Nutrition 102

Supplements and Pain Disorders

Supplements, not Substitutes

The goal is for fresh fruits and vegetables to form a major portion of the diet, to be the main course rather than a side dish.

The benefits from fruits and veggies are not derived principally from the vitamins; they can therefore not be obtained from the use of multivitamin pills as a substitute for whole foods.

Fruits and Veggies with Highest Antioxidant Value

- o Cranberries
- o Apples
- o Red grapes
- o Strawberries

- Red peppers
- o Broccoli
- o Carrots
- o Spinach



Other Recap Issues from Nutrition 101

- Eat adequate protein $-\frac{1}{2}$ $\frac{3}{4}$ gram per pound of lean body weight, depending on activity level
- Avoid simple sugar and eat low glycemic index foods
- o Avoid artificial sweeteners and other additives
- Avoid food allergens
- o Eat organic to the extent possible
- o Consider reducing or eliminating caffeine



AGE (advanced glycation endproducts) and inflammation

"..circulating glycotoxins (sAGE) can be modulated in human diabetes by altering dietary AGE intake. sAGE changes are followed by parallel changes in levels of inflammatory molecules (CRP, TNFa, and VCAM-1), all three of which are established markers of diabetes and vascular disease.

PNAS 99(24):15596-601, 2002



Low AGE diet

- Limit Animal-derived products, such as cheese, sausage and bacon.
- o Prepare meals under low heat, for least amount of time necessary, and with as much water as possible. Water delays reactions that lead to AGEs.
 - o Boiling, steaming and poaching are preferred to broiling, frying, baking and other high-temperature cooking.
- o Eat vegetables, which are low in AGEs.
- Slice meat very thinly and pass it quickly in a frying pan with little oil.
- Enhance flavor with spices rather than relying on cooking methods like frying to improve taste

Trans Fatty Acid Intake

o Increases insulin resistance.

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- Associated with elevated risk of new onset diabetes.
- o Positively associated with IL-6 and CRP concentrations in women with higher BMI.

Omega-3 fatty acids modify receptivity of PPARγ increasing insulin sensitivity and glucose transport.

Trans fats

- o Major sources: fast foods, bakery products, packaged snacks, and margarines.
- o TFA intake positively associated with markers of systemic inflammation in women (sTNF-R1and sTNF-R2).

Mozaffarian D et al: Am J Clin Nutr. 2004;79:606-12



Care and Feeding of the Joints

- o Water drink at least 2 liters per day
- o Ligaments are made of collagen
 - Hydrolyzed collagen can provide building blocks
 - o Vitamin C, Bioflavonoids, Grape seed help to Cross-link
- o Cartilage is made of GAGs,
 - Glucosamine sulfate is a major building block

Spondylosis

- Hydrolyzed collagen Arthred
- Hydrolyzed collagen provides raw materials for repair of ligaments and tendons
- The dietary equivalent is soup made from bones and gristle and boiled much of the day.
- May also have some benefit for prevention of osteoporosis.



Glucosamine Sulfate:

- Over 300 studies 20 are double-blind, placebo controlled
- Building block of proteoglycans that make up cartilage
- o Proven to:
 - o Regenerate cartilage
 - o Reduce cartilage-degrading enzymes
 - o Relieve joint pain better than LT ibuprofen
 - Increase joint mobility



Glucosamine Sulfate

- NOT Glucosamine Hydrochloride
- o Dose
 - o Up to 3,000mg for 1st 12 weeks
- o Maintenance dose
 - o 1,500mg daily of sulfate form

Side effects

Minimal effect on glycemic control

Chondroitin Sulfate

In 1998 the journal *Osteoarthritis and Cartilage* published 3 double-blind, placebo controlled studies that documented the effectiveness of chondroitin sulfate for treating arthritis.

o In 2000 JAMA reviewed the outcomes of 37 studies on the effects of glucosamine and chondroitin. Chondroitin had a high positive outcome on OA and glucosamine a moderate outcome. (JAMA. 2000:283:1469-1475)

Chondroitin Sulfate

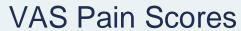
- o Dose: 400mg. 3x daily
- o Side effects: Rare GI disturbance
- Cost only 3% of dose may be absorbed as intact chondroitin
 - o Studies are ongoing to establish whether combination of glucosamine and chondroitin is more effective than glucosamine alone

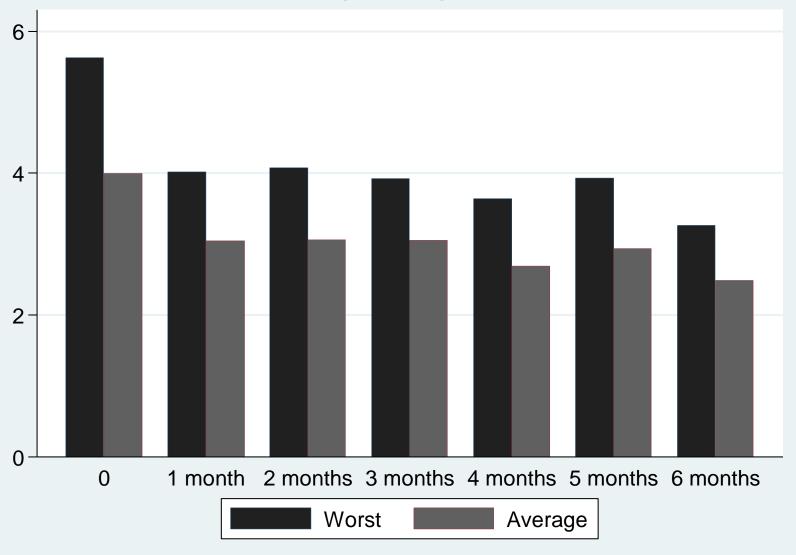
Vitamin D

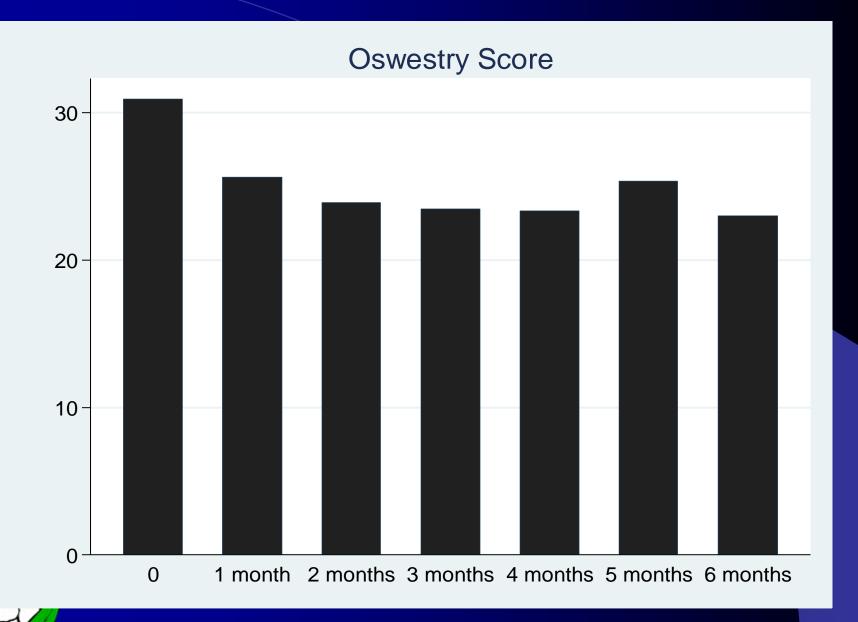
- o 50 Patients with Chronic Low Back Pain
- o 5000 IU vitamin D3/day for 6 months

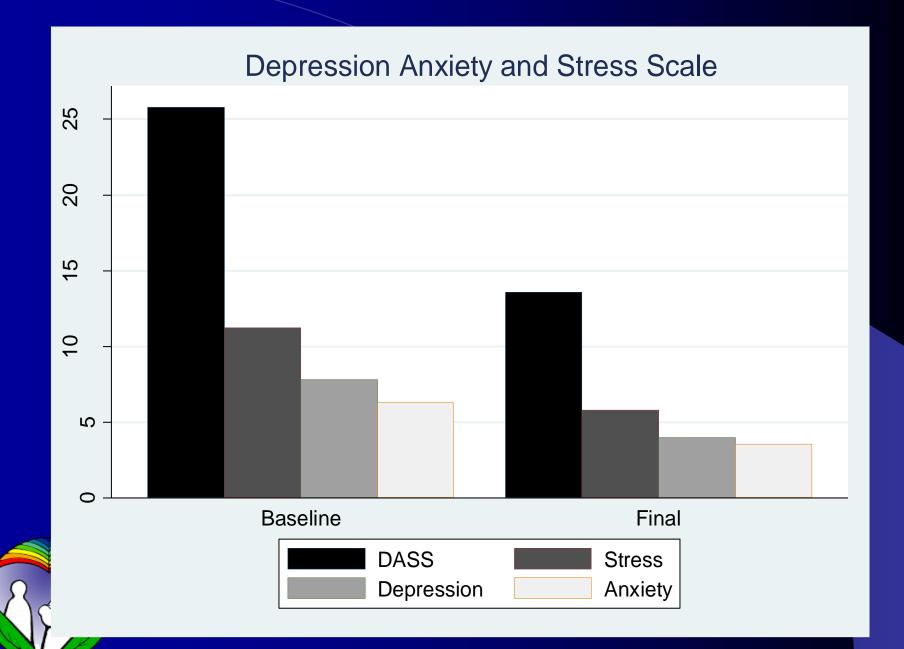
Unpublished data from Vancouver Washington

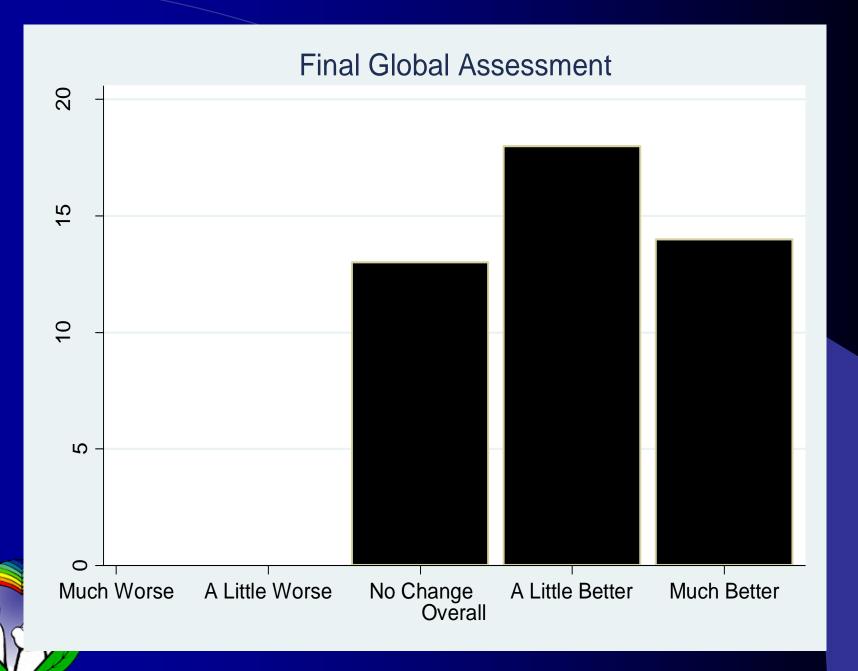












Botanical Therapy - Topical

- o Counterirritation
 - Rubefacients
 - Nettles
- o Capsaicin
 - o Depletion of Substance P
 - o Dose: 0.025% 0.075% applied 4 times per day for 2-4 weeks to determine effect



Capsaicin

Zostrix, Capzasin-P – can dilute with other salve or vaseline if needed

- o Homemade: Cayenne in oil
 - o (Add beeswax to make salve)



Botanical Medicine for OA

- O Boswellia: Ayurvedic herb Researched in India to relieve inflammation, joint swelling, and promote joint circulation
 - o boswellic acids in the tree resin counteract the effects of leukotrienes
 - o Increases joint blood supply
- O Dose: 500mg standardized to 70% boswellic acids 3-5x daily on empty stomach



Botanical Medicine for OA

o Curcumin:

- o Natural anti-inflammatory and anti-oxidant Potentiates cortisol's ability to reduce inflammation.
- o Reduces leukotrienes.
- Dose: 400mg standardized to 95%
 curcuminoids 3x daily on empty stomach

ide effect: dyspepsia

Botanical Therapy for OA

- Combine both Boswellia and Curcumin with 1,000 mg bromelain for max.
 absorption; lecithin may also improve absorption
- In one study, Boswellia, Turmeric (Curcumin) were combined with Withania, Zinc and 70% of subjects had a significant decrease in pain and disability

Curcumin in the Diet

o Black pepper improves absorption 2000%!

 Use in curries, scrambled eggs, "Creamy turmeric tea"



Devil's Claw

- o Harpagophytum procumbens (Devil's claw)
 - 60 mg harpagoside per day
- Primarily analgesic, not much antiinflammatory activity; in one study was as effective as vioxx for low back pain
- o Try for 4-8 weeks

Antioxidants in Tendonitis

Osgood-Schlatter: selenium 50 mcg tid, vitamin E 400 IU/d

I have used this with success in plantar fasciitis as well



Tendonitis - Enzyme Therapy

Certain digestive enzymes, when taken between meals, are absorbed systemically and decrease circulating immune complexes, decrease activated complement, etc.

- Wobenzym-N has been studied in ankle tendonitis, hand flexor tendonitis, supracondylar fractures in children
- We often use bromelain in this way (500 1000 mg three times daily between meals)

Pycnogenol

- o French maritime pine bark extract,
- o Can get quite pricey at higher doses



Effects of Pycnogenol in studies

(but not all in humans, and not all of good design)

- LDL cholesterol, †HDL cholesterol, ↓systolic blood pressure, ↓serum thromboxane
- ↓lymphocyte apoptosis, ↓NF-κB-dependent gene expression
- o \edema and pain, leg heaviness, leg cramps
- platelet aggregation, †diameter of microvessels,
 activate endothelial nitric oxide synthase
- o ↓myocardial remodeling in CHF
 - cataracts and retinopathy, delay uptake of glucose from a meal, speed healing of diabetic ulcers

Conditions treated:

- Asthma Athletic performance
- ∨ Venous insufficiency ∨ Hypertension
- Osteoarthritis
 Menopause
- Diabetes
 Endometriosis
- Retinopathy
 ADHD
- Migraine
- Decrease skin wrinkling
- Improved cognitive function in elderly

Adverse effects: gi discomfort, dizziness, HA, nausea,

none severe; 2.4% in patients, 0.9% in healthy

bjects; Am J Clin Nutr 81(1):243S-255S, 2005 Journal of

thonopharmacology, 133(2):261-277. 2011

Pycnogenol and arthritis

• WOMAC Pain scores after 3 months on pycnogenol (p < 0.05)

Pycnogenol		Placebo		
Inclusion	3 months	Inclusion	3 months	
17.3	7.7	17.1	15.2	

 Exercise test – distance achieved on treadmill at 8 km/h, inclination 10%

	Pycnogenol	Placebo	Significance level
Inclusion	68 m (0–133)	65 m (12–98)	n.s.
3 months	198 m (55–374)	88 m (25–102)	< 0.05

The use of NSAIDs dropped by 58% during treatment with Pycnogenol, whereas under placebo NSAID use was reduced by only 1%.

Table 2. Analgesics consumption in Pycnogenol/placebo group during the time of the treatment

	Pycnogenol group	Placebo group
Same level	62%	82%
Increased dosage	0%	10%
Decreased dosage	38%	8%



o Percentage Reduction of costs

Costs	Pycnogenol	Placebo	Significance level
Drugs and treatments besides NSAIDs	54%	11%	p < 0.05
Hospital admissions	55%	5%	p < 0.05
Days hospitalized	60%	11%	p < 0.05



Other sources of flavonoids, catechins, phenolic acids, and OPC's

(oligomeric proanthocyanidins)

o Grape seed extract

less expensive alternative to pycnogenol



Grape seed extract in Hypertension

O Grape seed extract
Study at UC Davis using 150 – 300 mg per day.
The average drop in systolic pressure was 12 mm. The average drop in diastolic pressure was 8 mm.

University of California, Davis - Health System. "Study Shows Grape Seed Extract May Be Effective In Reducing Blood Pressure." *ScienceDaily*, 27 Mar. 2006. Web. 27 Aug. 2011

Essential Fatty Acids

- Fish oil 2-3 tsp per day of liquid cod liver oil with EPA and DHA, or 2-3 Tblsp of flax oil
- o GLA 500 mg per day, only if already using fish oil



Magnesium

- o Relaxes muscle, Calms nerves
- o Uses:
 - o Muscle spasms
 - o Migraine
 - o Asthma
 - o Prevent Hearing Loss
 - o Help sleep and anxiety
 - o Palpitations



Dosing

- o If kidneys normal, dose to bowel tolerance
- If kidneys not normal, needs to be monitored



Sources of Supplements

 Consumerlab.com reviews for quality, purity

- Vitacost.com generally rates well
 - o Also generally the cheapest source

