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Vitamin D and Cancer Prevention

By: Dr. Selene Wilkinson, ND.

As of late there has been a lot of talk about vitamin D and cancer prevention, but is the research really there to support all of the hype? The answer is yes. Research shows that appropriate levels of vitamin D can help prevent breast, ovarian, prostate and colorectal cancer. Low vitamin D levels have also been connected to increased incidence of multiple sclerosis, juvenile diabetes, bone fractures, osteoporosis, mood disorders and influenza.

A four-year clinical trial that involved 1,200 women, discovered that those taking vitamin D had an astounding 60% reduction of an incidence of cancer compared with those who did not take the supplement.

If you are deficient in vitamin D, the best way to increase your levels is to supplement with vitamin D3. At first, you may need to take up to 5,000 IU daily to bring your level to an optimum range. Once your levels are stable, I recommend supplementing with 1,000 to 2,000 IU per day depending on the time of year, your health, size and lifestyle. The most absorbable form of vitamin D supplementation is found in a liquid form that can be purchased at the Adelaide Health Clinic. A standard multivitamin only has 400 IU of vitamin D.

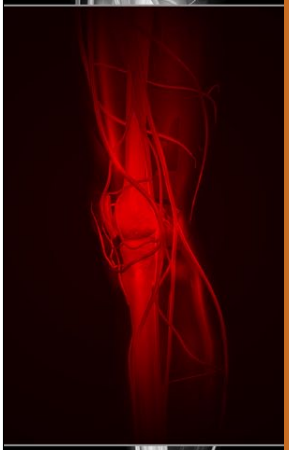
It is difficult to get the required mounts of vitamin D through foods, but certain fish can provide 300-700 IU per serving, and milk provides 100 IU per glass. Given this information, health authorities may move towards implementing a substantial increase in food fortification to reflect the research study results.

Sun is a great source of vitamin D when sunscreen is not used, as the UVB rays enable our bodies to manufacture vitamin D under the skin. A little sun exposure to the skin is healthy, as long as it is not at peak times of the day and the skin does not burn. The limited sun exposure to the skin may explain why the incidence of cancer is higher in northern latitudes than at the equator.

I recommend that everyone keep their vitamin D levels at an optimal range with supplements and regular, safe sun exposure to help decrease the risks of certain serious diseases such as cancer, to increase their immune system and to maintain bone health.

Knee Osteoarthritis

By: Pamela Honeyman, Physiotherapist



Do you hear your knee as you climb a flight of stairs? Do you feel knee pain as you rise from your chair or squat? If so, you may be experiencing symptoms of osteoarthritis (OA) of the knee. Knee OA (degenerative joint disease of the knee) is one of the top five causes of disability among baby boomers and their parent's generation. It's as prevalent as cardiovascular disease.

KNEE ANATOMY AND OA MECHANISM OF INJURY

The knee is the largest joint in the body. It is a complex structure consisting of three different joints and contains the thickest layer of cartilage (cushion-like substance) in the body which counteracts stresses. OA occurs when the cartilage between the bones at the joint surfaces become worn. As the knee cartilage continues to wear down and is less able to absorb the shock and stress placed on the knee, bones increasingly begin to grind more against each other. Knee OA can be progressive and worsen with time especially if you are 45 or older.

Not all knee joint pain is due to OA. Many people can have knee pain from faulty joint movements, overuse injuries, muscle imbalances, cartilage tears, and ligament injuries.

KNEE OA CAUSES

- Obesity - increased weight creates more pressure on knee joints.
- Prior knee injury - to ligament and cartilage can change the mechanics of knee function causing more knee wear and tear.
- Jobs and sports that involve excessive repetitive kneeling, squatting and lifting of heavy weights.
- Sports with high impact or sequences of standing or running then pivoting on the foot - like squash, basketball and soccer.
- Women over 50 - postural alignment of the hips relative to the knee may create more stress on the knee joint.
- Heredity - there may be evidence linking genetic predisposition to developing degenerative changes of the knee.
- Increasing age- the protective surfaces of joints become thinner with time.

SIGNS AND SYMPTOMS

- Knee pain (usually the first symptom) that is generally worse with weight-bearing and is better with rest. Often there is morning stiffness, tenderness around the knee joint, and a feeling of a grinding motion in the joint called crepitus.
- Swelling.
- Decrease in knee range of motion.
- Limping often is observed with walking.
- Atrophy of the front thigh muscle.
- Weakness of the muscles around the knee.

TREATMENT

The treatment for knee OA is individualized depending on the age of the person, causes and amount of the degenerative change. Initially pain is directed at pain management. Over the counter drugs such as aspirin or ibuprofen can be very helpful for pain relief. Patients may need to see their physician for stronger prescription medicines. Research documents that glucosamine and chondroitin sulfate may mitigate knee OA.

Physiotherapists are trained to recognize and treat OA. A Physiotherapist can:

- Design a program to strengthen and stretch muscles around the knee to facilitate optimal knee function and reduce stresses on the knee. Quadriceps weakness and other muscle imbalances of the lower extremity may predispose you to OA.
- Administer manual therapy techniques which can improve joint mobility, reduce pain and decrease stress on the knee joint.
- Give modalities such as ultrasound and interferential to help with pain relief.
- Provide advice about the use of heat and cold on the knee.
- Administer acupuncture.
- Apply therapeutic tape which may correct poor knee mechanics.
- Give info about walking aids such as a cane, recommend appropriate foot care and other ideas to minimize the stress on the knee and adopt good body mechanics.
- Suggest appropriate activities to minimize knee symptoms, such as provide guidelines for specific gym, swimming or walking programs to maximize function and minimize symptoms.
- Refer you back to the family physician in the event you need prescription medication or surgical intervention.

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