

DOCTOR'S CORNER

Robert G. Silverman, DC, MS, CNS, DACBN, CCN, CSCS, CIISN, CKTP, CES
 “Creating Health for Future Generations Starting Now”

Keeping YOU on the Leading Edge in Healthcare

Welcome to another edition of our newsletter.

The information that Dr. Silverman has compiled and written is aimed at educating, enlightening, and even inspiring you to a better and healthier lifestyle! This e-newsletter is also intended to keep you abreast with the most up-to-date information pertaining to chiropractic care and nutrition, keep you informed about our office's events and happenings, advise you on his seminars, and last but not least, to keep you in the loop with your favorite chiropractor and nutritionist!

PART I WHAT'S HAPPENING AT NEW YORK CHIROCARE

1) In-House Seminars

When: March 18th, 2009: 7:00 PM - 8:15 PM (a different topic every 3rd Wednesday of the month)

Where: 280 Dobbs Ferry Rd., Ste. # 204, White Plains, NY 10607; ph: (914) 287-6464

What: *Multi Vitamin Use*

Understand how to assemble a basal supplemental protocol. Learn who should take a multi, and find out the differences between professional vs. consumer lines

Wow!: Take **10% off** all nutritional supplements and **10% off** all nutritional programs when you start

April 22nd topic: “Core Power”

Are you ready to experience core “x”-cellence? Learn what your core is, and what to do in order to decrease risk of back injuries, and why it's such a hot topic. Learn how to properly train and strengthen your core with hands-on instruction. Realize a core vs. abs as a workout technique towards a lower-back stabilizer.

2) Seminars

i) February 21 & 22, 2009 - Dr. Silverman presented a 12-hour symposium to the **Wisconsin Chiropractic Association** in Milwaukee, WI, titled: “*Clinical breakthroughs in treatment of acute and chronic pain*”.

ii) March 7 & 8, 2009 - Dr. Silverman completed a weekend seminar in Orlando, FL, on *Chiropractic Rehab*. This seminar certifies Dr. Silverman in **FMS (Functional Movement Screening)**, which is a 7-step screen used for faculty movement patterns. The National Football League employs this screen for its athletes.

This seminar also included **Kettlebell** exercise/usage. Kettlebell use is the rage in sports fitness and performance, breaking into sports rehabilitation.

Anyone interested in getting assessed in the FMS screen, or interested in learning how to use the Kettlebell, please call the office to schedule for an appointment.

3) Syndicated TV Program - *Get Healthy with Dr. Rob*

Get Healthy with Dr. Rob is the name of the syndicated television program that Dr. Silverman is doing. These programs aim to inform and educate the general public about some of the most up-to-date findings, and some of the most talked about topics on nutrition and sports injuries. Dr. Silverman periodically invites doctors and other health-oriented leaders of their fields for interview sessions.

A) **New Castle Channel 75** - Broadcasted from Ossining to Valhalla
 Tuesdays, Thursdays and Saturdays from 7:00 - 7:30 PM

B) **Town of Greenburgh**

- **Channel 75** Mondays from 6:00 - 6:30 PM

- **Channel 76** 1st and 3rd Thursdays of the month from 7:30 - 8:00 PM

C) White Plains Channel 76
Mondays from 5:30 - 6:00 PM

D) Scarsdale Channel 75 or 76 (public access channel)
Wednesdays - multiple showings scheduled throughout the day. Please check for local listing

PART II	FYI
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AllAboutArmonk.com

Dr. Silverman writes a monthly article on various health topics on "Ask the Chiro" under Health & Fitness on www.AllAboutArmonk.com. Check it out, and start blogging!

PART III	ARTICLE
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Building Better Bones

How to help and prevent osteoporosis naturally

Osteoporosis defined:

- **Osteoporosis:** Literally means "porous bones", it is a progressive reduction in normal bone mineral density, mass, and strength, resulting in marked bone thinning and vulnerability to fracture
- **Osteopenia:** The presence of less than normal amount of bone. Osteopenia may result in osteoporosis if not treated

- **Osteomalacia "soft bones":** A failure to mineralize the bone matrix, resulting in a reduction of the mineral content of the bone. Also known as adult rickets

Osteoporosis facts:

- An estimated 1.5 million fracture per year stems from osteoporotic nature. Women account for 71% of the fracture per year. (50% spine, 25% wrists, 25% hip)
- Approximately 10 million people have osteoporosis
- Another 34 million have osteopenia
- Hip fractures are associated with a higher risk of death
- Osteoporosis quadruples your fracture risk
- By 2020, 1 in 2 Americans 50+ year-olds will be at risk for fractures from osteoporosis or low bone mass

FYI: Although bone mass normally declines 1.5% - 2% per year in both sexes, after age 40, women are at greater risk for osteoporosis since their peak bone mass is naturally less than half of that of men due to smaller size and muscle mass.

Osteoporosis - Major risk factors:

- Family History of osteoporosis
- White or Asian descent
- Small body frame
- Postmenopausal - causes decrease estrogen and progesterone
- Hysterectomy
- Inadequate calcium, vitamin D, and other nutrient intake
- Excess protein intake in the diet
- Inadequate exercise - weight-bearing exercise stimulates osteoblasts
- Smoking
- Excessive alcohol consumption
- High intake of caffeine, carbonated beverages, and salt

- Long-term glucocorticoid therapy
- Long-term use of anticonvulsants, antacids
- (Carbonated drinks containing phosphorus (acid) which neutralizes calcium (alkaline))
- (Phosphorus counteracts calcium supplements and de-calcifies bones)

Osteoporosis - It's Never Too Early or Too Late to Think about Prevention:

- Prevention - the most effective method of dealing with osteoporosis
- Approaches to prevention:
 - maximizing peak bone mass at skeletal maturity
 - reducing the rate of age-related bone loss

Osteoporosis - Detection:

- The Bone Mineral Density test (BMD) - best way to diagnose osteoporosis
- Provides early detection. The “gold standard” for bone densitometry is Dual Energy X-ray Absorptiometry, or DEXA (T + Z scores)

World Health Organization Definitions of Osteoporosis Based on Bone Density Levels	
Normal	Bone density is within 1 SD (+1 or -1) of the young adult mean
Low Bone Mass	Bone density is 1 to 2.5 SD below the young adult mean (-1 to -2.5 SD)
Osteoporosis	Bone density is 2.5 SD or more below the young adult mean (> -2.5 SD)
Severe (established) osteoporosis	Bone density is more than 2.5 SD below the young adult mean and there has been one or more osteoporotic fractures

Prescription Meds Target Bone Remodeling - Results May Be Undesirable and Ineffective:

- ❶ **Hormone Replacement Therapy (HRT).** Potentially dangerous for those at risk to hormone sensitive cancers; long-term use during asymptomatic menopause may be associated with increased CVD risk
- ❷ **Selective Estrogen Response Modifier (SERMs).** Used where HRT is contraindicated; while effective, have been associated with thrombo-embolic disease in clinical trials
- ❸ **Bisphosphonate Drugs.** Known to promote poor bone quality, atrial fibrillation; and 30% cannot tolerate due to GI side effects

Osteoporosis - Supplemental Recommendations:

- Calcium: 1,500 mg over 50 per day
- Magnesium: 600 - 800 mg per day
- Vitamin D: 200 - 400 mg per day
- Boron: 3 - 5 mg per day
- Ipriflavone: 600 mg per day
- Silicon: 5 - 20 mg per day
- Zinc: 20 mg per day
- Copper: 2 mg per day
- Manganese: 2 mg per day

A study reported in the N.E. Journal of Medicine by Reid, et al, demonstrated a 43% reduction in bone loss in postmenopausal women who supplemented their regular diets with a 1000mg of calcium for 2 years, compared to postmenopausal women receiving placebos

Osteoporosis - Supplemental Recommendations:

- Calcium - What are the recommended levels?
 - A recent study recommended that the RDA during childhood should be 1,250 mg and 1,450 mg during adolescence, while another study recommended a calcium intake of up to 1,800 mg/day during adolescence
 - The National Institutes of Health (NIH) Consensus Conference on Optimal Calcium Intake recommends calcium intakes of 1,200 to 1,500 mg for 11 - 24 year olds, 1,000 mg for those 25 - 50 years, and 1,500 mg for those over 65. In addition, the NIH recommends a calcium intake of 1,500 mg/day for women over 50 years who are not receiving hormone replacement

Types of Calcium Supplements: Their Advantages and Disadvantages		
Types	Advantages	Disadvantages
Microcrystalline Hydroxyapatite Concentrate	<ul style="list-style-type: none"> • Well absorbed calcium source • Comprehensive bone nourishment • Provides organic constituents and mineral components 	None
Calcium Citrate	<ul style="list-style-type: none"> • Well absorbed • Reduces risk of kidney stones Absorbed by those with poor digestion	Not a complete bone food
Calcium Carbonate	<ul style="list-style-type: none"> • Cheapest source of calcium 	<ul style="list-style-type: none"> • Not a complete bone food • May be malabsorbed by those with poor digestion • Antacid effect, may interfere with digestion, cause gas

Best Form of Calcium

(MCHC) Microcrystalline hydroxyapatite concentrate:

Study of osteoporotic postmenopausal women, with the complication of primary biliary cirrhosis, showed that MCHC supplementation not only helped reduce bone loss but it actually helped increase cortical bone thickness by 6.1%

- Magnesium:
 - Magnesium depletion affects all stages of skeletal metabolism adversely, causing cessation of bone growth
- Vitamin D:
 - Vitamin D deficiency associated with increased risk of hip fracture, studies demonstrated that an increase in calcium intake of 800 - 1,000 mg/day with supplementation of 400 - 800 units of vitamin D will decrease the risk of vertebral and non-vertebral fractures and increase bone mineral density
- Ipriflavone:
 - Numerous double-blind, placebo- controlled studies have shown a positive effect of ipriflavone in reducing bone mineral loss and increasing bone mineral density in postmenopausal women with osteopenia or established osteoporosis at a dose of 600 mg/day
- Trace minerals:
 - Studies have shown that trace mineral deficiencies can impair bone formation and resorption. In a 2-year clinical study, postmenopausal women who received calcium

supplements together with zinc, copper, and manganese experience a gain in bone mineral density while women receiving calcium alone, trace minerals alone, or a placebo, experienced increasingly greater losses in bone mineral density

Osteoporosis - Dietary Recommendations

- Limit dietary factors that promote calcium excretion:
 - salt, sugar, animal protein, soft-drinks, alcohol and coffee
- Eat calcium-rich foods:
 - in addition to dairy products, good non-dairy sources of calcium include kelp, bok choy, spinach, greens (collard, mustard, turnip), nuts and seeds (sesame seeds, almonds, chestnuts, walnuts), and beans (garbanzo, soy, tofu)
 - cabbage family plants (kale, collards) have very absorbable calcium
- Eat green leafy vegetables:
 - kale, collard greens, parsley, and lettuce (except iceberg): high in calcium, vitamin K and boron
- Eat magnesium-rich foods:
 - wheat bran, wheat germ, almonds, cashews, blackstrap molasses, Brewer's yeast, buckwheat, English walnuts, brown rice

Osteoporosis - Exercise

- Exercise is the key component to good bone health. The best exercise for your bones is a weight-bearing form of exercise, such as, but certainly not limited to:
 - Walking
 - Stair-climbing
 - Treadmill
 - Biking
 - Racquet sports
 - Swimming
 - Light-weight or strength training

“A good doctor is your partner along the path to optimal health and well-being” Mel Zuckerman

Dr. Silverman would love to hear from you. Feel free to send us an e-mail if you have any suggestions, ideas, comments, or if you have any relevant questions that you would like posted on the newsletter.

Please respond to info@DrRobertSilverman.com

Dr. Robert G. Silverman graduated Magna cum Laude from the University of Bridgeport, College of Chiropractic. He is a Certified Nutrition Specialist, Certified Clinical Nutritionist, has a Masters of Science in Human Nutrition, is a Certified Strength and Conditioning Specialist, and is a Diplomate with the American Clinical Board of Nutrition. Dr. Silverman is also a Certified Sports Nutritionist from The International Society of Sports Nutrition, and is a Certified Kinesio Taping Practitioner and a NASM-certified Corrective Exercise Specialist. He specializes in the diagnosis of joint pain and soft-tissue management and its treatments with an innovative, established and well-researched approach to non-surgical care, while incorporating proper nutrition protocols. He is board certified in Active Release Technique® (ART®), Graston Technique®, and cold-laser therapy. Dr. Silverman is a nationally known speaker, and has published numerous articles on treating and preventing sports injury, joint pain, and on nutrition, in addition to giving seminars on injury-related preventions, treatments and nutrition for various organizations and Fortune 500 corporations. He is a post-graduate instructor at the University of Bridgeport, College of Chiropractic. Dr. Silverman also serves as a chiropractor and sports injury consultant for basketball players, professional wrestling organizations, local, collegiate, and professional sports teams, professional tri-athletes, body-builders, martial artists and acted as the team doctor for the Amino Vital pro-cycling team. He serves as a member of the medical team of New York City's Triathlons and Marathons, Westchester Triathlon, multiple international Iron Man events, and local sports venues. Dr. Silverman appears on Westchester's channel 76 - Beyond the Game, as a sports injury consultant, and as a pain-management and nutrition consultant on radio 1460 AM, and as a health expert on 1230 AM "Ask the Expert". He has his own syndicated talk show on Westchester's channel 75 called "Get Healthy w/ Dr. Rob". In addition, Dr. Silverman was also a featured guest on Westchester's Channel 12 as their Nutritional Weight Loss expert and was also chosen as the national spokesperson for the Vitamin Ester-C.

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