

VITAMINS AND AGING

Do you feel your age? Do you look your age? Does your health confirm your age? What is your quality of life? As we all increase in age, chronic illness and loss of function become major concerns. Research has shown the average life expectancy in the US is declining due to the rising level of obesity. In the last thirty years obesity levels have increased 50% per decade. It has gotten to the point where 1 in 3 Americans are considered “fat”.

What is age? All the cells in our body are programmed to reproduce and die. At the rate that this takes place, we basically have a new body every 7 years. The food we eat contains the building blocks to make these new cells, but due to less than optimal diets these new cells are not as new as they could be, which results in a decline in optimal function. Your body is always going to opt for short-term survival over long-term health by prioritizing the allocation of scarce micronutrients to the most important body functions that are necessary for day to day survival. When there is a deficiency in these scarce micronutrients, aging can be accelerated, cancers increase, and mental and physical degeneration develops. We don't just wake up one day with heart disease, diabetes or cancer.

Drugs do not increase lifespan. At times they may delay or avert a premature death or crisis. Blood pressure drugs are used so that you don't have a heart attack or stroke today. Antidepressants are used so that you aren't depressed today. Diabetes drugs are used so you don't have high glucose and have a seizure today. Drugs taken for chronic conditions and even for acute disease are to avert a disaster or problem today. However, the cause of the original condition is rarely considered nor are the negative side effects or impact on quality of life the drugs have. Being old is less a chronological age than a state of mind and physical status.

The following nutrients are supported by good research to warrant recommending for the aging population as a whole. Supplements will not overcome a poor diet.

Multiple Vitamin and Mineral(MVM) may boost mood in elderly. In one study, Folate and vitamin B12 levels increased significantly in the MVM group, but decreased in the placebo group and symptoms of depression were also decreased in the MVM group.

One-a-day MVMs usually do not provide sufficient amounts of many nutrients such as vitamin E, calcium, magnesium and vitamin C. You can only absorb a limited amount of certain vitamins and minerals at one sitting. Intake should be spread out at two separate meals. I prefer a liquid MVM, taken twice daily, all inclusive and more readily absorbable.

People with low vitamin D3 levels were 3 times more likely to die from heart disease and 2.5 times more likely to die from any cause. High levels of D3 were associated with a 33% decreased risk of developing heart disease and a 55% decreased risk of type 2 diabetes.

Incidence of B12 deficiency in the elderly may be as high as 15%. The B12 content in most multiple vitamins is not sufficient to adequately raise B12 levels. Many medications deplete many b-vitamins. Those with higher B12 levels are 6 times less likely to experience brain shrinkage.

CoQ10 or Ubiquinol the more absorbable form of CoQ10 is necessary for proper muscle function and is linked to reversing congestive heart failure. Statin drugs (prescribed to reduce cholesterol) deplete your body of CoQ10.

Start supplementing your diet today with the proper vitamins. See your Chiropractor regularly to keep your joints and body functioning at its' optimum. For a basic list of supplements and dosages we would recommend for everyone age 50 and over, see the list below.

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BASIC SUPPLEMENT RECOMMENDATION FOR OVER 50 YEARS OF AGE

Multivitamin & minerals

Vitamin D3: 5000IU/day

Calcium: 750mg/day

Magnesium: 200mg/day

Vitamin C: 2-4gm/day

B-Complex: 50mg/day

B12: 1000mcg

Folic acid: 400mcg

CoQ10 or Ubiquinol: 100-300mg/day

Omega 3 w/800mg DHA, 1600mg EPA/day

***General recommendations for 150lb adult