The Alliance Update

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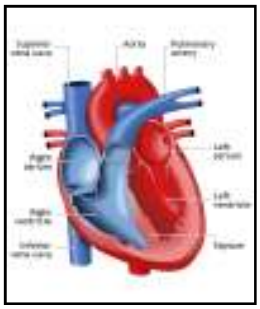
Fall 2015 Edition

Alliance Chiropractic & Wellness Clinic
Chiropractic-Massage-Naturopathic Medicine

Health Newsletter

Cause-Effect: Vascular Disease and Low Back Pain

Source: *Dynamic Chiropractic,* January 1, 2015, Vol. 33, Issue 01



Atherosclerosis (a disease of the arteries characterized by the deposition of plaques of fatty material on their inner walls) is a far-too-common chronic, systemic disease. We tend to think only of the clinical symptoms associated with this disease affecting the coronary arteries (as in a heart attack) or the carotids (as in stroke). We often ignore the fact that atherosclerosis is a vascular disease affecting the entire circulatory system.

Atherosclerosis can involve any artery, and symptoms depend on which artery is affected. The problem is silent until there is so much narrowing due to plaque build up that the nutritional supply to the organ or tissues is significantly compromised (stenosis), causing episodic or constant restriction in blood supply to tissues. This causes a shortage of necessary nutrients and oxygen needed to keep the tissue alive and healthy. Vascular disease has recently received more attention as a potential under recognized risk factor for degenerative disease in the spine.

A Growing Body of Research

The following is now known about the relationship between atherosclerosis, back pain, and spinal disc degeneration:

1. Atherosclerosis is a systemic disease; it can affect any artery.
2. Aortic calcification is an indicator of long-standing atherosclerosis.
3. Aortic calcification may also be associated with stenosis of the lumbar arteries.
4. Chronic lower back pain can be due to atherosclerosis.
5. When the normal nutrition to the intervertebral disc is compromised, degenerative changes may be initiated.
6. Atherosclerosis causes an abnormal growth of vessels and nerve fibres into the intervertebral disc , potentially causing discogenic pain.
7. There is a direct association between cardiovascular disease and chronic lower back pain.

Many of the lifestyle factors necessary to maintain optimum health will also help prevent atherosclerosis. These include: not smoking; getting daily exercise; eating a healthy diet; maintaining a healthy bodyweight; maintaining good blood pressure, blood cholesterol, and blood sugar levels.

Inside This Issue:

Low Vitamin D Linked to Cognitive Decline

Source: Medscape Medical News, Neurology September 14, 2015

Low vitamin D levels are very common in older adults, especially those with darker skin colour. A new study indicates that this is associated with accelerated decline in episodic memory and executive function, the two cognitive domains strongly associated with Alzheimer's disease (AD) and dementia.

"The magnitude of the effect of Vitamin D insufficiency on brain function was substantial," the research team concluded.

"While it is unknown if vitamin D supplements will slow cognitive decline or prevent or delay the onset of Alzheimer's disease or dementia, it is suggested that physicians consider assessing vitamin D status in their older patients and consider vitamin supplements if warranted," Joshua W. Miller, PhD, professor and chair, Department of Nutritional Sciences, Rutgers University, told Medscape Medical News. "This may be particularly important in African Americans and Hispanics who have a high prevalence of low vitamin D status," he said.

This study supports recent and growing evidence on the associations between low vitamin D status and risks of Alzheimer's disease/dementia, cognitive decline, and brain atrophy.

Treatment, Not Error, Is Biggest Risk to Elderly

Source: *Medscape Medical News*, Marcia Frellick, September 17, 2015

The greatest threat to older patients' safety in primary care is the risk posed by treatment itself, not treatment error or negligence, according to an analysis of no-fault claims data from New Zealand.

The research found that medication injuries were the main source (34%) of all treatment injuries among the elderly, and that within that category, antibiotics were, by far, the biggest culprit.

Of 294 medication injuries recorded in claims between 2005 and 2009 among patients aged 65 years and older, 150 of them (51%) were caused by antibiotics. Next highest among injury sources were nonsteroidal anti-inflammatory drugs (9%) and angiotensin-converting enzyme inhibitors (9%).

Antibiotics also topped the list for causes of serious or sentinel injuries for patients aged 65 years and older. Antibiotics caused 39% of such injuries in that age group, followed by warfarin (14%) and steroids (7%). The serious/sentinel category was defined as having "the potential to result in" or "has resulted in" "unanticipated death or major permanent loss of function."

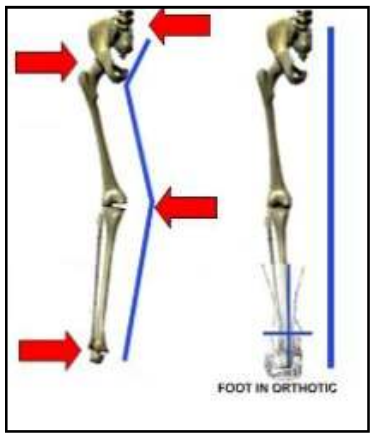
Most medication injuries overall were allergic and unexplainable reactions, without a suggestion of error in prescription, according to the study.

The researchers used New Zealand's data because its accident insurance model provides coverage for treatment and rehabilitation costs for all personal injuries, including those caused by treatment, regardless of severity or fault. It is a view unavailable to researchers in tort-based jurisdictions.

For this study, primary care included: general practice/family medicine clinics; physiotherapy, chiropractic, and osteopathy rooms; dental clinics; community pharmacies, laboratories, and radiology rooms; and nursing homes. The researchers excluded claims arising from treatment in hospitals, and private specialist clinics.

Surprising Reasons for Orthotic Efficacy

Source: *Dynamic Chiropractic,* Dr. T. Michaud, DC, September 15, 2015, Vol. 33, Issue 1



Clinical outcome studies show orthotics are effective in the management of a wide range of injuries, including plantar fasciitis, Achilles tendinitis, and patellofemoral pain syndrome (pain around the kneecap).

In addition to treating acute injuries, orthotics may also play a role in preventing injuries. In a randomized, controlled trial published in *American Journal of Sports Medicine*, 400 military recruits treated with orthotics were 50 percent less likely to suffer overuse injury.

The exceptional clinical efficacy of orthotic intervention explains why 80 percent of chiropractors prescribe orthotics for 20 percent of their patients. However, in spite of their clinical popularity, there continues to be considerable controversy regarding their exact mechanism of action.

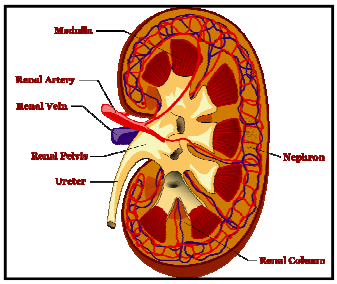
It has been a long-held belief that the main reason orthotics work is because they improve skeletal alignment. In fact, the origin of the word *orthotic* stems from the Greek word *ortho*, meaning straight. More recent research into how orthotics are able to effectively manage a wide range of musculoskeletal disorders, indicates the following: they slow down how quickly the foot pronates during movement; they distribute force over a broader surface area; they enhance the body's ability to know its position in space; and they improve muscle efficiency. Continuing to improve our understanding of how orthotics work will help enhance their clinical outcomes.

Laughter As Medicine

A child asked his father, "How were people born?" So his father said, "Adam and Eve made babies, then their babies became adults and made babies, and so on." The child then went to his mother, asked her the same question and she told him, "We were monkeys then we evolved to become like we are now." The child ran back to his father and said, "You lied to me!" His father replied, "No, your mom was talking about her side of the family."

13 Weird Risk Factors for Kidney Stones

Source: http://articles.mercola.com/sites/articles/archive/2015/08/12/13-weird-risk-factors-kidney-stones



Kidney stones are masses of minerals, calcium and oxalate, that become lodged in your urinary tract. Usually, compounds in your urine inhibit these crystals from forming. About 13 percent of men and 7 percent of women will get kidney stones at some point during their lifetime. What makes some people more prone to developing kidney stones?

1. Not Enough Calcium

Those on a low-calcium diet are more likely to develop kidney stones than those consuming more calcium. Calcium in your digestive tract binds to chemicals called oxalates from your food, preventing them from entering your bloodstream and urinary tract where they may form kidney stones.

2. An Obsession with Leafy Greens

Leafy greens, particularly spinach, are high in oxalates. Normally oxalates bind with calcium and should be excreted via your urinary tract, but if their concentrations become elevated they can concentrate in your urine and form kidney stones.

3. Too Much Processed Salt

Excess sodium intake can increase the amount of calcium excreted by your kidneys, which in turn may increase your risk of kidney stones.

4. Too Little Citrus (and Veggies of All Kinds)

Citrus fruits contain citrate, a compound that may lower your risk of kidney stones. Simply adding a squirt of lemon or lime to your water may therefore be helpful, although you can also increase your intake of fruits and vegetables across the board.

5. Too Much Iced Tea

Black tea is a rich source of oxalate, which may increase your risk of stone formation.

6. Drinking Soda

Drinking soda is associated with kidney stones, possibly because the phosphorus acid it contains acidifies your urine, which promotes stone formation. The sugar, including fructose (and high fructose corn syrup in soda), is also a problem. A diet high in sugar can set you up for kidney stones, since sugar upsets the mineral relationships in your body by interfering with calcium and magnesium absorption.

7. Your Parents

If you have a family history of kidney stones, your risk is increased as well. It's thought that the inability to efficiently absorb oxalate may be an inherited trait.

8. Inflammatory Bowel Disease (IBD)

If you have IBD, including Crohn's disease or ulcerative colitis, you're at an increased risk of kidney stones. This could be because such conditions often cause diarrhea, which increases your risk of becoming dehydrated – a major risk factor for kidney stones.

9. Recurrent Urinary Tract Infections (UTIs)

Recurrent UTIs can be a sign of a kidney stone in some cases, as the stones may block the flow of urine, leading to UTIs. If you have frequent UTIs without a known cause, you should get checked out for kidney stones (it's possible to have one and not know it).

10. Laxative Abuse

Overusing laxatives interferes with your body's ability to absorb and utilize nutrients, and may lead to an electrolyte imbalance, increasing your risk of kidney stones. Laxative abuse can also cause dehydration, another kidney stone trigger.

11. Migraine Medication

The migraine medication topiramate (Topamax) increases the pH levels in your urinary tract, which may lead to an increased risk of kidney stones.

12. Obesity

Women who ate more than 2,200 calories per day increased their risk of kidney stones by up to 42 percent, while obesity also raised the risk. It's thought that excess weight may lead to changes in your urinary tract that promote the formation of kidney stones. For instance, altered urinary pH levels in people who are obese may increase the risk of uric acid forming kidney stones.

13. Weight Loss Surgery

It should be noted that even though obesity increases kidney stone risk, weight loss surgery that alters your digestive tract also increases the risk. After weight loss surgery, levels of oxalate are typically much higher (oxalate is the most common type of kidney stone crystal).

The number one risk factor for kidney stones is not drinking enough water. If you aren't drinking enough, your urine will have higher concentrations of substances that can form stones. Research shows that patients with kidney stones who increase hydration to reach two litres of urine a day, had a 12 percent recurrence rate, compared to 27 percent among those who didn't increase their fluid intake.

Alcohol and the Brain: Healthy or Harmful?

Source: *Medscape Multispecialty ,* Dr. Bret S. Stetka (MD), September 16, 2015

Heavy alcohol consumption can have disastrous health and social consequences, and excessive alcohol use can wreak particular havoc on the brain, increasing the risk for dementia, stroke, and psychosocial impairment. However mild to moderate consumption has been linked to various health benefits, including many with implications for the brain, all of which need to be appreciated in light of new evidence showing that any amount of alcohol consumption boosts cancer risk.

The US Food and Drug Administration defines "moderate alcohol consumption" as up to 1 drink per day for women and up to 2 drinks per day for men. One drink is equivalent to 12 fluid ounces of regular beer, 5 fluid ounces of 12% alcohol wine, or 1.5 fluid ounces of distilled spirits.

The *2014 World Cancer Report*, released by the World Health Organization's International Agency for Research on Cancer, concluded that no amount of alcohol is safe. The report details a dose-dependent relationship between alcohol consumption and cancer of the mouth, pharynx, larynx, esophagus, colon and rectum, liver, female breast, and pancreas. More recently, a study published in August in the *British Medical Journal* reported a small increased risk for cancer associated with drinking just one or two drinks a day, whereas other research reported that women who are at risk for breast cancer and drink alcohol have significantly higher mammographic density, a risk factor for breast cancer.

Cognition and Dementia

Limited alcohol use has also been associated with a lower risk for dementia. Contrast this with heavy consumption, which appears to be severely detrimental to the brain. A study published in *Neurology (*January 2014) found that middle-aged men who drink more than 2.5 drinks daily are more likely to undergo faster decline in all cognitive areas—particularly memory—over a period of 10 years. Of note, animal studies suggest that fish oil might be protective against alcohol-induced dementia by reducing the effect of brain cell degeneration caused by heavy alcohol use.

Clinic Services

1. Chiropractic Care
2. Laser Therapy
3. Electrical Therapy
4. Sports Injury Care
5. Custom Foot Orthotics
6. Massage Therapy[1]
7. Naturopathic Medicine
8. Acupuncture

Clinic Hours[2]
Please note:

Monday	8:00am— 12:00pm	3:30pm - 7:30pm
Tuesday	8:00am— 12:00pm	
Wednesday	8:00am— 12:00pm	3:30pm –7:30pm
Thursday		3:30pm –7:30pm
Friday	8:00am – 12:00pm	

1. Massage therapy is available outside core office hours.
2. Emergency care is available most weekends. Please call the office and listen to the welcome message to confirm.

Announcements

- Check out our WEBSITE at www.alliancechiroandwellness.com. You can find archived issues of our newsletter as well as other clinic information. Please note appointment requests should be made by calling the office at 905-648-0661. We do not accept appointment cancellations, bookings, or reschedules via our web site. These should be done by calling the office directly.
- Dr. Morphet will be away from the office from December 18th to December 27.
- Massage Therapy is available outside core hours and on Saturdays.
- Like us on Facebook! To receive the latest in health news, research, updates, and announcements, check out our clinic page.
- Holiday Season Toy Drive. Stay tuned for details about our annual collection in support of the Good Shepherd Centres of Hamilton.

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