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Michael Janson, M.D.
Editor, Healthy Living

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Dear Friends,

In a book on time management, Edwin Bliss noted a difference between striving for excellence and striving for perfection. “The first is attainable, gratifying, and healthy. The second is often unattainable, frustrating, and neurotic. It’s also a terrible waste of time.” In striving for excellent health, you can go a long way by making small steps in the right direction.

I always suggest learning, as much as possible, the ideal approach to healthy diet, dietary supplements, exercise, stress management, personal growth, and aesthetic living. However, it is neither possible nor necessary to be perfect in the implementation of these ideals, and any step that you take toward your health goals, no matter how small, is an important contribution.

For example, if you can start walking 30 minutes four times a week, it will do more for you than setting a goal of running 40 minutes every day and then giving up when you miss a day. It will help you much more to do a visualization exercise for two or three minutes several times a day than planning to meditate for 20 minutes twice a day, only to find that intrusions and scheduling problems interrupt your schedule so that you don’t do any.

Eventually, if you set reasonable goals, you may find that you can expand your commitment and add more to your health program

without undue stress. For example, a complete dietary change might not be feasible for you at one time, but this does not mean that smaller changes are not significant. I recommend the elimination of foods with added sugars (as opposed to fruits that naturally contain sugars). This is a great step in making a transition to a healthy diet. Even if you find that eliminating sugary foods on weekdays is the best you can do, it will be a help. If you can also eliminate margarine and hydrogenated oils, that will be another positive step. Later you can make further dietary changes for better results.

Of course, some people find that they can make greater changes, and for them I like to provide a complete program during my consultations, while cautioning others that if they do not do it all they are not failures. Achieving good health and promoting longevity is a gradual process, and there is no need to feel guilty if you find you do not get there all at once. I made changes during the early 1970s, but did not become strict until 1975, but by then I had a lot of experience with better practices.

Of course, the motivation to make positive changes is greater if you have health problems and are suffering, but even then, small changes will help, and may alleviate a great deal of pain and anguish. By all means, do your best to follow an ideal health program, but remember that you are striving for excellence, not perfection, and you can give yourself a great gift of health without strict resolutions that you are unable to fulfill, all the while, aiming at a greater goal.

Pain Killers Have Headaches

The recent spate of reports on the heart health risks from commonly prescribed pain killers have created real headaches for drug companies, physicians, and patients. These “COX-2” inhibitors work by interfering with the production of substances called prostaglandins or prostanoids. They reduce inflammation, pain, and fever.

Non-steroidal anti-inflammatory drugs (NSAIDs) have been around for a long time, and include older ones such as aspirin, ibuprofen (Advil and Motrin), and naproxen (Naprosyn, Aleve). They work by blocking the enzyme cyclooxygenase. Earlier COX inhibitors block COX-1, which protects the stomach lining, as well as COX-2, and this causes a high incidence of stomach inflammation and bleeding.

The newer COX-2 inhibitors (Vioxx, Celebrex) are less likely to cause gastric bleeding, but they have their own side effects. In fact, before the recent revelations about increased risk of death due to heart disease, significant side effects were comparable in patients on the newer drugs and the older ones, but they had different toxicities.

While it is true that the side effects of Celebrex and Vioxx were noted at higher doses and in patients taking them for a longer time, it is not clear whether typical doses might also cause problems, but too few to be revealed in these studies. Often, patients take these medications for the long term, and after they no longer need them for pain control.

The recent information that has led to Vioxx being pulled from the market in September and to Celebrex coming under fire is a 2- to 3.5-fold increase in the risk of heart attacks and an increased risk of stroke. The information was found in a National Cancer Institute study on colon polyp prevention. It appears that even the older drugs, such as naproxen, can increase these risks, so patients are in a quandary regarding what to do for their arthritis. Some are taking older drugs that might cause gastrointestinal bleeding, but taking antacid drugs along with them. Unfortunately, these drugs designed to protect the stomach also have side effects.

In a recent interview on NPR, a rheumatologist from Boston was asked what his office is advising patients about these newly revealed risks,

and he mentioned several options, such as reducing their doses, returning to the older drugs along with drugs to protect the stomach, and seeing if they can do without medications, learning to live with the pain. Not once did he mention the many alternatives to drugs, including acupuncture, stress reduction, weight loss, and many supplements, even those that are commonly known by rheumatologists (their patients have informed them).

Pain Medication Alternatives

The most common reason that NSAIDs are recommended is for chronic pain due to arthritis, and it is with their chronic use that the problems arise. Arthritis pain and inflammation are often helped with non-drug therapies, and very likely to respond to dietary supplements.

Aerobic exercise and resistance training both help to reduce the pain and disability in patients with osteoarthritis. In a study of 439 adults over 60 with knee osteoarthritis showed that the treatment groups improved in functional ability and in reports of pain. Weight loss in overweight patients with arthritis has been effective in reducing symptoms.

Most of the dietary changes that have helped with arthritis are related to rheumatoid arthritis, including vegetarian diets and avoidance of food allergens. So far, research has not supported the relationship of the nightshade family vegetables (tomatoes, potatoes, eggplant, and peppers) to arthritis pain.

Supplements for Arthritis

Mild to moderate pain of osteoarthritis is responsive to glucosamine sulfate (GS), chondroitin sulfate (CS), methylsulfonyl methane (MSM), niacinamide, S-adenosyl methionine (SAME) and fish oil. Inflammation is reduced by curcumin and ginger. While both GS and CS work for arthritis, it is not clear that combining them is better than either alone. I usually recommend the GS because it is less expensive, although some patients have reported that the combination helps them.

On the other hand, recent research does show that combining GS with MSM works better than either alone. The typical dose of GS is 1500 to 2000 mg daily, and adding 1500 mg of MSM has

a synergistic effect. The usual effective dose of CS is 1200 mg daily. Niacinamide has been known to help arthritis since the 1950s, usually in doses of 1500 to 2500 mg (other forms of B3 appear to be equally effective).

Research shows that SAME is as effective as some NSAIDS in reducing the pain and inflammation of osteoarthritis. In comparative studies, 1200 mg of SAME was more effective than ibuprofen in 150 patients with knee osteoarthritis treated for 30 days. In addition, the drug group had more side effects than those on SAME. SAME is also beneficial for the liver and helps with mood. Vitamins E and C and other antioxidants can help both with symptoms and to slow the progression of arthritic joint deterioration.

Fish oils contain the omega-3 essential fatty acids EPA and DHA (eicosapentaenoic acid and docosahexaenoic acid), which are known to promote the production of prostaglandins that inhibit the inflammatory response. Typical daily doses are 6 to 12 gms of oil in capsule form. This is the equivalent of 6 to 12 ounces of wild salmon. Fish oil as well as SAME are also beneficial in relieving symptoms of rheumatoid arthritis.

In summary, it may not be necessary to take pharmaceutical pain killers, and it may be possible to either reduce the dose or the length of time they are taken while still achieving symptom relief. While medications do have their role, lower doses are likely to be far safer.

Ask Dr. J

Q. A friend has a high cholesterol, but because his blood pressure is normal, he is not concerned. Shouldn't plaque in his arteries from the cholesterol cause high blood pressure?

MV, via email

A. While high cholesterol is a risk factor for atherosclerotic heart disease, it does not necessarily cause plaque, especially if someone exercises regularly, maintains normal weight, and has other low risk factors. However, not having hypertension is no guarantee that he does not have atherosclerotic plaque. Many factors contribute to blood pressure regulation, including stress, hormones, mineral levels, and more.

Atherosclerosis is something that develops over time, and how soon it happens is quite variable

from person to person. A normal blood pressure may be independent of the development of arterial disease, and he would be well advised to make an effort to lower cholesterol and any other risk factors.

A healthy diet is valuable not only to maintain a good cholesterol level, but also to provide protection, through high fiber, nutrient, and antioxidant content, from a variety of degenerative diseases, including cancer, arthritis, macular degeneration, cataract, Alzheimer's disease, and Parkinson's disease, among others.

He can lower his cholesterol with regular exercise, dietary fiber, a low fat diet, and supplements of B3 (niacin or inositol hexaniacinate), policosanol, vitamins C and E, chromium, red yeast rice, pantethine, and soy isoflavones and others. Good health practices are like wearing seat belts—they are not perfect protection, but they add to the likelihood of a long healthy life. In addition, diet, exercise, and supplements can often treat problems once they occur.

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Pain Killers Have Headaches

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In the Health News

- A study of lead levels and cataract in men shows that lifetime exposure to lead from tap water, lead paint, and other sources increases the risk of cataract formation. In the 795 men, those with the highest lead levels had 2.5 times the risk of cataract compared to those with the lowest levels. (Schaumberg DA, et al., Accumulated lead exposure and risk of age-related cataract... *JAMA* 2004 Dec 8;292(22):2750-4.) Lead is an insidious toxin that is also associated with high blood pressure and brain deterioration. Lead removal through chelation therapy (intravenous with EDTA and oral treatment with DMSA) is a safe and effective way to reduce body lead burdens.

Diet and Disease

- New research shows that the carotenoids in kale, spinach, turnip greens, broccoli, collards, and other leafy greens protect the lens cells from changes associated with cataract formation. Ultraviolet light from the sun contributes to the free-radical damage that leads to glycoprotein cloudy deposits in the lens. The antioxidants lutein, zeaxanthin, and vitamin E appear to be protective. (Chitchumroonchokchai C, et al., Xanthophylls and alpha-tocopherol decrease UVB-induced lipid peroxidation and stress signaling in human lens epithelial cells. *J Nutr.* 2004 Dec;134(12):3225-32.)
- In the past 50 years, the nutritional value of fruits and vegetables has declined significantly. Protein, calcium, phosphorus, iron, riboflavin (vitamin B2), and vitamin C were all lower. For example, protein was 6 percent lower while riboflavin was 38 percent lower. Farming practices or plant breeding, designed to increase productivity, appear to be detrimental to nutrient value (and flavor). All the more reason that we need to increase fruit and vegetable consumption. (Davis DR, *J Am Coll Nutr* 2004 December, reported by Reuters, 12-14-04)

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Email: drjanson@drjanson.com

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Michael Janson, M.D.

Curried Polenta and Vegetables

Cooking polenta in a crock pot avoids the need for constant stirring. I mix 2 cups of dry corn grits with 6 cups of boiling water in the crock pot on high. An occasional stir is all you need, and it is ready in about 90 minutes. Cook pinto beans in a pressure cooker or use cans of organic beans. Sauté garlic, diced onions, celery, bell peppers, and carrots in olive oil, curry powder, cumin, and ground pepper with some soy sauce or sea salt. Add a can of crushed, roasted tomatoes and the cooked beans and simmer, mixing well. In a baking dish, put a layer of this vegetable mix, adding some baby spinach or other green and chopped cilantro, filling about half the dish. Cover this with the polenta to fill the remaining half and garnish with some grated parmesan or romano cheese. Put in the oven preheated to 350, and bake this for about 45 minutes.

From June to October, I see patients in Arlington, MA, and Amherst, NH. For appointments during this time, call **603-878-2256**. I also do phone consults.

From November to May, I see patients in New Smyrna Beach, Florida. Call **386-409-7747**.

My newest book is *The User's Guide to Heart Healthy Supplements*. You can order it from **QCI Nutritionals** at **888-922-4848**. *Dr. Janson's New Vitamin Revolution* and my other books are also available from QCI Nutritionals or health food stores. You can visit the QCI Nutritionals website at **www.qcinutritionals.com** for quality supplements at reasonable prices.

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