success. Derived from the stem, bark, and leaves of a plant native to Columbia and Mexico, *Hintonia latiflora* is rich in beneficial polyphenols. The powerful nature of this herb may be due in part to the intense climate stressors it experiences while growing (which includes extreme variations like monsoons and scorching dry spells). The resulting polyphenols in the bark of *Hintonia*

latiflora provide a clear answer for anyone dealing with prediabetes or type 2 diabetes. They decrease blood glucose levels by metabolizing carbohydrates and sugars, causing a delay in glucose absorption. The polyphenols can help keep blood sugar levels low without the risk of side effects like hypoglycemia. In a recent German study of 178 people with prediabetes or mild type 2 diabetes, patients received *Hintonia latiflora* on a daily basis for eight months. They were evaluated every two months with testing including A1C, fasting glucose, and postprandial blood sugar—measuring glucose after a meal. They were also monitored for diabetic symptoms like neuropathy. At the end of the eight months, 10 of the patients were able to stop using their medication, and 45 patients (39 percent) had reduced their amount of medication. Since antidiabetic

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drugs are known to have significant side effects, including liver disease, fluid retention, and hypoglycemia, the ability to delay pharmaceuticals or reduce dosages was seen as a huge success. The study showed that A1C was improved by an average of 10.4 percent, fasting glucose improved by an average of 23.3 percent, and postprandial glucose improved by an average of 24.9 percent. Blood pressure, cholesterol levels, and liver values also improved. Through ultrasound measurements, scientists have found that, in addition to safely decreasing blood glucose concentrations, the polyphenols in *Hintonia latiflora* can be counted on to dilate blood vessels. This is accomplished by relaxing the rings of tight muscle bands inside vessel walls all while stimulating healthy insulin

secretion. The proof is evident—the powerful micronutrients in *Hintonia latiflora* can significantly affect individual diabetic testing stats and change lives for the better.

DIABETES—AN HERBAL RESCUE

In addition to lifestyle changes like improving your diet and avoiding added sugar and simple carbohydrates, consider the importance of *Hintonia latiflora* as part of your journey to optimal health. There's a wealth of information available regarding diet, lifestyle, and exercise to combat diabetes, but now you know about an amazing herbal answer that can also turn the tide on type 2 diabetes. Clinical work with the herb found it to be equal to or better than insulin in mild to moderate cases of diabetes.

Hintonia latiflora has been shown to successfully replace medication or help make them more effective.

If you've just realized what a beneficial difference *Hintonia latiflora* could make in your life, seek out a clinically studied extract that has been combined with trace amounts of B vitamins, chromium, zinc, folic acid, and vitamins C and E. These additional ingredients help protect blood vessels, stop nerve damage, and assist with carbohydrate metabolism.

Bottom line? Pairing *Hintonia latiflora* with healthy food choices and regular exercise—and working with your health care provider—can help support healthy blood sugar levels. So defy diabetes—turn to *Hintonia latiflora*. ■

WHEN to CONSIDER HINTONIA LATIFLORA

If you're wondering if *Hintonia latiflora* would be beneficial for you or someone you care about, it's worth the consideration. You don't have to wait until you have a diabetes diagnosis to start using this herbal wonder. Here are diabetes warning signs to watch for:

BEING **OVERWEIGHT**
AND **INACTIVE**

BLURRY
VISION

HISTORY OF
DIABETES IN THE FAMILY

TIREDDNESS

GUM
INFLAMMATION

GIVING BIRTH TO A BABY
WEIGHING **MORE THAN**
9 POUNDS

INCREASED
THIRST

CUTS
THAT
WON'T
HEAL

HIGH BLOOD
PRESSURE,
HIGH
CHOLESTEROL,
OR BOTH

By no means all-inclusive, this list gives you some warning signs that you may be pre-diabetic or diabetic. Unfortunately, as noted in the statistics, many people have no idea they are in a prediabetic state. The best way to understand your own

health in relation to safe blood sugar levels is to work with your health care professional for blood glucose testing. Three tests are commonly used—a fasting blood glucose test, an oral glucose tolerance test, and a hemoglobin A1C test. Once you

know the score, you can change your lifestyle to lower your chances of becoming diabetic. Diabetes should be taken very seriously because it can lead to infections and other complications, including blindness, amputations, and heart attack.

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EPIGENETICS, CANCER PREVENTION, AND YOU

An Interview with Dr. Ajay Goel

Just over two years ago, *Integrative Lifestyles* had the honor of interviewing Dr. Ajay Goel, a Professor and Director of the Center for Translational Genomics and Oncology at Baylor University Medical Center in Dallas, Texas. Since then, we've had an outpouring of requests from readers asking for more information from Dr. Goel on the promising effects that natural botanicals have on cancer prevention. *IL* recently sat down for a

second time with Dr. Goel to discuss his current research and learn about why we should all be paying attention to a branch of science called epigenetics. We hope you enjoy the update!

INTEGRATIVE LIFESTYLES: Dr. Goel, the majority of your work is based on cancer research. In your opinion, what's the most important thing people should know about preventing the disease?

DR. GOEL: The biggest misconception about cancer today is that you can't avoid it. This simply isn't true. Everyone has the ability to lessen

their chances of being diagnosed with cancer in their lifetime.

It's crucial for people to understand that chronic inflammation is the spark that ignites all disease in the body, including cancer. In the simplest terms, in order to prevent cancer, you need to prevent chronic inflammation. So how do you do that? By adopting a healthy diet and lifestyle, and by taking natural compounds that are proven to be effective anti-inflammatories.

In my opinion, the most exciting thing happening in the fight against cancer is the research being done on plant-based therapies. It's a special



time in history: We are just beginning to discover the amazing potential of certain botanicals, and there is scientific proof that these natural remedies are highly effective.

If you're interested in preventing cancer, the best advice I can give is to improve your lifestyle and to take natural, health-promoting botanicals that work on an epigenetic level. And of course, find a doctor who will work with you to help you maintain overall wellness in the healthiest way possible.

IL: Can you give a quick “crash course” on epigenetics for those who may not be familiar with it?

DR. GOEL: Of course. Epigenetics is the study of how our genes are expressed when exposed to certain stimuli. In regard to cancer, epigenetics is the process by which the body decides to turn on its tumor-promoting genes—genes that allow cancer to form—or tumor-suppressing genes—genes that act like brakes on a car and slow down the progression of cancer. Obviously, we'd like the tumor-promoting genes to be turned off at all times, while the tumor-suppressing genes would always be hard at work.

Epigenetics is influenced by your environment, diet, and lifestyle habits; each of these factors plays a crucial role in your risk of developing cancer. There are certain foods, botanicals, and lifestyle habits that actually help turn on your tumor-suppressing genes.

IL: So contrary to popular belief, our genes don't necessarily determine our destiny when it comes to cancer.

DR. GOEL: That's correct. Through the science of epigenetics, people are starting to understand that less than five percent of cancers are actually hereditary. More than 95 percent of cancers are non-hereditary and can be influenced by your diet and lifestyle choices. This means that we can't exactly blame our genes for the majority of cancer cases.

This isn't to say that anyone is at fault when they receive a cancer diagnosis. The findings surrounding epigenetics are still fairly new, and there's a great deal of education and research to be done so that more people can benefit in the coming years.

IL: What is the focus of your current scientific research?

DR. GOEL: The work I do is primarily based on two kinds of cancer prevention: How we can prevent cancer in the first place and how we

can find cancers early so that there is a better chance of someday curing people of the disease. We're making tremendous advancements in these areas regarding the efficacy of natural botanicals including curcumin, grape seed, and boswellia. I've been particularly blown away by what we're seeing with grape seed extract. In various studies, grape seed extract has been shown to be beneficial in the inhibition of breast cancer, prostate cancer, and colon cancer cells.

In the first study of its kind, my colleagues and I were able to show that grape seed OPCs, or oligomeric proanthocyanidins, can even prevent cancer from reoccurring in the body. You see, chemotherapy has the ability to kill cancer cells, but not cancer stem cells, which remain in the body like seeds and may thrive again if the right environment presents itself. We found that OPCs from a specific French extract target a unique pathway called Hippo-YAP that is necessary for stem cell survival. These OPCs were found to eliminate cancer stem cells, which in turn prevents cancer from returning.

More than
95%
of cancers
are **NON-HEREDITARY**, and
can be influenced
by your diet and
lifestyle choices.

After exposing colon cancer cells to this grape seed extract, the number of live cancer cells was reduced by 70 to 80 percent. In an animal model of colon cancer using the same French

grape seed OPC extract, tumor growth was suppressed by up to 90 percent! These are pre-clinical findings, so more human research is needed—but the preliminary results are amazing.

IL: Wow, that sounds promising! With the variety of grape seed products on the market, do you have a specific recommendation for our readers?

DR. GOEL: The grape seed extract used in our study is a French variety called VX1, and it has unique specifications for standardization to low molecular weight for proper absorption. It is a tannin-free extract.



Unfortunately, there are a lot of less expensive, poor-quality grape seed extracts on the market that just aren't going to do what the VX1 was able to. I'd warn readers that the results from our study may not apply to other forms of grape seed without the proper standardizations of VX1. We've been so impressed with our findings regarding this type of grape seed that we have a few more studies in the pipeline—with more exciting news to come in the coming months.

IL: Last time we spoke, you were largely focused on the effects of curcumin and cancer prevention. Any new findings regarding this popular anti-inflammatory?

DR. GOEL: Popular is an understatement! I believe there are now more than 8,000 scientific studies published on the health benefits of curcumin, including the prevention of most human cancers. Curcumin is also scientifically validated to enhance the effectiveness of conventional cancer treatments, including chemotherapy and radiation. It continues to be a major focus of our research.

In ongoing studies, we're finding that the most effective curcumin products are those that contain turmerones, a component of turmeric essential oil. Turmerones make curcumin more bioavailable in the body, which means better absorbability and enhanced benefits. They have anti-inflammatory and antiviral effects to help the body fight a number of health issues, but they are also able to halt tumor growth and trigger apoptosis to protect against a variety of cancers.

For example, in an animal model of colon cancer, turmeric essential oil featuring turmerones was shown to inhibit tumor formation by 73 percent, while curcumin (BCM-95) extract inhibited tumor formation by 63 to 69 percent. The combination of turmeric essential oil and curcumin together abolished tumor formation completely.

IL: Are turmerones present in all curcumin products?

DR. GOEL: No, they're not. One of the most effective curcumin formulas is BCM-95. This proprietary blend

features an enhanced absorption form of curcumin with additional turmerones, and has been the subject of 31 scientific studies. It's the only patented curcumin with turmeric essential oil containing turmerones.

I can't stress enough how important it is that a curcumin product contains turmerones. Curcumin on its own is very hard for the body to absorb. Turmerones are important because they're the compounds responsible for transporting curcumin into your cells, and for making it highly absorbable so the user can experience maximum benefits.



Chronic inflammation is the spark that ignites all disease in the body, including cancer. In the simplest terms, in order to prevent cancer, you need to prevent chronic inflammation.

IL: Are there any other botanicals our readers should know about?

DR. GOEL: In addition to grape seed extract and curcumin, boswellia and frankincense oil—both of which are

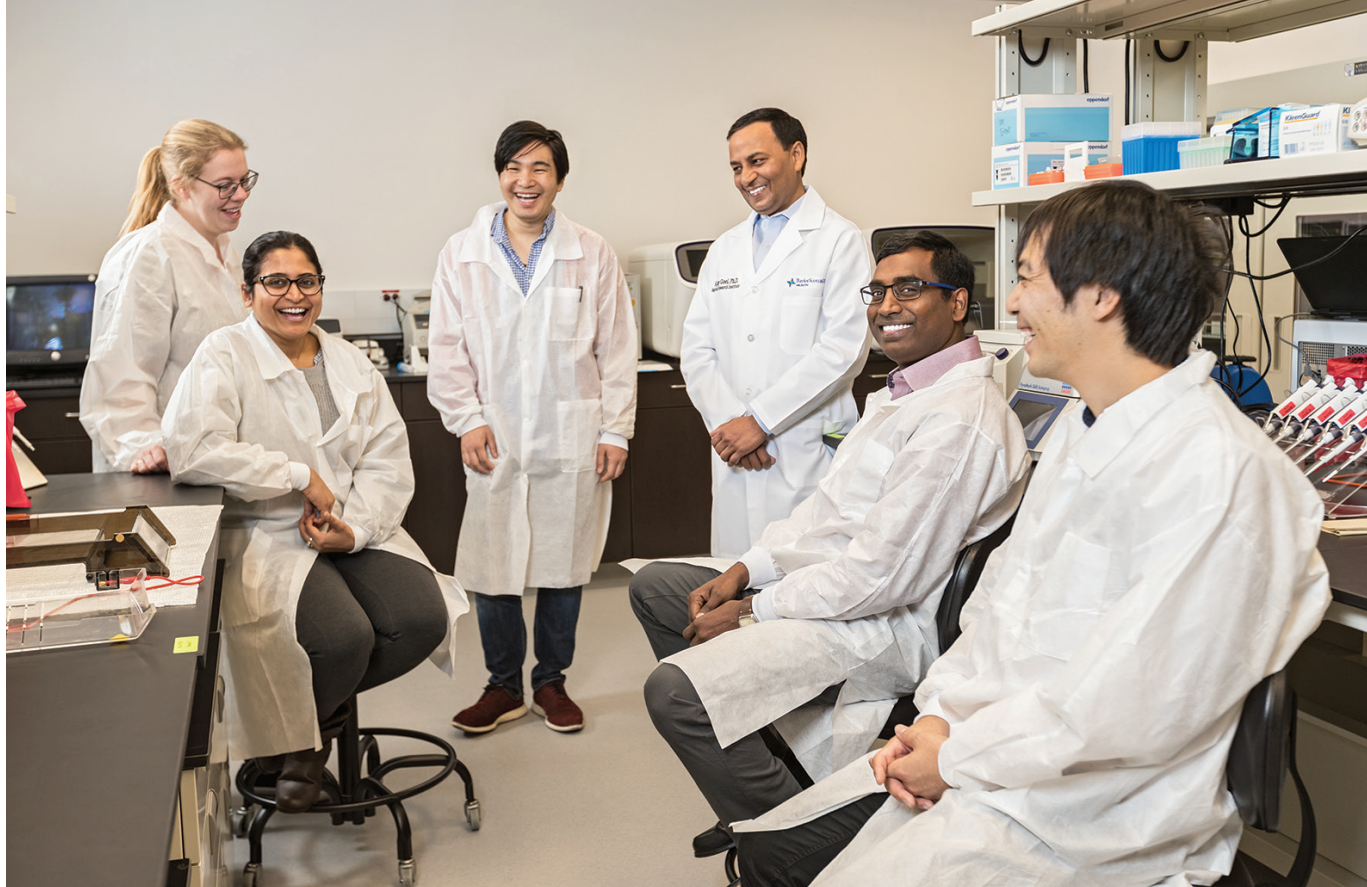


Ajay Goel, PhD, is a Professor and Director for the Center for Translational Genomics and Oncology, at the Baylor Scott&White Research Institute, Baylor University Medical Center in Dallas, TX.

Dr. Goel has spent more than 20 years researching cancer and has been the lead

author or contributor to over 225 scientific articles published in peer-reviewed international journals and several book chapters. He is also the author of the recently published book *Curcumin: Nature's Answer to Cancer and Other Chronic Diseases*.

Dr. Goel is a primary inventor on more than 15 international patents aimed at developing various



extracted from the resin of boswellia trees—may be of particular interest to those wanting to prevent cancer.

Boswellia is amazing for so many reasons. It's one of very few botanicals that fight a certain pathway of inflammation in the body called 5-LOX. Conventional medicines that are designed to target 5-LOX come with a host of side effects, but boswellia squelches this unique type of inflammation with no side effects at all.

One of boswellia's most powerful components is AKBA (acetyl-11-keto- β -boswellic acid). In a laboratory study, we were able to show the ability of high-AKBA boswellia extract to prevent the growth of tumors in colorectal cells. It does this through a process called DNA methylation,

which essentially wakes up the sleeping genes that suppress tumor growth. The boswellia extract I would recommend is one standardized to at least 10 percent AKBA.

Frankincense oil, taken orally in softgels, also shows promise in its ability to prevent tumors. One study found that frankincense oil was able to inhibit tumor growth in bladder cancer cells without damaging any normal, healthy cells in the process. Other research has shown that frankincense may have the ability to stop the progression of breast cancer and pancreatic cancer cells. More research is needed on both boswellia and frankincense oil, but these promising botanicals are giving us great hope for the future.

IL: Any insight into what else the future holds for advancements in the fight against cancer?

DR. GOEL: Cancer won't be going away, but neither will our research on how to prevent it. I'm extremely hopeful that our ongoing studies will continue to provide insight into prevention and possible future treatment. I feel strongly though, that prevention really circles back to epigenetics, and what each of us can do personally to make the conditions in our own bodies more cancer-resistant. We all hold a great deal of power in our hands when it comes to fighting disease. To obtain optimum health, I would advise people to eat a proper diet, adopt healthy lifestyle habits, and stay up-to-date on the exciting research of cancer-preventing botanicals. ■

biomarkers for the diagnosis, prognosis, and prediction of gastrointestinal cancers. He is currently using advanced genomic and transcriptomic approaches to develop novel DNA- and microRNA-based biomarkers for the early detection of colorectal cancers.

Dr. Goel is currently researching the

prevention of gastrointestinal cancers using integrative approaches including botanical products. Two of the primary botanicals he is investigating are curcumin (from turmeric) and boswellia.

Dr. Goel is a member of the American Association for Cancer Research and the American Gastroenterology Association

and is on the international editorial boards of *Gastroenterology*, *Clinical Cancer Research*, *Carcinogenesis*, *PLOS ONE*, *Scientific Reports*, *Epigenomics*, *Future Medicine*, *Alternative Therapies in Health and Medicine*, and *World Journal of Gastroenterology*. He also serves on various grant funding committees for the National Institutes of Health and several international organizations.



Healthy Hemp

Its surprising benefits for your endocannabinoid system

Cannabis sativa. Rarely has a botanical had such a controversial reputation. Once the drug of choice for a generation, researchers are now looking into the medicinal potential of the herb's other phytocompounds. But, while a growing number of states

are legalizing the controlled use of marijuana, helping its dubious status go up in smoke, there's still a lot of confusion over the herb's use.

CLEARING THE AIR

Marijuana has been a part of herbal

medicine for centuries, used for both its mental and its physical effects. Today, scientists have identified more than 100 biologically active components in the plant known as cannabinoids. The two best-known and most-studied components are the chemicals *delta-9-tetrahydrocannabinol*

(THC), and *cannabidiol* (CBD). But, while both THC and CBD come from the same plant, they have very different actions.

THC is the compound responsible for the mind-altering “high” users get when they smoke the leaves and flowers of the *cannabis sativa* plant, or eat something made with a THC-infused oil or butter. Growers have spent years selectively breeding and enhancing various strains to contain high amounts of psychoactive THC.

CBD and other non-psychoactive phytocompounds on the other hand, come from the stalks and seeds of a type of cannabis often referred to as “hemp” rather than “marijuana.” These compounds will not alter your consciousness, but a growing body of research shows that they can improve your health. According to a study in the *British Journal of Clinical Pharmacology*, CBD is an anti-inflammatory, antioxidant, anti-seizure, anti-nausea, anti-anxiety, and anti-psychotic compound. These are powerful actions that can have a healing impact on a number of conditions. And that’s only *one* of the full spectrum of phytonutrients from the plant that are just beginning to be recognized for their benefits.

THE ENDOCANNABINOID SYSTEM

The reason these phytocannabinoids work is because our bodies contain a

unique biological system called the endocannabinoid system that helps regulate homeostasis. In other words, it helps keep cells in balance.

Cannabinoid receptors sit on the surface of many cells throughout the body. They monitor information about what’s happening outside of the cell and transmit any changes to the inside of the cell so that it can mount a proper response. There are two major cannabinoid receptors: CB1 and CB2. CB1 receptors are abundant in the brain and are the receptors that primarily interact with THC. CB2 receptors are abundant throughout the body in places like the immune system and interact with CBD.

While THC, CBD, and other hemp phytocannabinoids act on these receptors, the body also produces specific fat-like molecules called endocannabinoids that bind to and activate CB1 and CB2 as well. When the need for these molecules is over, specific enzymes swoop in and destroy any remaining endocannabinoids. These enzymes make sure endocannabinoids are used when they are needed, but don’t linger beyond the scope of their job. As a result, cells regain their homeostasis.

This cellular regulation is important to all major body systems. For instance, while inflammation is critical to the healing process, it’s important that the inflammatory response is limited in scope, too. When inflammation persists, it can lead to chronic conditions and ongoing pain. A healthy endocannabinoid system limits the immune system’s inflammatory

response. However, there are times when the body’s own endocannabinoid system needs additional support and an extra boost. That’s when plant-based cannabinoids from hemp oil can help.

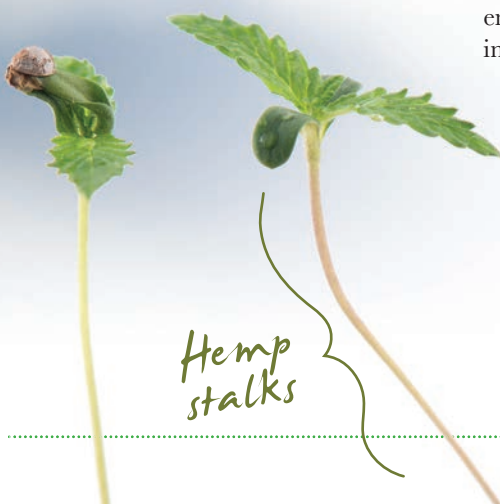
CBD and other hemp oil cannabinoids can interact with the same receptors as endocannabinoids, plus several other receptors in the body, which gives them a distinctive effect. They can also preserve endocannabinoids to extend their benefits. Additionally, hemp oil phytocompounds inhibit certain enzymes in the brain to shore up “endocannabinoid tone,” making them useful for treating anxiety. But that only scratches the surface of the benefits these components can provide.

THE MANY USES OF HEMP COMPOUNDS

Because CBD and other hemp phytonutrients work in so many different ways, they have a profound impact on the human body. Each new study reveals more exciting findings:

Powerful Pain Relief.

Preliminary research in the *Journal of Experimental Medicine* offers credible evidence to back up what many people have already discovered—that this non-psychoactive component of hemp offers real pain relief when taken orally thanks to its strong ability to check inflammation. A study in the *European Journal of Pain* suggests that a topically applied CBD gel eased osteoarthritis pain. After just four days, the researchers noted a distinct drop in inflammation and also in the signs of pain—without any side effects. Research also shows that oral use of CBD can manage



Hemp stalks



Hemp seeds

rheumatoid arthritis and other inflammatory diseases.

Those with fibromyalgia may also find relief. A 2011 study that evaluated 56 patients found that those using CBD experienced far less pain and stiffness than those using traditional pharmaceuticals to manage the condition. They also reported a better quality of life than those using conventional methods.

Eases Anxiety.

Unlike THC, which can actually trigger anxiety and paranoia in some people, CBD is well-known for its ability to reduce anxiety. When Brazilian scientists tracked the results of a group of public speakers suffering from social phobia, those given CBD prior to speaking had less anxiety and discomfort than those who didn't take the hemp phytocompound. But CBD isn't just good for those random anxious moments we all experience. A review in *Neurotherapeutics* concluded that CBD may be an effective treatment for those with generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, obsessive-compulsive disorder (OCD), and even post-traumatic stress disorder (PTSD).

Soothes Sleeplessness.

Hemp oil holds promise for those suffering from occasional insomnia. Early findings suggest that CBD modulates serotonin and may benefit people with obstructive sleep apnea. Other studies are investigating the compound's promise for REM sleep behavior disorder. Japanese researchers have concluded that, thanks to its anxiety-soothing action, CBD can help block the apprehension that can prevent restorative REM sleep.

Improves Epilepsy.

While seizure disorders only affect about one in every 26 Americans, it's one of the most studied uses for CBD. Research shows that hemp oil reduces inflammation in the brain and

modulates calcium levels that play a role in cellular excitability. A recent review in the journal *Neurotherapeutics* noted that the compound provides a safe, well-tolerated therapeutic treatment for seizures and may be promising for those patients that don't respond to conventional treatment. Since the current drugs used to treat epilepsy consist of anti-convulsants and barbiturates that can become habit forming, this could be welcome news.

PROMISING THERAPIES

Research into the humble hemp plant's potential for treating a wide range of health problems has exploded in recent years. This is especially true for the "big three"—Alzheimer's disease, cancer, and cardiovascular disease.

Alzheimer's disease is a frustrating and frightening condition with few treatment options. Emerging research suggests that CBD may reduce the inflammation and oxidative stress that contributes to the disease. CBD was also found to help people maintain the ability to recognize friends and family in the early stages of the disease.

Cannabinoids may also play a role in cancer prevention. Preliminary studies show that they may halt the growth of cancer cells, promoting the death of these damaged cells in a process called apoptosis. For those undergoing cancer treatment, CBD from hemp oil may also relieve the nausea that frequently accompanies chemotherapy.

Researchers are also investigating the compound's potential to protect against some aspects of cardiovascular disease. In 2013, the *British Journal of Clinical Pharmacology* reported that CBD protected arteries from the damage that high blood sugar can cause. And new evidence from Oxford University suggests that it might also reduce blood pressure, even during times of stress.



THE SUPERCritical DIFFERENCE

Manufacturers use different extraction methods to get CBD and the full spectrum of cannabinoids from hemp. And this can have a huge impact on quality, absorption, and efficacy. To get all that the plant has to offer, look for a hemp oil supplement that is chemical-free and was created using supercritical CO₂ extraction. This form of extraction uses liquid carbon dioxide and no solvents. Beyond that, bioavailability can be an issue. Check the label to make sure your hemp oil comes from plants that have been specially cultivated to contain the full spectrum of phytonutrients. For even more benefit, opt for a hemp oil with curcumin. Not only will this dynamic duo work synergistically to provide even more bang for your buck, the addition of curcumin enhances the absorption of phytocannabinoids so you'll get the full complement of health benefits from each dose.

These findings just scratch the surface of hemp oil's potential. Ongoing research is taking a look at how this herbal compound can have a positive impact on Type 1 diabetes, metabolic syndrome, liver disease, and even acne. But you needn't wait for all the evidence. Whether it's for pain, the occasional sleepless night, or a more serious condition, hemp oil phytocannabinoids provide a safe and effective way to ease symptoms and promote good health from head to toe. ■

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3 SURPRISING ENERGY ZAPPERS

Do you feel exhausted before the day even starts? These daily habits could be draining your energy reserves.

by Jacob Teitelbaum,
MD

These days, everyone readily admits that “doing it all” is an impossible life goal, yet society is slow to act on ways that counteract that detrimental mentality. Even a quick scroll through your Instagram feed will encourage you with quotes like, “Nature does not hurry, yet everything is accomplished” (*thank you, Lao Tzu*) while also bombarding you with photos from friends who appear to be juggling motherhood, a successful career, and a beautifully decorated home without batting an eyelash.

Being continually exposed to contradicting paradigms can be frustrating. We’re told to rest, relax, and just do the best we can, while constantly being reminded that someone else is doing it better than we are. So we cram more into our

days. We go to bed later and wake up earlier. We burn the candle at both ends, but we’re not feeling more accomplished. On the contrary, we’re exhausted. Spent. Just plain tired.

It’s time to get out of the downward spiral of energy-draining behaviors. Here are three big mistakes most people are making on a daily basis—and advice for how to counteract them in your own life:

1 YOU “CHECK IN” BEFORE YOU TURN IN

Reality check: You’re staring at your smartphone more than you want to admit. You’re far from alone, but remember that just because everyone else is doing it certainly doesn’t make it any healthier. In fact, this seemingly harmless habit is likely to be sabotaging your sleep patterns at night and contributing to low energy levels throughout the day.

Research has shown that staring at the cool blue and white glow of phones, tablets, and other technological devices lowers the body’s production of melatonin, a sleep-regulating

hormone. Basically, it messes with your internal clock, sending signals to your brain that it isn’t time to go to sleep yet, and making falling and staying asleep difficult.

Sleep is a biological need, not a luxury. The majority of people require seven to nine hours of sleep each night, and not just to feel well-rested. Sleep supports your brain’s detoxification mode, including glial cells, which are responsible for cleaning up neurotoxins in the brain. These toxins build up throughout the day, and are cleared out at night while you sleep. If you don’t get enough shut-eye, glial cells don’t have a chance to do their job, which is when you start to experience foggy thinking, lack of focus, and impaired memory. Even your insulin levels will be thrown out of whack. Your brain isn’t functioning normally, so it goes into overdrive, adding to your daily exhaustion.

To up your overall energy levels, avoid all technological devices for at least one hour before bedtime. You can still read, but choose a magazine or an actual paperback (novel idea, right?). You can

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[Curaphen[®] PM]



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[†]Occasional muscle pain due to exercise or overuse

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even revamp your bedtime habits to be more like a child's. Think about it. Parents create calming routines for their children to help them wind down at the end of a busy day. When it comes to falling asleep, adults are just big children. By creating a relaxing bedtime routine for yourself, you'll signal to your brain that it's time to sleep.

If you still find it difficult to get a good night's rest, try a natural sleep solution. While some people like melatonin and valerian, there are some lesser-known, highly effective sleep promoting herbs like lemon balm, lavender, mandarin, and ravintsara that are known to do the trick.

2 YOU'RE NOT MOVING ENOUGH

Here's a sobering thought: You could be training for a marathon in your off-hours, but if you're logging the recommended eight hours of sleep each night and working a job where you sit between eight and ten hours per day, you're still living a mostly sedentary lifestyle. For the majority of Americans, it's time to get moving.

But the more you exert energy, the more drained you'll feel, right? Not necessarily. People often use the excuse that they're too tired to exercise, when they should be thinking they're too tired NOT to. Being sedentary for long periods of time causes blood vessels to constrict and makes you feel tired, even if you're getting plenty of restful sleep at night.

Physical activity triggers your brain to release uplifting endorphins, those "feel good" chemicals that boost your physical, mental, and emotional well-being. Even a little bit of movement increases blood flow enough to help more oxygen reach your cells, making you feel more alert and centered throughout the day. Anytime you start to feel an energy slump, take a moment to stand up and walk around.

You can also try an energizing yoga pose, like "rag doll." In this standing pose, you align your feet under your hips, slightly bend your knees, and


Incorporating healthy botanicals into your daily routine can help you increase energy levels naturally.



TO FEEL ALERT AND FOCUSED:

Ashwagandha
can relieve fatigue, exhaustion, stress, and depression.

Rhodiola
is both mentally stimulating and emotionally calming.



FOR DEEP, RESTORATIVE SLEEP:

Lemon balm
has been used for centuries for its calming properties and ability to melt away the effects of stress.

Lavender
is known for its ability to promote sleep and overall well-being.

Mandarin
is used in Traditional Chinese Medicine to relieve stress and promote restful sleep.

Ravintsara
has been used traditionally to promote relaxation.

hinge forward, allowing gravity to pull the crown of your head toward the floor. Bring your hands to the opposite elbow, and let your head hang lower than your heart. Anything that brings your head below your heart is a great way to get your blood recirculating throughout the body. More blood to your brain equals more energy!

3 YOU THINK SUGAR WON'T HURT

Your energy level has taken an afternoon nosedive—it's 3:00 p.m. but you feel like you've been at work for 17 hours straight. That Snickers bar in the breakroom vending machine has been calling your name for the last 45 minutes and your willpower is about to fall by the wayside. Your brain lights up at the thought of sinking your teeth into some sweet chocolatey goodness. A little sugar boost can't hurt, right?

Wrong. The excessive amount of sugar found in candy bars isn't your friend, no matter how you spin it. The best thing sugar will ever do for you is offer a temporary high—which inevitably results in a sharp low-blood-sugar crash and leaves your energy levels even lower than before. This begins a vicious cycle, because your body starts to crave even more sugar to get your blood glucose levels back in check. Basically, sugar is an energy loan shark.

So what should you eat in the event of an afternoon energy slump? One to two ounces of protein can stabilize your blood sugar for hours. Healthy energy-boosting snack options include a handful of nuts and seeds, a piece of string cheese, or apple slices slathered in nut butter.

Another way to boost your energy at this time of day is with adaptogens like ashwagandha and rhodiola. These clinically studied botanicals have the unique ability to increase alertness and focus without causing jitters. You'll feel balanced and revitalized instead of exhausted and strung out. Plus, adaptogens benefit your health in other ways as well—they can relieve depression, counteract insomnia, and boost immune health. ■



Jacob Teitelbaum, MD, is a board-certified internist and an expert in chronic pain. He is the author of numerous books and booklets including *The Complete Guide to Beating Sugar Addiction*.

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A top-down view of a dark grey bowl filled with a colorful salad. The salad includes red kidney beans, sliced avocado, diced orange sweet potatoes, and a mix of green leafy vegetables like spinach and arugula. A small white bowl of cooked quinoa sits to the right of the main bowl. A yellow-handled fork is visible on the left side of the bowl. The background is a dark, textured surface.

Get REAL!

Savvy
supermarket tips
for healthier meals

by Kim Erickson



You've given up cookies, chips, and soft drinks in favor of healthier fare. You even bypass convenience foods as you head straight for the produce section. But, despite your efforts, could the wholesome food you buy actually be working against your health?

For most of human history, we've eaten healthy, minimally processed meat, grains, fruits, and vegetables. But food is different now. After World War II, nutrition took a backseat to flavor and convenience as scientists discovered new ways to manipulate our food. As a result, much of the food we buy today has been altered and stripped of its nutritional value.

THE PROBLEM WITH PRODUCE

The closest many of us ever get to a farm is the produce aisle. But, while the mounds of colorful fruits and vegetables may conjure up quaint images of country life, today's fields bear little resemblance to the picture-perfect farms we imagine. The sad fact is that agribusiness has replaced the family farm and technology has taken the place of stewardship. Although these agricultural advances provide cheaper, more available food for us all, it comes with a cost.

Despite overwhelming evidence that pesticides pose a threat to human health, conventional farmers continue to rely on these chemicals. As a result, three-quarters of the produce on supermarket shelves contain pesticide residue, including some, like DDT and dieldrin, which were outlawed for use on American crops in the 1960s after scientists found that long-term exposure could cause cancer, birth defects, spontaneous abortion, and nerve damage in humans.

Along with an arsenal of chemicals, agribusiness has come up with a new

way to manipulate our food crops. Genetic engineering—the science of artificially inserting the genes of one plant or animal into another—is the latest high-tech marvel to hit the farm. Fans of GE food say it's a sure way to boost the food supply, enhance the nutritional profile of a wide range of crops, and reduce the need for pesticides. But recent studies report that farmers who have converted to GE crops are using as many or more agricultural chemicals to keep bugs and weeds at bay. One 2016 study conducted at the University of Virginia found an uptick in herbicide use as weeds become resistant to genetically modified crops. Seeds are also treated with pesticides that are highly potent even at small doses. Scientists around the world have expressed concern over the toxic effects that one of these seed-treatment chemicals, neonicotinoids, has on bees and other pollinators. This has led to restrictions on their use in Europe.

Despite these concerns, GE ingredients are becoming increasingly common in the U.S. Some experts estimate that nearly two-thirds of the products on supermarket shelves contain genetically modified corn and soy, including tortilla chips, baking mixes, and baby formula. But fortunately, the savvy shopper has options as 90 percent of grocery stores now carry at least some organic produce. Not only is the produce fresher and tastier, much of it is locally grown. Studies show that organic produce is also better for you. A large meta-analysis of more than 300 studies that appeared in the *British Journal of Nutrition*, found that organic fruits and veggies have substantially higher antioxidant concentrations. In fact, the organic crops had about 50 percent higher anthocyanin levels compared with conventional crops. Anthocyanins are powerful antioxidant compounds that give fruits and vegetables like berries their blue, purple, and red hues.

A CARNIVORE QUANDARY

You may think that the meat, poultry, and fish at your local meat counter are good sources of protein, but tossing them in your shopping cart could provide more than you bargained for. Because factory-farmed animals are subjected to overcrowded and unsanitary living conditions, they are routinely given low-dose antibiotics to promote growth and keep disease at bay—a practice that may cause resistant strains of bacteria. One study in the *New England Journal of Medicine* found antibiotic-resistant salmonella in one out of every five samples of supermarket hamburger the researchers tested. Along with antibiotics, cattle may also be given growth hormones to fatten them up and speed their journey to the slaughterhouse.

Poultry has its own set of problems. Chickens, turkeys, and other fowl are routinely given feed laced with arsenic—a known carcinogen—to prevent parasitic infection and promote weight gain. But new research in the journal *Angewandte Chemie* reports that the metabolic breakdown of the compounds in arsenic are significantly more toxic than the arsenic itself. And unlike organic or naturally raised chickens, which are raised without unnecessary antibiotics, fed organic grains, and allowed to roam freely, conventional chickens are intensively bred in cages not much bigger than an iPad.

America's fish supply has also been contaminated. According to a report by EWG, farm-raised fish—especially salmon and tilapia—contains significantly higher levels of polychlorinated biphenyl (PCBs) than wild Pacific salmon. PCBs were banned

in the late 1970s after it was found that they caused cancer and birth defects. What makes PCBs so toxic is that they accumulate in the body's fatty tissue, so even low-level exposure can cause problems later in life.

Brain-damaging mercury is another concern for fish lovers—and it's not just found in tuna. Testing by the FDA found that 90 percent of commercial haddock and shrimp, and about 75 percent of frozen fish sticks harbor high levels of mercury,



as does shark, swordfish, tilefish, and king mackerel. Low-mercury choices include rainbow trout, wild Alaskan or Pacific salmon, king crab, sole, catfish, sardines, crawfish, striped bass, clams, and squid.

DAIRY DILEMMA

Although banned in most other industrialized nations, Monsanto's genetically engineered recombinant bovine growth hormone (rBGH or rBST) is still injected into America's dairy cows to boost milk production. This modified milk contains high levels of another hormone—insulin-like growth factor 1 (IGF-1). Although a number of studies have found that excess IGF-1 can increase the risk of breast, prostate, colon, and lung cancers, the FDA fast-tracked the approval of rBGH in 1993.

Unfortunately, consumers can't tell if their gallon of milk is laced with rBGH thanks to labeling restrictions. However, organic dairy products are free from this man-made hormone as well as other additives.

TRULY HEALTHY CHOICES

So what's the answer? Opt for food as close to nature as possible. That often means organic. Not only is organic typically safer, it's also healthier. In a review of 41 studies comparing the nutritional value of organically grown and conventionally grown produce, researchers found that, on average, organic fruits and vegetables offer 27 percent more vitamin C, 21 percent more iron, 29 percent more magnesium, and 13 percent more phosphorus than their conventional counterparts. Other studies show that organic milk contains higher levels of omega-3 fatty acids, conjugated linoleic acid, α-Tocopherol, and iron.

Even though organic foods are often slightly more expensive than typical supermarket fare, the health and nutritional benefits—not to mention the peace of mind—you gain are well worth it. Bon appétit! ■



Kim Erickson is a respected health and medical writer, as well as the managing editor of *Integrative Lifestyles*. In addition, she is the author of *Drop Dead Gorgeous: Protecting Yourself from the Hidden Dangers of Cosmetics*

and the co-author of *Living Lessons: My Journey of Faith, Love, and Cutting-Edge Cancer Therapy*. Kim is also a Certified Nutrition and Wellness Consultant who has been involved with the fitness and integrative health industry for more than 20 years.

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Ask
The
DOCTOR

REAL ANSWERS for REAL PEOPLE

by Robert Corish, MD

Q: I recently stopped drinking energy drinks because

I read some pretty scary information about them. However, I still struggle with low energy and have a hard time concentrating and staying awake throughout the day. Is there a natural alternative I can try?

A: While energy drinks can produce a short-term boost in energy, they can also have unhealthy side effects and significant consequences. In 2017 a mini-review found that energy drinks can negatively affect the cardiovascular system (abnormal heart rhythm and blood pressure), metabolism, and cognitive function.

To naturally increase energy levels, there are two herbs that come to mind that have been shown to improve energy without side effects. They are: ashwagandha (*Withania somnifera*) and rhodiola (*Rhodiola rosea*). Both have demonstrated increased energy levels in human clinical studies. These botanicals belong to a group of natural compounds known as adaptogens, which regulate cellular processes during times of stress. Adaptogens increase the body's resistance and tolerance to physiological stress, thereby preventing negative effects, such as fatigue.

Adaptogens are incredibly safe and can be taken on a daily basis. Many of the clinical studies pointed to effective dosages between 300 to 600 mg of ashwagandha and rhodiola, and both have excellent safety profiles.

The quality of herbal extracts can vary greatly, therefore, it is important to choose a product comprised of scientifically studied ingredients and which are accurately standardized to contain effective doses. Ashwagandha root extract should contain standardized withanolides, while rhodiola's standardized key compounds are salidroside and rosavins.

Other ways to improve energy:

- **Adequate hydration** throughout the day with high-quality water is essential for energy levels. Add lemon or other citrus juices for added benefits.

- **Coffee** has numerous health benefits, as long as it's not overloaded with sugar. Opt for black coffee or

add coconut oil, butter, or cream for a more sustained release of caffeine.

- **Exercise** for a few minutes in the morning to increase your heart rate and blood flow. Try yoga, tai chi, or stretching.

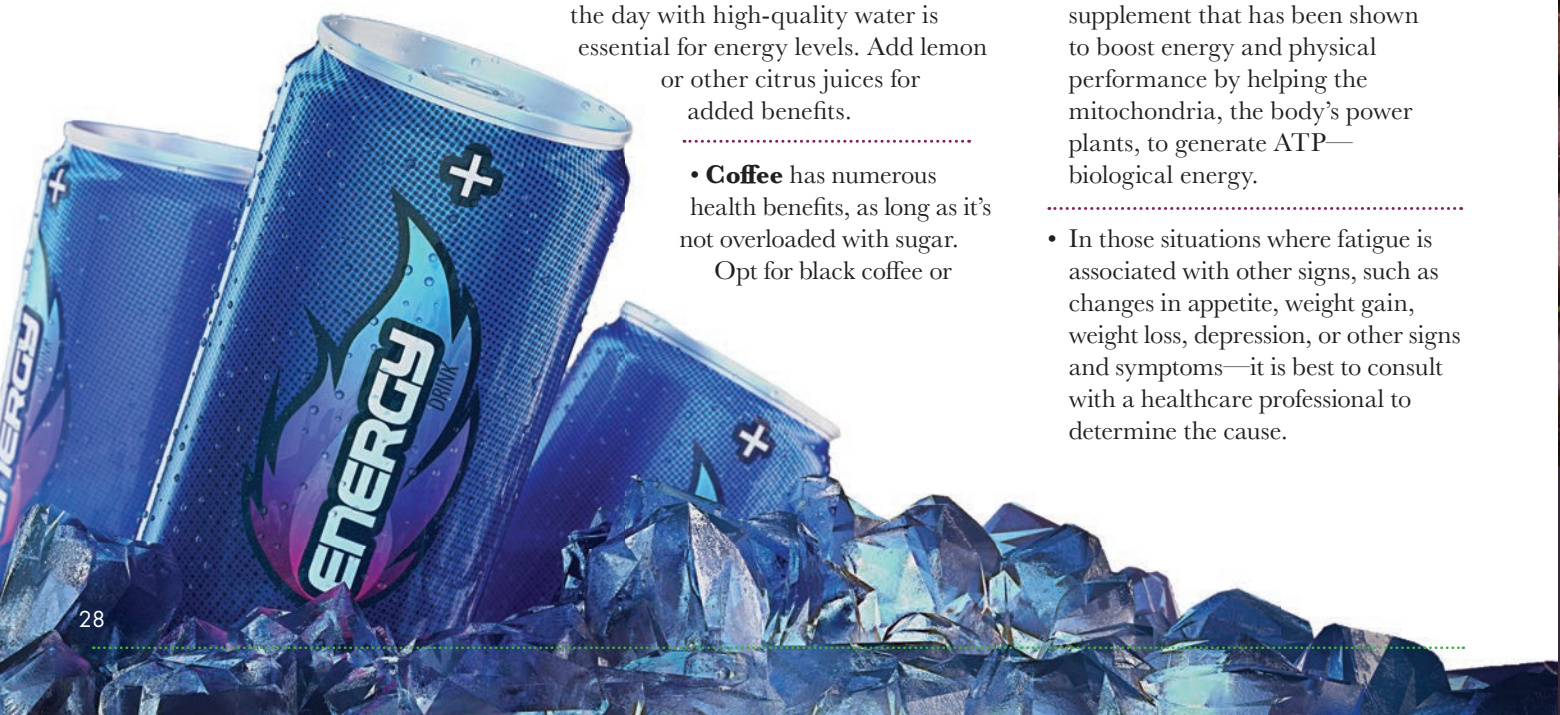
- **Modifying your diet** can also boost energy. Try cutting back on carbs and sugar, as they cause "spikes and crashes" in blood sugar levels, resulting in fatigue and mental fog. Instead, increase your intake of high-quality protein and healthy fats such as cold-pressed extra virgin olive oil.

- Find ways to **control stress**, since fatigue often goes hand-in-hand with stress. Techniques such as controlled deep breathing, meditation, and journaling can be exercised for just a few minutes throughout the day, and can make a real difference.

- **B vitamins** can also help with energy production. Many people are deficient in the enzymes needed to convert the B vitamins into their active form. Look for B vitamins in their methylated (active) form like B6 as pyridoxal-5-phosphate, B12 as methylcobalamin, and folate as methylfolate.

- **Astaxanthin** is another nutritional supplement that has been shown to boost energy and physical performance by helping the mitochondria, the body's power plants, to generate ATP—biological energy.

- In those situations where fatigue is associated with other signs, such as changes in appetite, weight gain, weight loss, depression, or other signs and symptoms—it is best to consult with a healthcare professional to determine the cause.





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Q: I was recently diagnosed as pre-diabetic. I want to avoid going on medications if at all possible. What do you suggest for natural blood sugar support?

A: Diabetes has reached epidemic proportions in the United States, and around the world. Current estimates suggest that almost 400 million people in the world have diabetes and that number will rise to 600 million by 2035. This is incredibly troublesome because chronically elevated blood sugar leads to multiple health issues, such as obesity, hypertension, heart disease, stroke, kidney dysfunction, blindness, nerve damage, and hearing impairment.

Type 1 diabetes is predominantly an autoimmune condition, whereas, pre-diabetes and type 2 diabetes are mainly lifestyle-induced and can be largely controlled by diet and lifestyle changes. Additionally, there is an herb called *Hintonia latiflora* that has shown significant improvements in blood sugar levels.

Clinical studies have demonstrated that *H. latiflora* can reduce fasting and postprandial glucose levels by 23 percent, and hemoglobin A1C (HbA1C) by 10 percent. Fasting and postprandial glucose measurements provide information about your real-time (now) blood sugar status, while the HbA1C test provides an indication of what your blood sugar levels have been for the past three months, in other words, a HbA1C shows your blood sugar trends over time and is a more useful indicator of pre-diabetes and diabetes.

In a 2006 study using *H. latiflora*, patients were followed for almost three years with no hypoglycemic events or other adverse effects. This is important because when used

incorrectly, diabetic medications can drop blood sugar levels very rapidly and lead to hypoglycemia—or low blood sugar. Patients can experience dizziness, faintness, blurry vision, mood changes, and they can even be life-threatening. Fortunately, *H. latiflora* is not only effective, but also safe enough to take with each meal.



LIFESTYLE CHANGES:

- Adequate exercise is crucial for preventing diabetes. Exercise strengthens your cardiovascular system, improves glucose utilization and metabolism, reducing your risk of heart disease.
- Achieving 6 to 8 hours of restful sleep per night. There is sufficient scientific evidence that points to a link between sleep deprivation and diabetes.
- Smoking and alcohol can also complicate pre-existing blood sugar issues and increase the risk of complications.

DIETARY CHANGES:

- Reduce/eliminate refined carbohydrates—white bread and rice, cookies, crackers, and pasta. Reducing carbohydrate intake can be difficult, but try starting by replacing refined carbohydrates with whole-grain options instead. Chronic consumption of refined carbohydrates can lead to insulin resistance which is a precursor for diabetes type 2.
- Incorporate non-starchy fruits and vegetables: avocados, berries, grapefruit, broccoli, and dark leafy greens.
- Looking for healthy snacks? Try nuts, seeds, bean dips, hummus, vegetables, fruits, and berries.

ADDITIONAL NATURAL INGREDIENTS:

- Grape seed extract is excellent for the vascular system and can help prevent

or reverse abnormal changes caused by high blood sugar. Look for a tannin-free French grape seed extract that is standardized to low molecular weight OPCs (oligomeric proanthocyanidins) as these are able to be fully utilized by the body.



- Mesoglycan can repair and rebuild damaged blood vessels. A study published this year involving diabetic patients showed that supplementation with mesoglycan helped improve peripheral artery disease.
- Alpha lipoic acid (ALA) helps to stabilize blood sugar levels, reduce inflammation, and increase the body's natural antioxidant production. ALA is often combined with B vitamins and trace minerals to help treat or prevent diabetic neuropathy.
- Curcumin has also been shown to decrease the risk of cardiovascular issues in people with type 2 diabetes. Please note that not all curcumin products are equal. Look for a clinically studied curcumin that is blended with turmeric essential oils for maximal absorption and a product containing the highest-quality standardized curcuminoid complex (curcumin, demethoxycurcumin and bis-demethoxycurcumin). ■



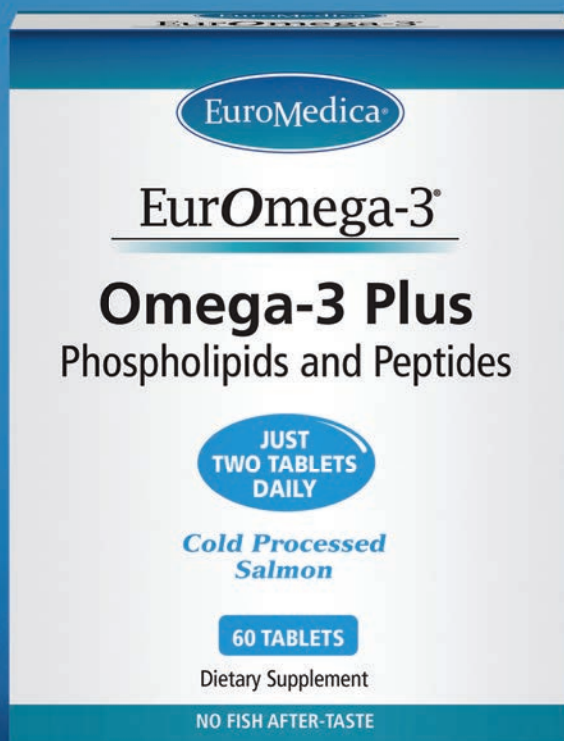
Robert Corish, MD,

is an expert in preventative medicine. His interdisciplinary approach incorporates conventional medicine with integrative medicine and orthomolecular medicine, a combination that

offers many more tools to the physician. Dr. Corish describes himself as a “lifelong medical student” as he continues to study and research the latest breakthroughs—particularly in functional nutrition and preventative medicine strategies. He is a Fellow of the Health Studies Collegium, and an associate of the American College of Nutrition.

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RESEARCH ROUNDUP



It's our goal here at *Integrative Lifestyles* to bring you the latest in cutting-edge research for a variety of common health issues. Because we believe that knowledge is power—especially when it comes to health—we are digging deeper into the exciting new research from leading medical journals and breaking it down to help you get the most from today's science.

Echinacea – Still an Immune-Boosting Champion

THE STUDY ABSTRACT:

Echinacea reduces the risk of recurrent respiratory tract infections and complications: a meta-analysis of randomized controlled trials.

INTRODUCTION: Respiratory tract infections are common, and these infections occur frequently in children, susceptible adults, and older persons. The risk for recurrences and complications relates not only to the presence of viruses but also to immune function. Therefore, modulation of the immune system and antiviral interventions such as echinacea might reduce the risk of recurrences and possibly the development of complications.

METHODS: MEDLINE, EMBASE, CAbplus, BIOSIS, CABA, AGRICOLA, TOXCENTER, SCISEARCH, NAHL, and NAPRALERT were searched for clinical trials that studied recurrent respiratory infections and complications on treatment with echinacea extracts in a generally healthy population. Two independent reviewers selected randomized, placebo-controlled studies of high methodological quality

and a Jadad score of ≥ 4 . Relative risks (RRs) with 95% confidence intervals (CIs) were calculated according to a fixed effect model.

RESULTS: Six clinical studies with a total of 2458 participants were included in the meta-analysis. Use of echinacea extracts was associated with reduced risk of recurrent respiratory infections (RR 0.649, 95% CI 0.545-0.774; $P < 0.0001$). Ethanol extracts from echinacea appeared to provide superior effects over pressed juices, and increased dosing during acute episodes further enhanced these effects. Three independent studies found that in individuals with higher susceptibility, stress, or a state of immunological weakness, echinacea halved the risk of recurrent respiratory infections (RR 0.501, 95% CI 0.380-0.661; $P < 0.0001$). Similar preventive effects were observed with virologically confirmed recurrent infections (RR 0.420, 95% CI 0.222-0.796; $P = 0.005$). Complications including pneumonia, otitis media/externa, and tonsillitis/pharyngitis were also less frequent with echinacea treatment (RR 0.503, 95% CI 0.384-0.658; $P < 0.0001$).

CONCLUSION: Evidence indicates that echinacea potentially lowers the risk of recurrent respiratory infections and complications thereof. Immune modulatory, antiviral, and anti-inflammatory effects might contribute to the observed clinical benefits, which appear strongest in susceptible individuals.

Source: Schapowal A, Klein P, Johnston SL. *Adv Ther*. 2015 Mar;32(3):187-200.

WHAT IT MEANS TO YOU:

For some people, coughs and colds are practically a constant fact of life. And when it comes to respiratory illnesses, children and at-risk adults with weakened immune systems are especially prone to recurrence.

Despite some detractors over recent years, this analysis of six clinical studies involving over 2,400 patients found that echinacea (*Echinacea purpurea*) extracts remain a premier natural medicine. Researchers found that for anyone with a greater susceptibility for respiratory illness, echinacea cut the risk of reinfection by half. The studies showed that echinacea also reduced the incidence of pneumonia, tonsillitis, and ear infection. Not surprisingly, during an illness, higher dosages showed the strongest effects.

A cold or virus can strike any time of year. But a standardized echinacea extract, especially when combined with other strong immune-boosting ingredients like *Andrographis paniculata* and *Pelargonium sidoides*, can help you and your family overcome illness faster and stay healthier longer.



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† Blood GSH/GSSG Ratio compared to unprotected glutathione

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Rhodiola: Relief From Burnout Syndrome

THE STUDY ABSTRACT:

Multicenter, open-label, exploratory clinical trial with *Rhodiola rosea* extract in patients suffering from burnout symptoms.

PURPOSE: This study is the first clinical trial aiming to explore the clinical outcomes in burnout patients treated with *Rhodiola rosea*. The reported capacity of *R. rosea* to strengthen the organism against stress and its good tolerability offer a promising approach in the treatment of stress-related burnout. The aim of the treatment was to increase stress resistance, thus addressing the source rather than the symptoms of the syndrome and preventing subsequent diseases associated with a history of burnout. The objective of the trial was to provide the exploratory data required for planning future randomized trials in burnout patients in order to investigate the clinical outcomes of treatment with *R. rosea* dry extract in this target group.

METHODS: The study was planned as an exploratory, open-label, multicenter, single-arm trial. A wide range of rating scales were assessed and evaluated in an exploratory data analysis to generate hypotheses regarding clinical courses and to provide a basis for the planning of subsequent studies. A total of 118 outpatients were enrolled. A daily dose of 400 mg *R. rosea* extract (WS®

1375, Rosalin) was administered over 12 weeks. Clinical outcomes were assessed by the German version of the Maslach Burnout Inventory, Burnout Screening Scales I and II, Sheehan Disability Scale, Perceived Stress Questionnaire, Number Connection Test, Multidimensional Mood State Questionnaire, Numerical Analogue Scales for different stress symptoms and impairment of sexual life, Patient Sexual Function Questionnaire, and the Clinical Global Impression Scales.

RESULTS: The majority of the outcome measures showed clear improvement over time. Several parameters had already improved after one week of treatment and continued to improve further up to the end of the study. The incidence of adverse events was low with 0.015 events per observation day.

DISCUSSION: The trial reported here was the first to investigate clinical outcomes in patients suffering from burnout symptoms when treated with *R. rosea*. During administration of the study drug over the course of 12 weeks, a wide range of outcome measures associated with the syndrome clearly improved.

CONCLUSION: The results presented provide an encouraging basis for clinical trials further investigating the clinical outcomes of *R. rosea* extract in patients with the burnout syndrome.

Source: Kasper S, Dienel A. *Neuropsychiatr Dis Treat.* 2017;13:889-898.

WHAT IT MEANS TO YOU:

Adaptogens, including rhodiola, are growing in popularity although they've been used in traditional medicines for generations. That's because people now have discovered what has been known for ages: These herbs help you deal with the challenges of life.

If you suffer from the feelings of stress and burnout that zap your physical and psychological well-being, this study shows that rhodiola provides a great way to turn that around.

This clinical study tested a variety of burnout-related factors, including mood, stress symptoms, and sexual function. Although it was a 12-week study, participants already felt a positive difference—and the most dramatic difference—in just one week. By the end of the trial period, the results were even more impressive, especially their improvements in categories focused on “joy” and “zest for life.”

Rhodiola offers a safe, effective, and constructive way to support you through stressful situations and the overwhelming combination of fatigue and negativity that are part of feeling burned out. Adding rhodiola to a daily supplemental regimen could be one of the healthiest responses you could make. ■



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[†] Occasional muscle pain due to exercise or overuse.

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[†] Supports healthy blood sugar levels already within normal range

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