

q&a patient queries

our MISSION

is to enable your
doctor to provide
you with the best
and most appro-
priate nutritional
supplements.

Q] **Are all Glucosamine/Chondroitin supplements created equal?**

A] No. First of all, look for the Sulfate form of both Glucosamine and Chondroitin. The studies that have shown real clinical benefit have been done with Glucosamine Sulfate NOT Glucosamine HCL. Also enteric coating of Chondroitin is believed to promote enhanced absorption. Addition of Omega-3s from fish oils is also an important adjunct, given their well-documented anti-inflammatory properties. Other vitamins and minerals essential for the maintenance of healthy cartilage include: B6, E, C, B5, Zinc and Copper.

Q] **What about the suggestion that Glucosamine can raise blood glucose levels?**

A] Though some people have postulated that glucosamine might theoretically elevate blood sugars in diabetic patients, our extensive review of the literature did not reveal any data supporting this hypothesis nor has this been seen in our clinical practices. Once again let us underscore, VitalRemedyMD products are available only through a doctor's recommendation because we believe any person taking *any* supplement or drug, even one as seemingly benign as aspirin, should be guided and monitored by a physician who can determine what is helpful and healthful for that individual.

Did you know....?

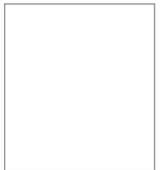
- More people die each year from NSAIDs-related complications than from AIDS and cervical cancer in the United States.
- Lycopene – the carotenoid found in high concentration in tomatoes that is associated with lower risk of prostate cancer and heart disease – will soon be added to our DailyMultiple and Daily2Tab.

To learn more about our products please ask your physician, or visit our website at www.vitalremedymd.com.

AntioxidantBalance® • Daily2Tab • DailyMultiple • HomocysteineFormula
JointFormula • N-AcetylCysteine • PureCalcium • StatinGuard® • VitalOils™
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6401 E. Rogers Circle, #4, Boca Raton, Florida 33487



VitalNews

THE QUARTERLY NEWSLETTER OF VITALREMEDYMD

JANUARY 2005

“First do no harm...” and, “I will remember that there is art to medicine as well as science...” These are the dogma we physicians strive

to uphold in the practice of medicine.

WRITTEN BY, LAURA DENSON BAUM, M.D.

One of the most difficult elements of being a physician is caring for someone in pain while having nothing to offer. We are compelled at least to attempt to provide something palliative, when there is no cure. But, we must all recognize our goals, and as with any intervention, heed the risks. We all welcomed Vioxx when it hit the market as the next and best pain reliever. And for those suffering with the daily draining discomfort and disability

of osteoarthritis, Vioxx seemed to be a godsend. Well, now we know different. Here it seems the unfortunate risks outweigh the benefits. Vioxx is clearly out, but where does that leave us?

If you are one of the many who suffer from osteoarthritis this question is surely on your mind. Osteoarthritis is the most common type of the many forms of arthritis, affecting millions of Americans. It represents a complex response of our joint tissues to aging and environmental and genetic factors. It used to be that doctors and patients accepted stiff, painful joints as an inevitable consequence of aging. And, because osteoarthritis was considered unavoidable, medical intervention focused primarily on relieving pain with nonsteroidal anti-inflammatory medications and steroid injections. That thinking has changed. It is now understood that the risk and burden of osteoarthritis can be reduced by dietary and other lifestyle changes including all those good things that seem to be generally enhancing for one's health: exercise, weight control, mind-body techniques that reduce mental and muscular tension, and even a few dietary and nutritional supplements.

Obesity, recently elevated to a major risk factor for coronary heart disease, also causes osteoarthritis. In fact, though it may appear obvious that weight bearing joints would be damaged by the burden of excess pounds, remarkably not just these joints are more prone to developing arthritis in overweight people. All joints are affected, implying a systemic effect of obesity as well. Fortunately this effect is reversible. And better yet even small amounts of weight loss convey large benefits. In the Framingham Knee Osteoarthritis Cohort Study, people who lost just 10 pounds or more over ten years cut their risk of osteoarthritis of the knee in half.

Regular exercise, a great weight loss tool, also independently helps stop development or progression of osteoarthritis. This occurs as a consequence of various physiological changes that follow exercising any joint: joint fluid production is increased, joint strength is enhanced, pain is lessened and overall joint function has even been shown to be maximized. Though you might intuitively believe that exercising an already arthritic joint would be bad, the opposite is true. Exercise improves the damaged joint by stabilizing and strengthening it. So, if you have not yet been exercising regularly, don't be intimidated. Just start with whatever you can do easily. Get help if you need it. Just do it!

When it comes to symptom relief there is more good news. Unbeknownst to many, there is and has been for some time, an alternative to those nonsteroidal anti-inflammatory drugs (NSAIDs). NSAIDs which can cause stomach pain, kidney damage, and paradoxically, may also inhibit cartilage repair and accelerate cartilage destruction, need not be the mainstay of your treatment. Studies dating back twenty years have been touting the benefits of glucosamine sulfate - a natural product found in the human body. Glucosamine sulfate exists in the body to build and maintain cartilage, tendons, and other connective tissues while inhibiting the growth of cartilage-destroying enzymes. Osteoarthritis is the result, in part, of a short supply of glucosamine

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inside

Why Take

JointFormula?

SETH J. BAUM, M.D. FACC

Founder

VitalRemedyMD

Medical News

Current medical insights

Intelligent

Indulgences

Did You Know

LAURA D. BAUM, M.D.

Editor in Chief

Why Take JointFormula?

WRITTEN BY SETH J. BAUM, M.D. FACC

Given all that we now know about conventional pharmacological treatments of osteoarthritis in contrast with a natural approach using exercise, stress modification and the nutritional supplements glucosamine sulfate and chondroitin sulfate it seems prudent to take the latter approach as a first measure. The natural supplements glucosamine sulfate and chondroitin sulfate have been utilized and studied for over twenty years. As reported in the finest medical journals they were found to reduce symptoms, improve cartilage and joint health, and reduce joint space narrowing. They are well tolerated and there appear to be no side effects other than mild gastrointestinal upset for some people, which is generally alleviated by taking the supplements with a meal. Vitamins and minerals - B6, E, C, B5, Zinc, and Copper - are included in VitalRemedyMD's *JointFormula* as they are known to be essential for maintenance of healthy cartilage and joints. The addition of the omega-3 fish oils, EPA and DHA, further enhances the potential benefits derived from *JointFormula*.

Perhaps the best reason to consider *JointFormula* is that so many of our patients have been pleased with the results, a fact expressed repeatedly in their letters to us:

Dear Doctor; "After my heart surgery you told me to walk, which I did. I was walking three miles in 45 minutes every other day and was feeling good. However, in the past two years or so, due to my arthritis this became impossible. The pain in my knees was very severe. You sent me to my Rheumatologist and he put me on prednisone and methotrexate. This

helped me, but no where near enough. You advised me to try VitalRemedyMD's *Joint Formula* for three months. I did, and in one month it kicked in. It really works. I call it "The Miracle Vitamin."

Dear Doctor; "I have to thank you for prescribing the vitamin *JointFormula*. For the first time in three years I have not had fluid drained from my osteoarthritic knees. Previously I had my knees drained every two to three months, plus cortisone shots, to relieve severe pain. Since I have taken *JointFormula*, I have not had any fluid in my knees and I no longer take Darvocet for pain. You know that I am a pessimist from the word go, and I reluctantly took the pills, but I am so glad you convinced me to do so. Again, thank you."

Dear Doctor; "For years I suffered with lower back pain in the area of my tailbone. I saw several physicians, had CT-scans and X-rays, but no one could find the cause. The last physician I saw said it might be some kind of arthritis. When I told my husband about this, he said that he heard that your *JointFormula* worked great on arthritic joints. Being a skeptic, I said that I would try it, but would only take two a day instead of the recommended four. After about a month with little change I decided to stop taking them. My husband convinced me to continue them at the recommended four a day regimen. After two weeks I began to notice a difference and after a month, the pain was almost completely gone. It has now been six months since I started them and the pain is gone. As a bonus, the moderate pain that I was experiencing in my elbow is also gone! Thanks so much for such a great product!"

"I have not had any fluid in my knees, and I no longer take Darvocet for pain."

medical news and events

Acetabular Bone Destruction Related to Non-Steroidal Anti-Inflammatory Drugs

A full twenty years ago, a retrospective investigation of the relationship between use of NSAIDs and joint destruction in primary osteoarthritis of the hip revealed a highly significant association. *Lancet*. July 1985.

Vioxx Withdrawal Prompts Reevaluation of COX-2 Inhibitor Safety

The FDA approved rofecoxib (Vioxx) in 1999 for pain and inflammation caused by osteoarthritis. Compared to non-selective NSAIDs that block both COX-1 and

COX-2 (cyclooxygenase), the purported advantage of Vioxx and other COX-2 selective inhibitors was lower risk of gastrointestinal ulcers and bleeding, because the COX-1 enzyme helps protect the stomach lining. In June 2000, research studies revealed an increased risk of serious cardiovascular events, including myocardial infarction and stroke, for Vioxx compared with placebo. In the wake of worldwide withdrawal of Vioxx on Sept. 30, 2004, concerns are surfacing over whether the adverse cardiovascular risk may be a class effect extending to the other COX-2 inhibitors, Celebrex and Bextra. The FDA intends

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in our joints, resulting in severe pain and swelling in the joints, and loss of flexibility in the limbs. The best news is that the benefits of this natural remedy go well beyond symptom relief. On January 21, 2001 MSNBC reported the conclusions of what the prestigious and quite conservative *Lancet* medical journal found with respect to use of glucosamine sulfate in treating osteoarthritis. In no uncertain terms the *Lancet* article reported, "Previous studies had indicated glucosamine could dull the pain of arthritis, but experts say the latest study shows for the first time that it can improve structure in the joints." Studies have shown that oral supplements of glucosamine sulfate are readily absorbed and can lead to stimulation of healthy new cartilage and other protective molecules. Studies have also shown that this benefit came without any toxicity, contraindications, or other harmful side effects.

Glucosamine should be taken every day. It is a slow

acting supplement that may take up to three months to show its full benefits. Dosage is 1,500 mg per day. It is best taken with several other components that have been shown to be important in cartilage synthesis and repair: Chondroitin sulfate also exists naturally in our cartilage and has a synergistic effect when used in combination with glucosamine to treat osteoarthritis and promote overall joint health and resilience. Enteric coated chondroitin sulfate has been suggested to be most beneficial as it is better absorbed by our bodies. Several essential vitamins and minerals are important for their role in synthesis and repair of cartilage: Vitamins E and C, Pantethine (Vit B5), Vitamin A and B6, Zinc, and Copper. Omega-3 fatty acids from fish oils are yet another helpful component: an excess consumption of omega-6 as compared to omega-3 fats predisposes to inflammation, while supplementing omega-3 fats has been shown to actually diminish inflammation.

intelligent indulgences

Wintertime Veggie Chili

INGREDIENTS

- 1 Tbsp olive oil
- 2 small yellow onions, diced
- 2 cloves garlic minced
- 1 butternut squash, peeled and cut into 1-inch cubes
- 4 stalks celery, thinly sliced
- 2 cans (14.5 oz) chopped tomatoes in puree
- 1 can (16 oz) black beans, drained and rinsed

- 1 small can whole kernel corn
- 1 1/2 cups chicken broth
- 2 tsp ground cumin
- 1 tsp chili powder
- 1 tsp salt
- 1/4 tsp cayenne pepper
- Shredded parmesan cheese for garnish (optional)



Warm olive oil in large pot over medium heat. Add onion, garlic, squash, and celery; cook 8 minutes, stirring frequently. Add remaining ingredients, except cheese. Increase heat to high; bring to a boil. Reduce heat and simmer, covered 45 minutes. Sprinkle each serving with cheese.

to closely monitor these drugs for similar adverse events. *New Engl J Med.* October 2004

Glucosamine Sulfate Reduces Osteoarthritis Progression in Postmenopausal Women with Knee Osteoarthritis Evidence from two 3-year trials with 414 participants demonstrated that glucosamine use in treatment of osteoarthritis resulted in absence of joint space narrowing normally seen with progression of this disease. Glucosamine appears to improve not only symptoms, but also radiologic evidence of osteoarthritis. Glucosamine sulfate, therefore, is the first agent that meets the

current requirements to be classified as a symptom- and structure-modifying drug in women with knee osteoarthritis. *Menopause.* Mar-April 2004.

Glucosamine Offers Lasting Osteoarthritis Benefits The clinical and radiologic benefits of glucosamine for knee osteoarthritis persist for at least 5 years after treatment, according to the findings of a new study. Patients who took the dietary supplement for 3 years had fewer joint surgeries, slower disease progression, and better quality of life during the subsequent 5 years than did those taking placebo. *Internal Medicine News,* January 15, 2004.

