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Dear Friends,

Many of my readers in New England were distressed when I wrote that I had moved to Florida, thinking that I had quit the Northeast for good. However, I can reassure those of you from the region that I will be returning sometime in the Spring, and will again see patients in my two offices, Arlington, MA, and Amherst, NH. I very much appreciate your concerns and desire to have me in the area.

I made the move to Florida for a variety of reasons, but as you might imagine, the primary one was the winter weather. I am able to be outdoors more, and I'll have an easier time exercising year round. In addition, I'll be able to grow melons more easily, and papayas, which are impossible in New England. This all fits in well with my commitment to a healthy diet and lifestyle.

Big Business in Obesity

Reuters reported in October that many businesses are now catering to the obese population, from vacation resorts with stronger beds, wider stairs, and armless chairs, to companies marketing larger towels, larger clothes hangers, and seat belt extenders. According to the article, weighing scales are now available that go up to 1000 pounds.

A spokesperson for the obese population, herself 324 pounds, noted that the majority of the population is overweight, so it is simply good business to cater to them. This may be true from a business perspective, but overweight and obesity have much wider implications. In fact, another "business" thrives as a result of the high rate of obesity—health care.

It was recently reported that one of the sectors of the economy that was leading the recovery was health care, with the implication that this was a social good. This may have benefits for the economy, but is it not shortsighted to in any way consider an increase in the utilization of health care services as being good for the community? One of the contributors to increased use of health care facilities is the high rate of overweight and obesity.

With the increased risk of heart disease, hypertension, diabetes, arthritis, cancer, and accidents among the overweight and obese, it is not surprising to find that health care costs are directly related to weight. Several studies show that costs go up by 10, 36, and 45 percent as body mass index (BMI), normally 18-22, rises to 25, 30, and then above 35 Kg/sq.m., which reflects obesity.

It is unfortunate that interest in diet and weight loss programs, as well as fitness centers has been declining in spite of the need for better health and weight control. A healthy diet is inexpensive, and a regular walking program requires no extra expenditure—except of calories.

Managing Injuries

While recent months have been both exciting and stressful for me, I have also learned some lessons—such as the importance of being patient and careful. What with buying a home in Florida, packing up and selling a home in Cambridge, putting the garden to bed in New Hampshire, and remodeling the Florida house, I have managed to injure myself several times.

Most recently, a stack of drywall that I was trying to reposition became unbalanced and fell toward me. With some luck I was able to slip out from under, but not before the edge of the stack banged into my thigh (fortunately not breaking it), skittered down and bruised the muscle. (However, the visible bruise was unfortunately not dramatic enough to elicit much sympathy.)

I believe that my high doses of dietary supplements contributed to avoiding a worse injury and more bruising. In addition, I modified my intake after the injury to promote the healing and relieve some of the pain, and two days later my limp was gone and I was back to running.

A number of supplements help to increase tissue and blood vessel strength, reducing damage and bleeding in response to trauma, or promote wound healing. Vitamin C is essential in making the collagen in connective tissue. Bioflavonoids and vitamin C reduce capillary fragility.

Research shows that after a variety of traumas, injury is reduced with vitamin C supplementation. Swelling and tissue injury are reduced after burns when vitamin C is given at the time of the trauma. Intravenous administration of 14 mg/Kg/hour (the amount in one study) translates to giving 1 to 2 gm orally every hour.

Vitamin C also reduces damage and supports recovery after exercise-induced muscle injury. This suggests that other injuries would respond similarly. In one study, with only 400 mg daily for two weeks before demanding exercise, muscle soreness was reduced and function enhanced. Another report from 1982 stated that from 500 to 3000 mg of vitamin C, administered to non-deficient subjects, enhanced healing from surgery, injury, and leg ulcers and improved the quality of collagen. Vitamin C and E enhance recovery in critically ill surgical patients, reduce organ failure, and lessen time in the ICU.

Capillary fragility leads to increased blood leakage and the dramatic appearance of bruises in response to injury (the kind that elicit sympathy). A variety of flavonoids improve capillary resistance to trauma, up to 40 to 65 percent in one study (this is studied by putting a suction cup on the skin and measuring the vacuum pressure needed to cause capillary rupture).

In another study, flavonoids were administered to patients undergoing surgical hemorrhoid removal. Those who received the supplements, but not those on placebo, had a much reduced incidence of bleeding after the procedure.

Flavonoids also reduce acute and chronic inflammation, and they protect against the oxidative damage. They also lessen the swelling that accompanies injury.

Other Nutritional Support

Numerous studies support the role of zinc, arginine, vitamins A, C, and E, and essential fatty acids in the healing process from wounds, physical trauma, and burns. (In severe burns, it may also be necessary to increase protein intake.)

After my injury, I added extra L-arginine and zinc to my supplement program, even though I take some zinc regularly in my multivitamin. Arginine improves both wound healing and immune function in the elderly, enhancing white blood cell function as a side benefit. Typical doses of arginine are from 4 to 10 gms per day.

I also took bromelain as part of my healing program. Bromelain is a pineapple-derived extract containing protein-digesting enzymes and non-enzyme substances. It removes debris left after tissue is injured, reduces swelling, accelerates healing, and is anti-inflammatory. Research suggests that bromelain relieves tenderness, as well as pain at rest and during motion after blunt trauma to muscles.

Some side benefits of bromelain include reduction of platelet aggregation, anti-thrombotic activity, interference with tumor cell growth, stimulation of immunity, and, in animal studies, inhibition of invasiveness of tumor cells.

Bromelain activity is measured in mcu (milk clot units). Typical doses are 5000 to 10,000 mcu daily, more at the start of therapy and tapering off as the healing progresses.

Environmental Protection

You don't need to work at the EPA to worry about toxins in the environment. With our Florida home remodeling, there is an abundance of dust and fumes in the air, from plaster, glues, wood, grout removal, and paint residues, as well as the smoke that drifts in from the workmen who have their cigarettes outside.

I can't help but breathe these in, although I do as much as possible to avoid the working areas and to have a lot of cross ventilation. In order to help protect myself, I vacuum with a HEPA filter to remove small particles. I also do outdoor exercise regularly to help clear my lungs (running on the beach also helps to clear my mind).

In addition to Vitamins C and E, and other antioxidants such as coenzyme Q10, I recommend N-acetyl cysteine (NAC) to help loosen mucous secretions, which helps the cilia lining the airways to bring up the particles that get into the lungs. It is also an antioxidant, protecting against a variety of environmental toxins. I take 500 mg twice a day. This also helps chronic bronchitis and obstructive lung disease.

Calcium D-glucarate helps the liver detoxify chemicals (Walaszek Z, et al., Metabolism, uptake, and excretion of a D-glucaric acid salt *Cancer Detect Prev.* 1997;21(2):178-90). Many toxins are excreted after the liver attaches them to glucuronic acid. In the intestines, this bond may be broken, and the toxin reabsorbed and recirculated to the liver. Calcium D-glucarate helps maintain the bond, so the toxin can be more readily excreted. I take 500 mg twice a day, and I recommend higher doses for more serious exposures.

Finally, I also take 500 mg of silymarin, a flavonoid complex from milk thistle, that is known to support the liver, protect it from toxins, and help regenerate damaged liver cells. It is also known to help with liver damage from mushroom poisoning (Enjalbert F, et al., *J Toxicol Clin Toxicol.* 2002;40(6):715-57).

Ask Dr. J

Q. Do you have any suggestions for preventing another kidney stone? SK, via Internet

A. Kidney stones result from crystallization of substances in the urine that grow to form a hard mass. They can lead to severe pain if they become

obstructed when they pass through the ureter. Ultrasound destruction is the usual treatment, the fragments being passed in the urine.

The most common stone is made of calcium oxalate. Oxalic acid is present in some foods, such as spinach, rhubarb, strawberries, beet greens, tea, and chocolate, among others. Limiting these in the diet may help. Vegetarians have about half the rate of kidney stone formation as meat eaters.

Limit your salt, sugar, and caffeine intake, but dietary calcium appears to help by binding with oxalate in the gut, thus limiting its absorption and reducing stone formation. Drinking plenty of water helps by diluting the urine.

Magnesium and vitamin B6 (pyridoxine) reduce oxalate excretion, and lower the rate of stone formation. Typical doses are 500 mg of magnesium and 100 mg of B6, the amounts in a good multivitamin-mineral. Vitamin C is *not* associated with an increased risk of kidney stones, in spite of the current medical myth.

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Obesity Business

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In the Health News

- Regular exercise and increasing levels of exercise after being diagnosed with cancer are both associated with improved quality of life (Blanchard CM, et al., ...exercise [and] quality of life in adult cancer survivors? *Prev Med.* 2003 Nov;37(5):389-95). At least a half hour of exercise, three times a week, helped compared with decreasing levels (usually as a result of depression, despondency, fatigue or treatment), but this study did not evaluate an effect on survival. Other studies suggest that exercise helps survival in prostate cancer and other cancers (Sawada SS, et al., Cardiorespiratory fitness and cancer mortality in Japanese men... *Med Sci Sports Exerc.* 2003 Sep;35(9):1546-50), while obesity increases recurrence and mortality in breast cancer (Rock CL, et al., Can lifestyle modification increase survival in ...breast cancer? *J Nutr.* 2002 Nov;132(11 Suppl):3504S-3507S).
- A recent analysis showed the public health benefit of preventing age-related macular degeneration, a leading cause of blindness, with vitamins C, E, beta carotene and zinc (Bressler NM, et al., Potential public health impact of ...AREDS report no. 11. *Arch Ophthalmol.* 2003 Nov;121(11):1621-4). A physician ridiculously commented (Reuters, Nov 10, 2003) that they should “only be used in intermediate or advanced disease.” Why wait for an exam to show you are already diseased? How is that preventive medicine?

Diet and Disease

- The Mediterranean diet, rich in fruits, vegetables, fish, fiber, and olive oil, but low in meat, reduces the signs of inflammation that are risk factors for heart disease, and the findings were independent of age, exercise, weight, sex, or education. A related report showed that fish, such as sardines, mackerel, and (wild) salmon, is also related to reduced risk (Reuters, November 9, 2003). Farmed fish are not as healthful, and the farming methods are not environmentally sound.

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Buckwheat with Vegetables

Buckwheat is thought of as a cereal grain, but it is really an herb in the rhubarb family. It contains no gluten (for those who are gluten sensitive). The edible portion is technically a “fruiting body” that can be toasted after the hull is removed (kasha), and eaten in a variety of dishes. It is rich in protein and fiber. My mother used to coat kasha with beaten eggs and stir it around in a dry skillet with onions until it was dry and toasty. You can do this with or without the egg. Then boil the mix in twice as much water as buckwheat (with a little soy sauce, or replace water with vegetable broth—organic is available from Imagine Foods), adding garlic and cayenne pepper. Next, blend in some stir-fried vegetables, such as diced carrots, celery, more onion, broccoli, and herbs to taste. You can also add some diced tofu to the vegetables.

In summer and fall, I see patients at **WholeHealth New England**, in Arlington, Massachusetts, and at the **Center for Preventive Medicine**, in Amherst, New Hampshire. I also do phone and email consults; email to drjanson@drjanson.com.

For appointments in Arlington call **617-547-0295**. For Amherst call **603-673-7910**. In other seasons, call **386-409-7747** for phone consults.

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