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7 Energy Sapping Culprits

and ways to prevent them

In-Office Support

programs to support your practice

Calcium

and heart health

6 Steps

to creating a peer group

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Jaclyn Chasse, ND
VP of Scientific and Regulatory Affairs

Now full swing into 2017, let's not forget to evaluate the year that has passed—your wins and losses, whether or not you achieved your goals (or even set them?)—and how you envision the year ahead may be different.

While many health-oriented practitioners find it easy to do this for themselves, it can be far more challenging to do this for your practice! Don't wait until tax time to look over last year's finances with an honest and critical eye. What were your practice strengths? Did you bring in tons of new patients with very little marketing spend? Did staffing changes allow you to bring in more revenue and free yourself of time spent NOT making money?

It's also important to evaluate where you've got holes you need to plug. Maybe your monthly revenue numbers are really impressive, but what you're taking home yourself is not meeting your family's needs. It's essential to look at your overhead costs to calculate your profitability, which is what really counts for your business!

When talking recently about New Year resolutions, Dr. Tina mentioned that one family she knows actually prints and frames their goals for the year and puts them in a prominent spot where they all hold each other accountable. Consider that in your business—so everyone (especially you!) knows what you're working towards in 2017!

Best wishes to you in this new year!

Jaclyn Chasse, ND

FDA STATEMENT

The information provided in this publication is the opinion of the authors based upon the latest evidence available. We hope that this issue provides health care practitioners with useful information to apply in their clinical practices. As with all scientific information on dietary supplements, the statements made within this issue are not reviewed, verified or approved by the FDA.

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

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7 Energy Sapping Culprits

and Ways to Prevent Them

By Lisa Murray, RDN, LD



What does “being full of energy” feel like to you? For me, it’s the ability to get up every morning and do whatever it is I want or need to do and feel good about what I’ve accomplished at the end of the day. Although you might have a different definition, most people know what their own optimal state of “energy” feels like and want to feel that way most of the time.

I think most of us have also experienced feeling too tired to focus and complete our work or exercise or even to fix dinner at night. It happens to everyone occasionally, but chronic “lack of energy” is a common complaint. Normal aging is often accompanied by a noticeable increase in fatigue and loss of motivation. The tiredness we feel reflects the impairment of the cellular functions which sustain us. Of course, this can happen at any age—even young people may complain of fatigue or feeling “tired all the time” if their lifestyle is using up energy faster than it is being replenished. Chronic illness and even occasional viral illness can sap our energy and require intervention to restore.

Here’s a review of the most common energy-sapping culprits as well as ways to combat and prevent the personal “energy crisis”.

1 Lack of exercise or activity



Exercise is honestly the most important key to all-around better health and longevity. Exercise increases your energy levels in general, unless you overdo it. Since it increases oxygen intake and circulation, all body systems benefit, including your brain, which has a huge impact on how you feel. And, you don’t have to go to the gym every day to improve your energy levels. Thirty minutes of daily activity, whether it’s walking, yoga or dancing, still makes a positive impact. Taking a 15-minute walk outside whenever a feeling of tiredness or fatigue creeps in will help reverse the energy slump. Lack of exercise is one of the biggest causes of fatigue.

2 Dehydration



First-year college nutrition students learn the most common cause of headaches and fatigue: dehydration. My kids will testify that whenever they came to me complaining they were tired or had a headache I always had the same (annoying) response: Have you been drinking enough water today? Adequate hydration is needed for optimal physiological function and needs to be a health priority

for many reasons, including maintaining good energy levels and reducing fatigue.

3 Poor sleep quality or quantity



Lack of adequate sleep leads to many health issues, including daytime fatigue. For someone feeling tired all the time, the first question should be, “How did you sleep last night?” Caffeine and alcohol both can impact sleep quality. Caffeine can stay in your system for six hours, so if someone is not sleeping well, they may want to forgo that late afternoon cup of coffee or tea. Sleep apnea, restless legs, cortisol imbalance, pain or a noisy partner or roommate can prevent one from getting the restful sleep needed to regenerate energy. Too much light, too much TV and too much computer, phone or video stimulation all contribute to poor sleep quality, which in turn, contribute to fatigue and loss of energy and motivation. A lot has been written on “good sleep hygiene”, which can have a positive impact.

Like exercise, improving sleep hygiene takes discipline; but I can testify it has a big payoff. Preparing for bed earlier, going to bed at the same time every night and avoiding computer/phone screens for two hours prior to bedtime are important aspects of good sleep hygiene. Reducing ambient light sources through windows or from other rooms in the house (including night lights) can be very helpful. A quiet, dark room is often exactly what is needed for many people and blackout shades or heavy curtains can help significantly. More and more people are using earplugs as well, to help reduce interference from outside noise or from a snoring partner or roommate! The goal is eight hours or more of good quality sleep. Consuming caffeine or alcohol too close to bedtime can prevent any gains from improving sleep hygiene and may need to be drastically reduced or eliminated depending on the sensitivity of the individual.

Supplements that may be of benefit: Melatonin, 5-HTP, L-Tryptophan, GABA, L-Theanine, *Melissa* (lemon balm), honokiol from *Magnolia officinalis*, hops, valerian, scullcap and ashwagandha are some of the most popular supplements to help support restful sleep. I encourage people to try each one separately for a few days to see how they respond, before choosing a sleep formula, because everyone is different in what they need. My personal tip is to take L-theanine right after work, in the early evening before dinner. It is calming, relaxing and helps clear the mind, setting the stage for rest. Preparing both mind and body for a good night’s sleep begins hours before bedtime. And let’s not forget that calming herbal teas like chamomile, lemon balm and tulsi (holy basil) not only taste great, they are relaxing to body and mind as well.

4 Not getting enough sunlight



Sunlight triggers the brain to release energizing neurochemicals. Spending too much time indoors without access to sunlight drains your batteries. Sunlight can recharge them. A little daily outside activity, even just a 15-minute brisk walk, is an important way to keep energy up.

5 Unstable blood sugar



I hate to be the bearer of bad news, but if it's energy you want, then stay away from sugar and refined carbohydrates, at least during the day. I know, we enjoy our oatmeal, pancakes, muffins and bagels in the morning, but they tend to spike blood sugar then send it crashing, and the body expends a lot of energy just trying to fix it.

Keeping blood sugar from going too high or too low helps preserve and maintain a more consistent energy level. If someone feels tired after a high-carb breakfast, then the better choice is more protein than carbohydrates: scrambled eggs and veggies, an omelet or a protein shake (watch the carbs! berries are okay). Everyone is different as to what foods are best for them and how often to eat, but maintaining a food intake pattern that keeps blood glucose stable is critically important to feeling well. Reducing intake of sugar and refined carbohydrates in general (especially during the daytime before dinner) can decrease fatigue and increase feelings of alertness and energy. Save carbs for nighttime, because they can make you sleepy!

6 Underlying health issues



Health issues have a significant impact on energy levels. The body expends energy and nutrients dealing with the stress of illness or chronic health problems. Allergies often cause significant fatigue, even when there are no other overt symptoms. Indoor environmental allergens, including mold, perfumes and cleaning products, can be significant culprits as much

Supplements to Support:

Sleep:

- Melatonin
- 5-HTP
- L-Tryptophan
- GABA
- L-Theanine
- *Melissa* (lemon balm)
- Honokiol from *Magnolia officinalis*
- Hops
- Valerian
- Scullcap
- Ashwagandha

Stress:

- B Vitamins
- Pantothenic Acid
- Vitamin C
- Niacin
- Nicotinamide Riboside

Mental & Physical Fatigue:

- American Ginseng
- Asian or Korean Ginseng

as seasonal outdoor allergens. Anemia, hypothyroidism, cardiac issues, diabetes, obesity, viral illness, mental health issues, sinus or breathing problems, including congestion or sleep apnea, are some of the most common. However, any health problem can contribute to draining our energy and reserves. And, let's not forget...Stress is one of the biggest energy busters.

7 Nutrient deficiencies—supplements can help



Not everyone understands what "healthy diet" or "eating healthy" actually means. But even when consuming a very healthy, balanced diet, it's still often difficult to obtain all the vitamins, minerals and trace minerals that are needed within an optimal personal calorie level.

In addition, there are many things that interfere with the proper digestion and absorption of the nutrients in food.

Since research has shown that stress depletes potassium, magnesium, B vitamins (especially pantothenic acid) and vitamin C, it's especially important to maintain optimal levels of these nutrients in the bloodstream to support normal cellular metabolism. Many energy formulas will contain these nutrients. Cellular/mitochondrial support formulas have become more popular due to the need to support the very foundation of our health and well-being (our cellular energy metabolism). They're a good idea for everyone, but especially for older adults.

The B vitamins comprise a group of eight water soluble vitamins that have essential, inter-related roles in cellular functioning, including energy production by the mitochondria.¹ NAD+ is a central metabolite within each cell involved in energy metabolism. Known precursors to NAD+ include nicotinic acid (Niacin) and nicotinamide. A relative newcomer of interest, nicotinamide riboside is another form of vitamin B3 which has shown to be more potent than nicotinamide or niacin in elevating NAD+ levels. As we age, levels of NAD decline, affecting intracellular processes of communication. Over time, this loss of communication reduces the cell's ability to make energy. A decline in natural NAD+ is a known cause of cellular aging.² There is currently much research looking into the benefits of supplementing with nicotinamide riboside in addition to the standard nutrients found in many formulas.³

Adaptogenic herbs are wonderful allies in helping to rebuild and maintain energy and stamina. The best researched, most popular and very effective are the "ginsengs", which include American ginseng (*Panax quinquefolius*), Asian or Korean ginseng (*Panax ginseng*) and "Siberian ginseng" (*Eleutherococcus senticosus*).

These tried and true herbs protect against both mental and physical fatigue, improve mental alertness and work output as well

as improve stamina during physical or athletic activity.⁴ Although there is much debate over which to use when, they are all effective in supporting the adrenal glands, helping the body systems adapt to stress and reducing resulting fatigue. For improving mental alertness and your sense of energy, my choice is *Panax ginseng*. My favorite adrenal formula contains *Panax ginseng*, *Eleutherococcus senticosus*, and licorice root, which among other actions, supports healthy cortisol levels, healthy adrenal function and energy levels.

For many of us, healthy vitality is largely within our control if we correct the lifestyle habits that drain our vital force and know what elements we can add to our routine which can help regenerate our energy on a daily basis. Just like recovering from acute or chronic illness takes time, restoring energy may also require some time and a few new healthier habits.

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Tools for Weight Loss

By Tina Beaudoin, ND

The National Health and Nutrition Examination Survey (NHANES) data clearly shows a steady increase in the percentage of overweight and obese Americans. Over half our population was affected (56%) between 1988-1994.

Today, that number is nearly three-quarters of the population (70.7%) according to the 2013-2014 data. As integrative practitioners, we regularly have patients who are looking for help with weight loss. In some cases, addressing the foundations of health (e.g., hydration, sleep, exercise, nutrition and stress management) will help patients reach their goals, while others may need more individualized recommendations in terms of nutrition and exercise. Although there are a myriad of factors that can impede weight loss, like insufficient thyroid or adrenal function, blood sugar imbalances, high body burden of toxins, etc., the focus of this article is optimizing nutrition and exercise recommendations to facilitate weight loss.

Nutrition

National Health and Nutrition Examinations Survey NHANES 2013-2014	
American Population	% Obese
Adults >20 years of age	37.9%
Adolescents 12-19 years	20.6%
Children 6-11 years	17.4%
Children 2-5 years	9.4%

The Standard American Diet/SAD contributes to the obesity epidemic in our country. Overconsumption and eating highly processed “food” are the mainstays of the American diet. It would be great if we could tell patients to follow one standardized diet to lose excess body fat. It is no longer that simple and we are

finding that each patient may have slightly different biochemical needs in terms of foods that nourish their body and foods that cause inflammation. Also, individual needs can change over time and what worked well five or 10 years ago may no longer work well for them now.

Are there some basic guidelines to follow? Michael Pollan wrote some wonderful guidelines in his book, *In Defense of Food: An Eater’s Manifesto*: “Don’t eat anything incapable of rotting”. This is a good mantra for guiding patients toward reframing how they look at food. Food that doesn’t rot is dead food with little micronutrient or phytonutrient value. On the flip side of this premise, it necessitates that patients need to start buying whole foods and spending some time in the kitchen cooking.

You may have the time in your practice to teach your patients about nutrition and the basics of cooking. But if you don’t, refer to a good integrative nutritionist or dietician who will help your patients implement your dietary recommendations. Consider encouraging them to join a local organic Community Supported Agriculture (CSA) to help them eat in season and diversify their veggie intake. In addition, there has been a rise in the availability of purchasing locally prepared, fresh meals that cater to individuals looking for healthy and organic whole food options. Consider researching and sampling the local organic prepared-meal offerings in your area (we even have them in the small towns of New Hampshire) to have this as an additional resource for your patients. Also, consider creating a handout or short video on eating hygiene: to slow down when eating and thoroughly chew one’s food and be in a relaxed parasympathetic dominant state (rest & digest mode). This will increase digestive tract innervation and ultimately GI function as well as give your brain time to register how much you’re eating and send a timely signal to let you know when you are satiated. When we inhale our food, our brain doesn’t have a chance to send signals that we’ve had enough and should stop consuming food.

Paleo Diet

The theory behind this diet is that the human digestive tract has not evolved to handle the modern diet, which is laden with agriculturally derived foods. The Paleo diet emphasizes the intake of grass-fed meats, fresh fruits and veggies, eggs, nuts and seeds as well as healthful oils. The diet does eliminate grains, legumes, dairy, potatoes and refined oils. The Paleo diet advocates that protein be the source of 30% to 35% of daily caloric intake in addition to a very high, plant-based-fiber intake and low carbohydrates.

Mediterranean Diet

Eating primarily plant-based foods, such as fruits and vegetables, whole grains, legumes and nuts, replacing butter with olive oil, eating fish and poultry a couple of times per week and limiting red meat. Well-established health benefits including increased life expectancy, reduced risk of major chronic disease, reduced risk of stroke, heart attack and disability.¹

Specific Carbohydrate Diet™ (SCD)

This diet was popularized for those with IBD and was found to have a 66% success rate for complete symptom resolution.² The Specific Carbohydrate Diet™ is based on the principle that specifically selected carbohydrates, requiring minimal digestive processes, are well absorbed and leave virtually no ‘leftovers’ to be used for furthering pathogenic microbial overgrowth in the intestine. The SCD is not a low-carbohydrate diet, but rather a diet that is predominantly composed of monosaccharides, solid proteins, fats, a high ratio of amylase to amylopectin vegetables, fruits and nuts. The diet generally results in significant weight loss.³

Ketogenic Diet

Originally designed as a highly effective treatment for epilepsy, the diet is high in fat, supplies adequate protein and is low in carbohydrates. The diet changes the way energy is used in the body. Fats are converted in the liver into fatty acids and ketone bodies. Another effect of the diet is that it lowers glucose levels and improves insulin resistance.⁶ This diet requires medical guidance and supervision.

Metabolic Effect Diet (ME)

Developed by Drs. Jade and Keoni Teta, ND, this diet is a modified combination of the Mediterranean and Paleo diets. It encourages foods rich in water, lean protein and fiber. The premise is that these foods are digested slowly, so they fill you up quickly and help you stay full for longer. They are also lower in starch, sugar and fat. This means you should eat unlimited quantities of vegetables, low-sugar fruits (berries, apples, pears) and lean protein. The ME diet also includes recommendations on exercise and rest as an effective means to reach desired fat loss goals.

Food Sensitivity Avoidance Diet

This diet is similar to the Elimination Diet but relies on blood tests to identify which foods stimulate an elevated immune response. There are a variety of labs that use different testing methodologies (e.g., rises in IgE, IgA, IgG, cytokines, etc.) to identify which foods result in an inflammatory response and should be avoided. These tests can evaluate hundreds of foods and spices to provide patients with a comprehensive list of foods to avoid.

Elimination Diet

Eliminate the major inflammatory foods (gluten, dairy, soy, eggs, corn, coffee, alcohol, citrus, food additives, refined sugars & nightshades (if joint pain exists)) along with all processed foods for 2-4 weeks and slowly reintroduce each food one at a time and monitor for reactions or symptoms. A great, inexpensive tool to identify each person’s reactive foods, reduce inflammation and enhance digestive function.

FODMAPS

FODMAPS is an acronym for Fermentable Oligo (e.g., fructans and galacto-oligosaccharides) Di and Monosaccharides (e.g., fructose) And Polyols (e.g., sorbitol, mannitol, xylitol), a diet structured to reduce intake of highly fermentable carbohydrates. The Low FODMAPS diet is an effective dietary option for patients with IBS as it has been shown to result in a 76% reduction in symptoms.⁴ The low-FODMAP diet initially consists of eliminating foods high in FODMAPs for 6-8 weeks; this diet is not intended to be a long-term therapy. After symptom resolution, patients gradually reintroduce foods high in fermentable carbohydrates to determine individual tolerance to specific FODMAPs.⁵

8 Highly Specialized Diets

There are a variety of dietary recommendations to consider now from the very basic to the highly individualized. As mentioned above, each patient is unique and we no longer can rely on one dietary recommendation to meet the unique needs of all of our patients. While this is by no means a comprehensive list of the options, it may be helpful to consider some of the diets listed on Page 13 when your go-to recommendations are not proving effective.

In addition, some of these highly specialized diets may not only help your patients lose weight, but also may address underlying hidden obstacles that are impeding their weight loss and contributing to other common symptoms like fatigue, gas and bloating, constipation, brain fog, arthritis, autoimmune conditions—the list goes on and on. When you identify a dietary plan that is right for their individual physiology, biochemistry and digestive biome, their gastrointestinal system slowly heals and inflammation decreases. All of these diets share a common theme to guide the patient toward incorporating unprocessed, nutrient dense foods that are rich in antioxidants and phytonutrients.

Exercise

We know that exercise is essential to weight loss. However, some exercise recommendations are definitely more effective than others when it comes to weight loss. Dr. Keoni Teta, ND, LAc is an expert in the field of helping people lose weight with targeted dietary and exercise recommendations. Dr. Teta is a co-author of two books on the subject: *Lose Weight Here: The Metabolic Secret to Target Stubborn Fat and Fix your Problem Areas* and *The Metabolic Effect Diet: Eat More, Work Out Less, and Actually Lose Weight While You Rest*. In a brief interview to gain some insights into how to effectively guide patients toward weight loss, he answered the following questions.



Q&A with Dr. Keoni Teta, ND, LAc

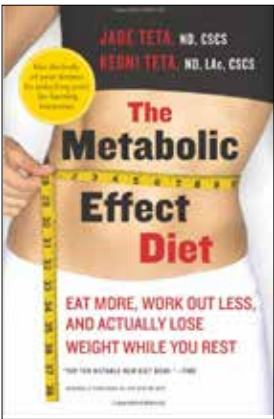
Q: What is your prescription for weight loss?

Dr. Teta: Healthy nutrition that is not overconsumed is better than exercise for fat loss. Healthy nutrition helps you lose fat better than

exercise, whereas exercise is better for weight maintenance. In addition, any exercise that is done in a sustainable way is better than no exercise. **When it comes to fat loss, resistance training tends to be better than stereotypical aerobic moderate intensity exercise (e.g., jogging).** General recommendations are 3-4 30-minute resistance-training sessions per week and then 4-7 30-minute sessions of aerobic exercise. This can be anything from walking to running or elliptical or rowing or whatever one likes, etc., or a mix of everything. Aerobic exercise is best for cardiovascular health when compared to conventional weightlifting routines. However, high intensity exercise with big body movements that gets you breathless works aerobic and anaerobic systems.

Q: How can dieting contribute to weight gain?

Dr. Teta: Think of dieting as a prolonged stress on the body. **Dieting, or more specifically, long-term energy restriction, contributes to weight gain in the long term because it causes the metabolism (e.g., thyroid and endocrine systems) to slow down.** It also causes you to lose muscle at a faster rate than fat. This is a problem because once you come off of the diet, you tend to gain more fat than muscle... and your body wants to get back to its original muscle mass you had before the diet. Muscle acts as a weight thermostat. This means that once you're back to your original muscle mass, you are padded with more fat, too.



Q: What is the Nutrition Label Rule of the Metabolic Effect Diet?

Dr. Teta: Weight loss is totally different than fat loss. We want our clients to lose fat not weight, especially if that weight is muscle. **So for fat loss, the Metabolic Effect Nutrition Label Rule works best to follow for a processed food at one serving size as indicated on the label:**

(total grams of carbs) - (total grams of protein) - (total grams of fiber) ≤ 10

Q: What is your favorite weight loss supplement?

Dr. Teta: Favorite weight loss supplement is fiber, specifically

powdered fiber mixed in water. A fiber that is unsweetened and a good mix of soluble and insoluble fiber is best.

There are a variety of effective diets to choose from when helping patients lose weight. The Mediterranean Diet is a great staple dietary recommendation that is easy to implement and is supported by extensive research and data. If your patients are not responding well to your initial dietary suggestions, consider utilizing some of the specialized diets mentioned on Page 13 to meet their unique needs. In terms of exercise, be sure to incorporate anaerobic recommendations to help facilitate fat loss and build muscle mass along with your aerobic exercise recommendations.

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An Update on Calcium and Heart Health

By Lisa Murray, RDN, LD

The controversy continues on whether or not calcium supplements adversely affect cardiovascular health.

Are Calcium Supplements Safe?

A new study published in the *Journal of the American Heart Association* (October 2016) suggests a correlation between calcium supplements and arterial plaque formation, which may contribute to increased risk of heart attack. Speculation about this particular topic has been around for decades, since calcification is part of the atherosclerotic process.

This new study, entitled "Calcium Intake From Diet and Supplements and the Risk of Coronary Artery Calcification and its Progression Among Older Adults: 10-Year Follow-up of the Multi-Ethnic Study of Atherosclerosis (MESA)", is the latest contribution to a nearly decade-long debate about whether calcium supplements do more harm than good. The study found that people who used calcium supplements showed a 22% increased likelihood of developing heart disease over the decade.¹

But get this: **The research also finds that those who consumed the highest levels of calcium—from both foods and supplements—were 27% less likely to develop heart disease!** The study reached that conclusion by comparing the 20% of participants with the highest calcium intake from both diet and supplements to the 20% with the lowest calcium intake.

The same day this study was published, the Council for Responsible Nutrition (CRN) issued the following statement by Duffy MacKay, ND, Senior Vice President, Scientific & Regulatory Affairs:

*"This observational study demonstrated that people with the highest total calcium intake from both food and dietary supplements had the lowest risk of coronary artery calcification. This confirms the safety of calcium supplementation for heart health, which has been the conclusion of several large studies in recent years. Consumers should have confidence in the safety of calcium supplements, and women in particular should be aiming to get the targeted daily amount of calcium through a combination of diet and supplementation."*²

How It All Started

This whole debate began with a study published in the *British Medical Journal* back in July 2010. The now famous meta-analysis, conducted by researchers in New Zealand, concluded that calcium supplements appeared to have only a minor beneficial effect on bone health and also suggested that supplements increase the risk of myocardial infarction by about 30% in people over the age of 40. They speculated the supplements might increase blood levels of calcium above normal, which could be dangerous to individuals at risk for heart attacks.³

After this study was published, news spread quickly through the medical community. Doctors began encouraging people to avoid calcium supplements and choose high calcium foods instead. While there is nothing wrong with this advice per se and in fact getting all the calcium we need from food is ideal, it's also fairly

difficult for many people on dairy free or vegan diets to meet the recommended dietary intake of calcium from diet alone and also difficult for women watching their calorie or fat intake. This leaves many women confused and concerned about how to adequately support their bone health, especially if they have high risk factors for osteoporosis or bone scans revealing osteoporotic changes.

Meanwhile, in spring of last year, The National Osteoporosis Foundation (NOF) and the American Society of Preventative Cardiology (ASPC) convened an Expert Panel to evaluate the effects of dietary and supplemental calcium on cardiovascular disease based on the existing peer-reviewed scientific literature as of May 1, 2016. The Expert Panel considered the findings provided by an independent Evidence Review Team at Tufts University and in July of 2016, the NOF and the ASPC determined that calcium in food or supplements does not adversely affect incidence of cardiovascular or cerebrovascular disease, disease-related mortality or all-cause mortality in most healthy adults. The Evidence Report and NOF and ASPC's joint position statement was adopted by the board of directors of both societies on July 22, 2016, and published in the *Annals of Internal Medicine* at the end of October 2016, entitled "Lack of Evidence Linking Calcium With or Without Vitamin D Supplementation to Cardiovascular Disease in Generally Healthy Adults: A Clinical Guideline From the National Osteoporosis Foundation and the American Society for Preventive Cardiology".

The focus of the guideline is to provide health professionals with an evidence-based recommendation about the health risks and benefits of calcium intake from food or supplements on cardiovascular and cerebrovascular disease incidence and mortality. The guideline states,

*"Calcium with or without vitamin D intake from food or supplements has no relationship (beneficial or harmful) with the risk for cardiovascular and cerebrovascular disease, mortality, or all-cause mortality in generally healthy adults at this time. In light of the evidence available to date, calcium intake from food and supplements that does not exceed the tolerable upper level of intake (defined by the National Academy of Medicine as 2000 to 2500 mg/day) should be considered safe from a cardiovascular standpoint. Obtaining calcium from food sources is preferred. Supplemental calcium can be safely used to correct any shortfalls in intake. Discontinuation of supplemental calcium for safety reasons is not necessary and may be harmful to bone health when intake from food is suboptimal."*⁴



The Bottom Line

In summary, there is actually one point on which all experts and researchers agree: obtaining calcium from food sources is preferred. Whether or how supplemental calcium can be safely used to correct insufficient intake is still being debated in the research world. But integrative practitioners know there is always the middle road of moderation and common sense we can follow when "science" can't make up its mind. The average person in the U.S. consumes about 700 mg of calcium from food each day, leaving a shortfall of only 300-500 mg to meet the RDI for calcium depending on the age group. The sensible approach many clinicians have adopted is to recommend 300-500 mg of calcium in divided doses taken with meals, along with adequate vitamin D and vitamin K. As we well know, there is no one right answer for everybody. There's a different answer for each individual depending on their eating habits and their lifestyle. But the healing arts are about applying our knowledge, our training, our experience and our understanding of human physiology and then trusting in the wisdom of nature to handle the details.

1. John J.B. Anderson et al. Calcium Intake From Diet and Supplements and the Risk of Coronary Artery Calcification and its Progression Among Older Adults: 10-Year Follow-up of the Multi-Ethnic Study of Atherosclerosis (MESA). *Journal of the American Heart Association*. 11 Oct 2016. <http://dx.doi.org/10.1161/JAHA.116.003815>.

2. <http://www.crnusa.org/CRNPR16-NewStudyAffirmsCalciumSafetyHeartHealth101116.html>.

3. Mark J Bolland et al. Effect of calcium supplements on risk of myocardial infarction and cardiovascular events: meta-analysis. *BMJ* 2010;341:c3691.

4. Stephen L. Kopecky, MD; Douglas C. Bauer, MD et al. Lack of Evidence Linking Calcium With or Without Vitamin D Supplementation to Cardiovascular Disease in Generally Healthy Adults: A Clinical Guideline From the National Osteoporosis Foundation and the American Society for Preventive Cardiology. *The Annals of Internal Medicine*. 25 Oct 2016. <http://www.annals.org/>. Accessed 11.30.2016.

Calcium-Rich Foods

We know dairy foods, including milk, cheese and even ice cream, are calcium rich but many non-dairy foods contribute significantly as well. Common calcium fortified foods include soy, rice or nut milks, orange juice and tofu. However, not all are fortified so check the labels. The calcium content in other natural foods varies according to how it was grown or cooked. Here are a few of my favorites:

- Blackstrap molasses (1 tbsp) 60-200 mg
- White beans (1 cup) 120-190 mg
- Collard greens, steamed (1 cup) 250-350 mg
- Kale cooked (1 cup) 100-200 mg
- Spinach (1 cup) 200-250 mg
- Almonds (1/2 cup) 170 mg
- Almond butter (2 tbsp) 112 mg



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Weight Loss Products: Retail Buyer Beware!



Jaclyn Chasse, ND

The category of weight loss supplements has always been hot—and 2016 was no different! There's a certain consumer appeal to tackling that multifactorial, challenging problem of obesity or being overweight with just a simple popping of a pill each day.

Integrative healthcare practitioners like you are savvy—you know that it involves far more than taking a few capsules to overcome the choices we make with food and beverages on a daily basis. But to the untrained eye, these are just so tempting.

There are several concerns with weight loss products, one of the most contaminated categories of dietary supplements in today's mass marketplace. Not only are they marketed with vigor, often suggesting results that seem unattainable (we've all seen those late-night commercials with the "before" and "after" photos), but in many cases, they contain dangerous adulterants, even sometimes unbeknownst to the product manufacturer!

Studies conducted over the last decade have shown intentional adulteration of dietary supplements by pharmaceutical agents. Herbal products are especially prone to adulteration, as their complex chemistry makes it much easier to hide small quantities of pharmaceuticals. In weight loss products, several agents have been identified, including appetite suppressors, stimulants, anxiolytics,

antidepressants, diuretics and laxatives. Several of these adulterants, such as sibutramine and ephedrine analogs, have been identified and recalled by the FDA. A nice review by Rocha and colleagues¹ published earlier this year in *Comprehensive Reviews in Food Science and Food Safety* summarized these compounds as well as provided information on their adverse event history and interactivity with other compounds.

When it comes to bringing on new products in high-risk categories like weight loss, Emerson is very selective. The items we carry are from trusted brands that go to great lengths to validate their raw ingredients to prevent adulteration like we have described above. Companies usually take multiple measures, including strict criteria to identify ingredient suppliers, internal validation and screening of ingredients and testing of the finished products. When it comes to weight loss products, I'd encourage you to ensure your patients are going with trusted brands and stay away from flashy internet ads and late-night TV!

1.Rocha T, Amaral J, and Oliveira M. Adulteration of Dietary Supplements by the Illegal Addition of Synthetic Drugs: A Review. *Comprehensive Reviews in Food Science and Food Safety*. Vol 15, 2016.



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Don't Go It Alone!



By Tina Beaudoin, ND

You likely have colleagues or mentors that you turn towards when you want to discuss a challenging clinical case, explore a new treatment modality or try a new diagnostic tool. So why, in contrast, are so many integrative practitioners trying to go it alone when it comes to enhancing their business practices and clinic operations?

This short article is dedicated to all those wonderful, integrative practitioners who would like to have solid retirement plans, regular paid vacations, financial security and shorter work weeks. While we love the clinical, it is essential we spend more time on our business acumen.

Peer Groups

While you may typically prefer to work alone, I encourage you to seek support here, as working in a small group allows you to take advantage of a larger brain trust. Create a small business peer group that meets regularly; once a month is a realistic goal. Peer groups increase your accountability and keep you on track to follow through on your goals.

How to Find Your Peers

Seek out peers that share similar values, like building a successful integrative practice. You can all have slightly different goals: creating

a successful telemedicine practice, starting an online mentor program, busy in-person practice, etc. While your paths are different, all of you will need to hone your business foundations and create SOPs (Standard Operating Procedures) and processes to run an efficient business. You are also not tied to your locale either; you can find peers across the country and have online meetings via Skype, Hangouts, FaceTime, etc.

Six Simple Steps to Get Started

1. Create a business peer group (be selective and keep it small).
2. Each person sets quarterly and yearly goals that are shared with the group.
3. Create a group information resource center that everyone can access (e.g., Google Drive, Dropbox, etc.).
4. Identify existing business resources. (Some starter ideas are below!)
5. Establish regular meeting times in advance.
6. Press GO!

Business Resources

Name	Website	Free	Resources
IGNITE	eeignite.com	x	Great webinars & resources on clinic operations, marketing, finance and patient compliance
American Academy of Family Physicians	aafp.org	x	Practice management section
Evolution of Medicine	functionalforum.com	x	Diverse offerings including option to join or initiate local meeting groups in your area
Miriam Zacharias	miriamzacharias.com	x	Marketing guru with blogs, newsletters and courses



FREE Video Download Pioneering a New Model of Medical Care

Mimi Guarneri, MD, FACC, ABIHM



This past November, Emerson hosted our second IGNITE Conference in “the land of enchantment”, New Mexico. The conference was called The Business of Better Medicine and while I am a true believer in business education for integrative practitioners like myself, the conference showed me more and more how intertwined the business of medicine is with the clinical practice of medicine. For each topic presented, I found invaluable business AND clinical pearls.

From Dr. Mimi Guarneri’s talk on integrative medicine’s place in the future of healthcare to Dr. Tieraona Low Dog’s take on the ethics of healing, I found myself thinking simultaneously as a clinician and business owner – the way we should be!

Of course there was also the “down to brass tacks” actionable practice building advice IGNITE has become known for, with industry experts detailing the HOW on everything from budgeting to social media marketing.

Even for those that attended, the amount of information was extensive, making the session video that was captured worth a re-watch for me and absolutely a must watch for anyone that was unable to be there in person. As I’ve said before, this is the critical information about running a successful practice, not often taught in school, which is why I’m so excited to give you Mimi Guarneri’s keynote video for FREE. Check out the information included here on how you can get your free video.

I look forward to sharing more great education with you in the year to come!

Jaclyn Chasse

Jaclyn Chasse
VP Scientific & Regulatory Affairs

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Running Programs to Support your Business



by Jaclyn Chasse, ND

If you’ve been following the IGNITE content or reading some of the articles we’ve shared, you know that one concept we repeat over and over in various iterations is how to diversify your revenue stream—getting out of the trap of your only revenue source being your one-on-one time with patients.

We’ve shared some experts’ views on top opportunities, including group visits, writing and speaking, hosting an online dispensary like wellevatesm and more!

Well, today I’m excited to speak with you about another option that can really change your practice revenue model—offering programs to support your practice. These could be in-office programs (like detox programs, weight loss programs, etc.) which function much like group visits or they could be online programs, which we’ll focus on today.

What Is an Online Program?

An online program provides your clients with an opportunity to receive information from you through avenues for engagement other than in-office visits. This includes videos, webinars, personal contact (through phone/telemedicine platform), written materials and more. Online programs can offer you the opportunity to consolidate what you know and leverage your time in creating materials once and then earning additional revenue when you share with more than one person.

How Do They Work and How Do You Get Started?

If you want to offer programs, the first thing you need is an audience to offer them to. "Building your list" or your list of prospective customers is probably your toughest task. This is primarily done through offering free, engaging content on a consistent basis through avenues like social media, summits, speaking engagements, guest writing, your blog, etc. With every exposure to new people, you add an invitation to follow you—on social media, on your blog or on your mailing list. This does mean you need to have a blog, mailing list or social media accounts! If you are enrolling your patients into your "list", then you’ve built a personal connection that establishes that trust; it’s just difficult to build a list to be really large if you rely only on your face-to-face contacts. That being said, even that is a great start!

After building trust with your audience by supplying them with great content for free over time, you are ready to offer programs. Start with what you’re good at or what you talk with patients about all the time already. For many practitioners, that is a detox program, a specific diet you promote or a lifestyle protocol for a condition you treat regularly. For the purposes of this article, let’s describe what a detox program might look like. However, you could go through this exercise using whatever other program you’d like: pain management, fertility, constipation—whatever suits your practice.

Start by thinking through what you normally do for a client sitting in your office who wants to go through a detox. What do you talk to them about? What background information do you provide? Think through the instructions of what to do? How do you describe why they would go through the detox program? Are supplements an important part of the protocol? What would you recommend, typically?

Next, you have to think through the depersonalization process. In your office, you likely tailor each person’s protocol to their own specific needs. This can’t really be done in a program, so focus on the aspects that ARE similar for everyone—perhaps this is the diet plan or your information about how to stay away from toxins and what those toxins are. (If you must personalize certain aspects, you can sell a program with a brief telephone consult to customize for each person. However, you lose the benefit of this being "hands off" and it may lose its scalability.)

Once you know what your client needs to be successful on the program, you have to create the materials. Think about handouts, presentation slides, recipes, videos, live webinars, prerecorded webinars, etc.

Some of my closest colleagues who are most successful offer programs that are literally a single, 3-5-page pdf document with

very little special formatting/graphics. Don’t go overboard here! There’s a tendency to offer TOO MUCH!

Finally, you need a place to house it and a way to collect payment. Some free housing options include a password protected Dropbox (free version available) or even Google Drive (where only those invited can view contents). If you’re looking for more advanced program options, there are great course software programs out there, like Ruzuku (what I use), which offer greater capability, like integrated payment processing, live webinar capability and more. To start, a basic Dropbox is great, especially if you’re offering it only to your own patients.

Once you promote the program, you need a way for patients to pay and gain access. It may be as simple as a button on your website, calling your office to process payment (not ideal, again because not hands off) or using a PayPal account you can link to in your promotions.

Don’t underestimate how lucrative this can be for your practice! Even a single detox program, offered twice per year to only your current patients, can generate thousands in additional revenue each year! Good luck!



Creating Program Materials

Here’s an example of a few things you might make for a detox program:

1. Welcome video

Ten-minute overview, introduction to what’s included.

2. Handout

Should describe "Why detox?" as well as information on environmental toxins and their impact on human health (one page, front and back).

3. Instructions

Details on supplements & descriptions of what they each do (one page).

4. Three-week meal plan & shopping list

Including menu chart, sample recipes and additional resources (four pages).

5. Sales tools

How will you promote the program? What are the benefits to people who go through it? Do you need emails to promote it? Social media posts? Prep these in advance as well.



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"The results of the present study indicate that melatonin can decrease the frequency of migraines."

by Alan Gaby, MD

Author: Goncalves AL, et al

Reference: Randomised clinical trial comparing melatonin (3 mg), amitriptyline (25 mg) and placebo for migraine prevention. J Neurol Neurosurg Psychiatry 2016;87:1127-1132.

Design: Randomized, double-blind, placebo-controlled trial.

Participants: One hundred ninety-six patients with recurrent migraines.

Study Medication and Dosage: Melatonin (3 mg), amitriptyline (25 mg) or placebo once a day at bedtime for 12 weeks.

Primary Outcome Measure: The number of migraine

Author: Armah SM

Reference: Fractional zinc absorption for men, women and adolescents is overestimated in the current Dietary Reference Intakes. J Nutr 2016;146:1276-1280.

Design: Assessment of zinc absorption.

Participants: Participants in the National Health and Nutrition Examination Survey (NHANES) 2009-2010.

Study Medication and Dosage: N/A.

Primary Outcome Measure: Estimated percent zinc absorption by healthy volunteers.

Key Findings: Using nutrient intake data from NHANES 2009-2010 and applying two algorithms that estimated percent zinc absorption as a function of the molar ratio of phytate to zinc in the diet, the authors concluded that the Recommended Dietary Allowances (RDAs) for both men and women need to be increased by nearly one-half of the current values in order to meet their requirements for absorbed zinc.



days per month during the last month of treatment compared with the number at baseline.

Key Findings: The mean reduction in the number of migraine days was 2.7 with melatonin, 2.2 with amitriptyline, and 1.1 with placebo (p < 0.01 for melatonin vs. placebo). The proportion of patients with a greater-than-50% reduction in the number of migraine days was 54.4% with melatonin, 39.1% with amitriptyline (p < 0.05 vs. melatonin) and 20.4% with placebo (p < 0.01 vs. melatonin).

Practice Implications: Melatonin levels are low in patients with recurrent migraines. The results of the present study indicate that melatonin can decrease the frequency of migraines. The mechanism of action is not known.

Practice Implications: Estimates of zinc absorption that were used to establish the current RDAs for zinc were based on data from published studies. However, the inhibitory effect of phytate on zinc absorption was underestimated because of the low phytate content of the semi-purified diets used in these studies. The results of the present study suggest that the RDA for zinc should be increased by nearly 50%. Interestingly, the RDA for zinc was 15 mg per day in the 1980s, but was later reduced to 11 mg per day for men and 8 mg per day for women.

In most studies of healthy adolescents and adults of various ages consuming Western diets, mean zinc intake ranged from 7.3 mg per day to 10.4 mg per day.^{1,2,3,4,5} Thus, a substantial proportion of the population is failing to meet even the current RDA for zinc. If, as the present study suggests, the RDA should be increased, then the great majority of people in the United States would need to take a zinc supplement. Groups at risk of having marginal or low zinc intake include pregnant women, teenage and college women, elderly or institutionalized individuals, people with low income and vegetarians.

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QH+PQQ™ is ideal for aging individuals and those who want to protect cardiovascular and cognitive functions, but can also be used for those seeking a sub-cellular means of boosting energy capacity.



Product code: J60284

ProOmega®-D

By: Nordic Naturals

ProOmega®-D provides exceptionally high levels of the omega-3 essential fatty acids EPA and DHA, along with 1000 I.U. of vitamin D3, which is known for its important role in immunity and regulating levels of calcium and other minerals needed for strong, healthy bones.

- Double-strength EPA+DHA for increased omega-3 benefits in fewer soft gels
- Vitamin D3 (or cholecalciferol) is the natural form of vitamin D produced by the body, and is better absorbed and utilized



Product code: PRO180

Cardio MetX™

By: Douglas Laboratories®

Cardio MetX™ is a unique blend of cranberry, strawberry and Amla fruit extracts combined with a bioavailable form of chromium to provide cardiometabolic support. All three branded ingredients, Capros®, Glucophenol®, and Zychrome® show clinical support for healthy blood lipid, blood glucose, and insulin levels.

Product code: D77606



NOW® Solutions Real Bamboo Ultrasonic Oil Diffuser

By: NOW®

NOW® Solutions Real Bamboo Ultrasonic Essential Oil Diffuser unites traditional aromatherapy with modern innovation to create a diffuser that doesn’t require heat. Instead, we utilize high-frequency ultrasonic electrical vibrations to create an ultra-fine mist, a diffusion method that helps to maintain the integrity and holistic properties of pure essential oils.

Product code: N75215



5-Methyl Folate

By: Protocol for Life Balance®

- 1,000 mcg Metabolically Active Folic Acid
- Superior Bioavailability
- Penetrates Blood-Brain Barrier
- Supports Neurological Health
- Vegetarian / Vegan Non-GMO5

Product code: P04914



PureDefense with NAC
(travel pack)

By: Pure Encapsulations

PureDefense w/NAC contains a combination of EpiCor®, N-acetyl-L-cysteine (NAC), vitamins, zinc and herbal extracts designed to promote overall immune defense and provide enhanced support for upper respiratory health.

Product code: P17228



Krill Oil

By: Daiwa

Daiwa Krill Oil is a super antioxidant composed of pure oil derived from Antarctic krill:

- Superior Source of DHA and EPA Omega-3s
- Greater Bio-availability than Fish Oil
- Promotes Heart, Joint, and Brain Health
- Source of Astaxanthin; powerful antioxidant
- Relives Discomfort from PMS

Product code: D01602



nanomeal®

By: BioPharma Scientific

Eating a balanced diet is foundational to lifelong, energetic health, but your busy schedule doesn’t always give you a chance to prepare (or even buy) a healthy meal. Enjoy a tasty and healthy meal replacement shake to keep you feeling full and energized all day. Enjoy the benefits of; nanopro + nanomega3 + nanogreens10 in an easy, portable packet. Our meal replacement powder comes in a yummy light flavor containing tropical notes of green apple, vanilla, orange, and pineapple.

Product code: NANOM1



PERQUE Mito Guard Plus™

By: PERQUE

CoQ10: Vital to HEART, ENERGY, & MUSCLE HEALTH*. Advanced Delivery, Complete Formula, Superior Potency.

- Pure CoQ10 micellized into tiny droplets for maximum absorption
- Mixed tocopherols for protection and enhanced action
- Gamma oryzanol to build endurance and strength

Product code: MITO5, MIT04



HMF Travel

By: Genestra Brands

HMF Travel combines five probiotic strains from *Lactobacillus*, *Bifidobacterium* and *Saccharomyces genera* to promote a healthy gut flora and support gastrointestinal health. A number of travel-related factors, including unfamiliar food or water, stress and jet-lag, can all affect the normal composition of gut bacteria.

Product code: G48806



Bio-Kult®

By: Bio-Kult

2017 is in full swing and it takes guts to stick with those New Year’s resolutions. Now is the perfect time to make a lifestyle change, encourage your clients to make a healthy start and improve their gut health with regular consumption of a probiotic live bacteria supplement with multiple strains. Bio-Kult is a scientifically developed, advanced multi-strain probiotic formula containing 14 live bacterial cultures which are proven to survive the high acidity of the stomach.

Product code: B01721



Mitochondrial Support Nutrients: Carnitine and CoQ10

by Jaclyn Chasse, ND

We all remember learning about the infamous mitochondria, the energy powerhouse of the cell. In addition to ATP production, mitochondria are involved in other aspects of cell health, including cellular signaling and metabolism and managing cell cycle and cell death. Mitochondrial dysfunction has been also linked to dozens of disorders as well as aging in general.

I'd like to share a bit more about a few of the key nutrients recommended to support mitochondria and review how they impact the function of this powerhouse organelle.

Carnitine

Carnitine is an amino acid derivative, biosynthesized primarily in the liver and kidneys from lysine and methionine. When it comes to mitochondrial function, carnitine acts as a "shuttle", transporting long-chain acyl groups from fatty acids into the mitochondrial matrix. Within the mitochondria, these acyl groups are broken down into acetyl CoA to produce energy, an important step in the citric acid cycle.

The highest concentrations of carnitine are found in red meats, although carnitine can also be found in various plant-based sources. When supplementing with carnitine for mitochondrial support, a few forms exist, including L-carnitine and acetyl L-carnitine. Propional L-carnitine is purported to have a greater affinity for skeletal and cardiac tissue as well. With all forms, dosing should be between 1-3 grams daily.¹

CoQ10

Ninety-five percent of the body's energy is produced through the electron transport chain. Coenzyme Q10, or ubiquinone (known as such because of how "ubiquitous" it is in the cells), is a component of the electron transport chain. It is not surprising that the organs with the highest energy requirements (heart, liver, kidney, testes) have the highest CoQ10 concentrations!²

CoQ10 has antioxidant function (which also has implications with mitochondrial function), but for the purposes of energy production, CoQ10 functions as an electron transporter. It continuously cycles through the processes of oxidation and reduction, gaining and

losing electrons as it goes to effectively create a proton gradient that is used by ATP synthase to make ATP. CoQ10, and more recently discovered vitamin K2³, are the only two nutrients known to perform this function.

Meats and fish are the richest dietary sources of CoQ10, but still provide only 50-100 mg per kg of meat at best. Supplementation typically ranges from 50-100 mg, but doses up to 3600 mg daily have been studied in well and unwell populations and appear to have a good safety profile.⁴

1. Gaby, AR. *Nutritional Medicine*. Concord, NH: Friz Perlberg Publishing, 2011.

2. Dutton, PL; Ohnishi, T; Darrouzet, E; Leonard, MA; Sharp, RE; Cibney, BR; Daldal, F; Moser, CC (2000). "4 Coenzyme Q oxidation reduction reactions in mitochondrial electron transport." In Kagan, VE; Quinn, PJ. *Coenzyme Q: Molecular mechanisms in health and disease*. Boca Raton: CRC Press. pp. 65-82.

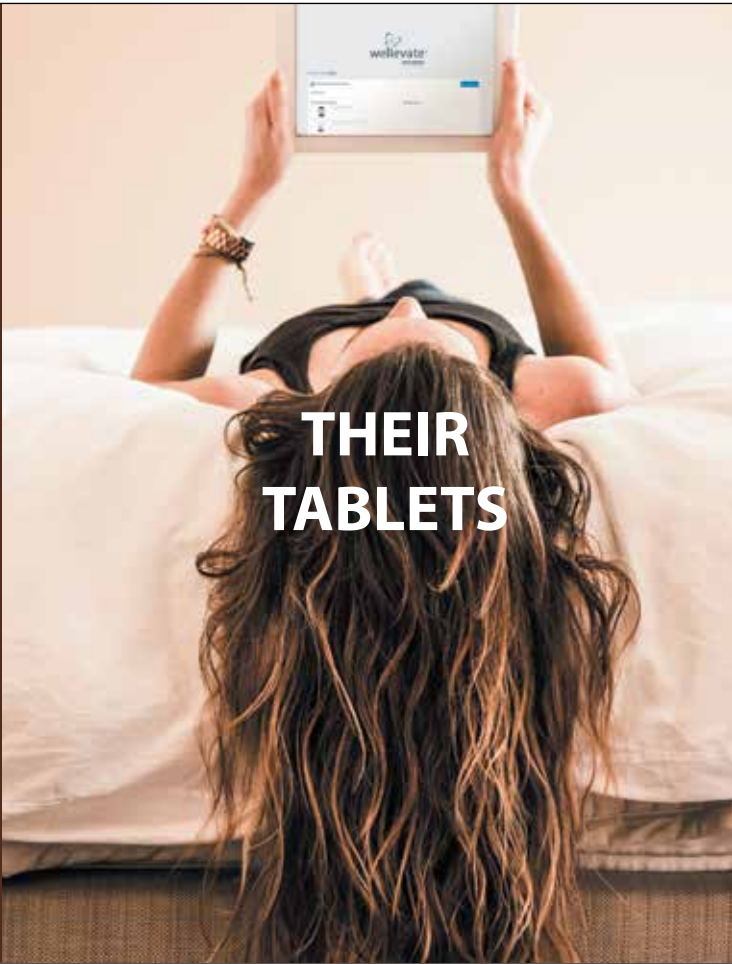
3. <http://www.sciencemag.org/content/336/6086/1241>


4. Hyson HC, Kiebertz K, Shoulson I, et al. (September 2010). "Safety and tolerability of high-dosage coenzyme Q10 in Huntington's disease and healthy subjects." *Mov. Disord.* 25 (12): 1924-8.

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Vegetarian capsules, 15 mg.



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The critical role of vitamin K₂ is in supporting cardiovascular health, normal calcium metabolism, healthy bone density, and overall brain health.* Ultra K₂ works synergistically with a number of other nutrients including calcium and vitamin D.

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- Helps direct calcium uptake
- Vegetarian capsules



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