

# Aging: How old is "old"?

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No two people age in exactly the same way. The US Government defines "older adulthood" at 65 years of age because they're eligible for Medicare and Social Security. Many people choose to retire in their 50's while others choose to continue to work and lead active lives into their 80's and beyond.

## Age is a number. Health is a condition.

Does your health confirm your age? What is the quality of life? With increasing age, chronic illness becomes a key factor. Researchers are predicting that, for the first time in many generations, the average life expectancy of Americans will be decreasing in the next few years. Reason?...The current obesity epidemic. Obesity rates have been rising by about 50% per decade since 1980, to the point where nearly every third American is now excessively fat. Childhood obesity is also rising at an alarming rate. *New England Journal of Medicine*, March 17, 2005

## What is age?

All body cells are preprogrammed to reproduce and die. At the rate most cells reproduce, you have a new body every 7 years. The food you eat contains the "tools" your body uses to make new cells. Unfortunately, due to suboptimal diets, often the new cells are not as 'new' as they should be resulting in progressive decline of function. The body favors short-term survival over long-term health.

This short-term survival was achieved by prioritizing the allocation of scarce micronutrients to important body functions necessary for survival.

Micronutrient deficiencies that trigger

this "triage response" would accelerate cancer, aging, and neural decay but would leave critical metabolic functions, such as ATP production, intact to protect the heart, brain, etc.

Ask yourself...Why isn't the body healing and repairing like it used to? You don't just wake up one day and you're diabetic.

## BEING OLD IS LESS A CHRONOLOGICAL AGE THAN A STATE OF MIND AND PHYSICAL

## Drugs do not increase life span.

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 and *then* there are the added side effects of the drugs. As these side effects take hold...what is your *quality* of life?

Case in point....a 70 year old presented to our office documenting she was on 8 prescription drugs: BP, cholesterol, reflux, depression, diabetes, and arthritis. She had complaints of chronic fatigue, malaise, and joint pain, among others. She tells us that she and her sisters cannot keep up with their mother. What was our next question? *Tell us about your mother!*

Her mother is 99 years old with no complaints. She has never been on long term drugs until the last six months. She takes one pill per day for angina. Questions for the 70 year old: *Do you think you will live to be as old as your mother? What condition will you be in if you make it? Do you really think this 70 year old is going to make it to be as old as her mother considering all of the medications and health problems she has?*

**When meal planning, think nutrient density first! The challenge for the elderly is to meet the same nutrient needs as when they were younger, yet consume fewer calories. View our December 2009**

While we always suggest you get tested to determine exactly what you need to supplement, the following nutrients are supported by good research to warrant recommending for the aging population as a whole. Keep in mind, supplements will not overcome a very poor diet. They are meant to increase the nutritional quality of our food.

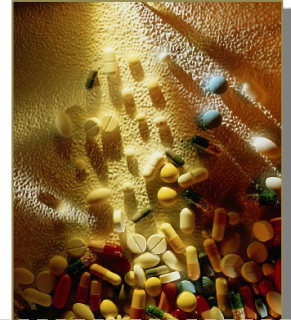
#### Multiple Vitamin and Mineral (MVM)

MVM may boost mood in elderly. In one study, Folate and vitamin B12 levels ↑ significantly in the MVM group but ↓ in the placebo group. Significant differences were also reported for symptoms of depression scores between the groups, with beneficial effects observed for patients in the supplementation group regardless of the initial level of depression of the individual.

One-a-day MVMs usually do not provide sufficient amounts of many nutrients such as vitamin E, calcium, magnesium, and vitamin C. Even if they did, simple biochemistry explains you can only absorb a limited amount of certain vitamins and minerals at one sitting. With three- to six-per-day multiples, intake should be spread out at two or three meals each day, instead of taking them all at one sitting.

A quick guide to determine the quality of your supplement is:

1. Check the form of Vitamin D: Should be cholecalciferol not ergocalciferol
2. Check the form of Vitamin E: Should be "d-alpha" not "dl-alpha"
3. Check the "other ingredients". Are there artificial colors, artificial sweeteners, hydrogenated fat, nickel, tin?



#### Supplements for the Aging\*

**MVM: Ultra Preventive III**  
**Vitamin D3: 5000IU/day**  
**Calcium MCHC: 750mg/day**  
**Magnesium: 200mg/day**  
**Vitamin C: 2-4gm/day**  
**B-Complex: 50mg/day**  
**B12: 1000mcg**  
**Folic acid: 400mcg**  
**Ubiquinol: 100mg/day**

Vitamin D3: Older people with insufficient levels of vitamin D may be at an ↑ risk of dying from heart disease than those with adequate levels of the vitamin.

Researchers followed 3,400 Americans for 7 years. Those with low vitamin D levels were 3x more likely to die from heart disease and 2.5x more likely to die from any cause. Another study showed, high levels of vitamin D to be associated with 33% ↓ risk of developing cardiovascular disease, 55% ↓ risk type 2 diabetes, 51% ↓ metabolic syndrome

B12/Folate: Anemia should not be accepted as an inevitable consequence of aging. A cause is found in approximately 80% of elderly patients. B12 and folic acid depend on adequate intake and intestinal absorption rate. Both are necessary for red and white blood cell production. Folic acid is necessary to make certain precursors of DNA and the synthesis of several amino acids. B12 is necessary for making the active form of folic acid. Incidence of B12 deficiency in the elderly may be as high at 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 B-12 levels 6X less likely to experience brain shrinkage. *Neurology*, Sep 2008; 71: 826 - 832.

CoQ10 in the form of Ubiquinol. See our May 2009 newsletter on CoQ10 for more information.

Over to the right, is a complete list of supplements and dosages we would recommend for everyone age 50 and over. It is however most important that you test yourself to determine exactly what you are deficient in. Do you need more protein in your diet? Do you need to back off the carbohydrates? What is your vitamin D level? Set up a consult today to get on your way to optimal health by testing to determine your dietary and supplement needs.

Federal Law requires that we warn you of the following:

1. Your individual health status and any required health care treatments can only be properly addressed by a professional healthcare provider of your choice. Remember: There is no adequate substitution for a personal consultation with your chosen health care provider. Therefore, we encourage you to make your own health care decisions based upon your research and in partnership with a qualified health care professional.

2. The Constitution guarantees you the right to be your own physician and to prescribe for your own health.

**Don't Guess About Your Health...  
Schedule a Nutritional  
Consultation Today!**

Our office provides this m...  
charge. If...