



Budincich Chiropractic Clinic, Inc.

Spine-A-Line

Fall 2008 • For patients and friends of Budincich Chiropractic Clinic

Childhood Obesity: Six Ways to Prevent It

By Michael N. Budincich, D.C.

Asssemblyman Ed Chavez is concerned that the San Gabriel Valley is listed as being tops in childhood obesity” was a recent published remark by this local legislator in an online newsletter. The Budincich Chiropractic Clinic is also very concerned over the growing trend of childhood obesity.

Not only is America one of the top ranking nations in childhood obesity worldwide, but the San Gabriel Valley, where we live and serve, is the worst in California. How can we reverse this trend? We can only do it through parent education and pressure on our school food menus.

In my opinion, all sugary sodas and drinks should be OUTLAWED

from public school cafeterias, vending machines, and public-sponsored school events. I hate to think that our tax dollars are paying for children becoming more and more obese – eventually contributing to Diabetes, Hypertension, Coronary Artery Disease, Hip/Knee/Ankle/Back problems and Juvenile Arthritis.

We are creating children that will be having major health problems before age 40–50. Instead of the media worrying about which major league athletes are taking anabolic steroids, we should be more concerned about the poison that the schools and fast food chains put into our children.

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BCC Annual Toy Drive December 8 to 13

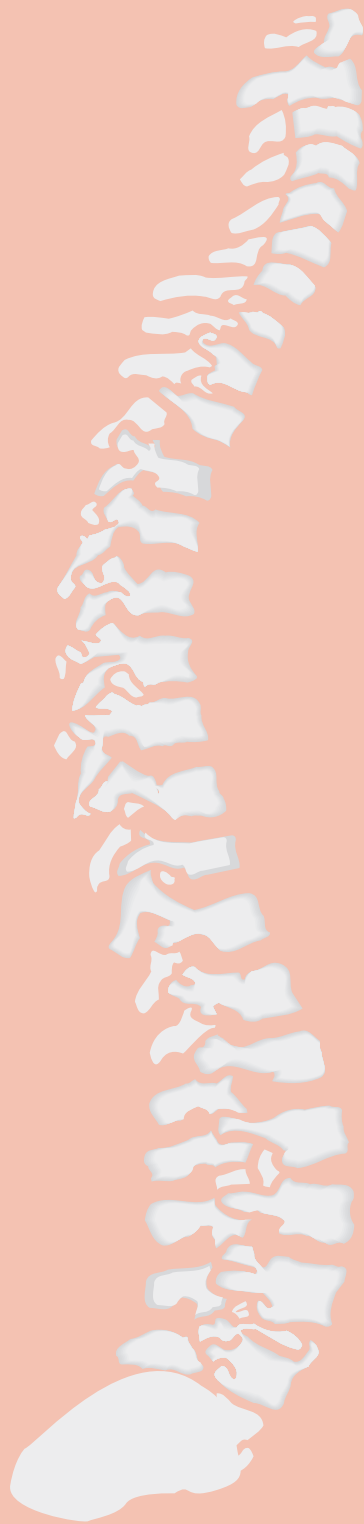
From Dec. 8 to Dec. 13, the Budincich Chiropractic Clinic doctors and staff would like to show our appreciation for allowing us to serve your health needs with safe, effective, chiropractic care.

We will be giving complimentary treatments to established patients on Saturday, Dec. 13 in exchange for a new, unwrapped toy (\$25 retail value approximately).

New patients to the clinic will receive a thorough consultation, examination, any necessary x-rays to diagnose their condition, and a written, detailed, as well as an oral

report of findings (\$150–\$250 value) for a \$25 minimum toy donation. New patients may schedule at established times from Dec. 8–13.

Please join in this holiday event and bring the joy of Christmas to a needy child as you receive the gift of health through chiropractic care. Call (626) 792-3390 today for best appointment times. All donations must be received by the 13th of December. ■



Childhood Obesity, *continued from front page*

Cultural, genetic, and socio-economic considerations are also in play here in the San Gabriel Valley. The valley now is statistically 55% Latino by the last estimated census. From my 25 years of experience in delivering health care in Mexico's Baja peninsula, I can tell you that this ethnic group has a huge genetic predisposition for Diabetes and childhood obesity. The main factor that affects weight gain in this cultural/ethnic group is the consumption of large amounts of corn and sugar products. Tortillas, chips, sodas, horchata, lard-fried beans, and lots of red meat are all factors for weight gain.

Members of all cultures – not just Latinos – are gaining weight in this valley, for we all eat too many carbohydrate-rich food and drink without an adequate balancing of protein in the diet. Carbohydrates should NEVER be eaten alone, but rather in combination with proteins and healthy fats.

Corn is a “high glycemic index food” according to Barry Sears of “*The Zone*” diet fame. He discovered the 40/30/30 diet for healthy hearts: all meals should be 30% protein, 30% high quality unsaturated fat, and 40% high quality (low glycemic value) carbohydrate. Foods are different in the way they metabolize in the body.

The faster a food is made into blood sugar, the more it “shocks the body” into producing too much insulin, causing the food to be stored as fat. It also triggers bad eicosanoids and prostaglandin production. This subject is complicated and requires the reading of this breakthrough book, “*Enter The Zone,*” by Barry Sears, PhD.

How do we stop the trend? It's not easy, since it will require parents to do more work at home:

1. Make your child's lunch AT HOME the night before school. Tuna, turkey, chicken sandwiches with whole wheat or whole grain bread are great if they are wheat intolerant. Don't put mayonnaise on the sandwiches, but yellow mustard is fine and so is a little ketchup. Mayonnaise, which is made with saturated fat from vegetable oil and egg yolks, is not a healthy food.



2. Make a *healthy* breakfast on school days – something other than pop tarts and cold cereal. Most cold cereals are loaded with sugar (read the label), and they are highly processed. Yes they are easy, but very UNHEALTHY. Make hot oatmeal with real fruit and nuts or raisins. Make a few eggs each week and remove one yolk for each two cooked. Granola bars are good if not made with added sugar. Make sure breakfast has a protein source like plain yogurt, low-fat milk, fresh ground peanut or other nut butter. Make sure the child has a piece of fruit too, whether

it be a banana, apple, cluster of grapes, or berries. If you are really in a hurry give them a 40/30/30 bar like a “Balance Bar” found at Trader Joe's. This will give them a balanced 250 calories, a healthy start and good brain functioning before lunch.

- 3.** Do not keep sugary foods in the home like ice cream, cookies, and snack foods. If you get a desire as a family to go out for a treat occasionally, make it a special treat and drive somewhere to get it, but don't keep it in the house where you ALL can get fat from it!
- 4.** Try to feed the children by 6–7 p.m. or earlier. When kids AND adults eat late at night it really accelerates weight gain.
- 5.** Drink more water. And don't make sweet drinks a replacement for good, pure water.
- 6.** Do not allow already overweight children to get “seconds” or to overfill a plate the first time. Get them to eat slowly since this fills the stomach slower and triggers the “full” feeling before they have overeaten. Go out after dinner as a family if possible and WALK to the park or through the neighborhood to burn off some of the calories eaten at dinner.

This subject is long and complicated, but if we don't get started on real solutions, we will be hospitalizing our children by the time we retire. Our children deserve to have good health, and chiropractic checkups are part of a healthy childhood checkup program. But even daily “adjustments” won't stop weight gain – only YOU can control the food and the dietary habits of your children. ■

Spending More on Back Pain *continued from back page*

The authors sought to answer this question using data from the Medical Expenditure Panel Survey, which sampled individuals around the nation aged 17 and older from 1997 to 2005.

In 1997, 23,045 individuals were sampled, including 3,139 who reported spine problems. At this time, medical costs for those with spine problems was \$4,695 compared with just \$2,731 for those without spine problems.

In 2005, the survey included 22,258 respondents, including 3,187 with self-reported spine problems. Medical expenditures for those with spine problems was now \$6,096 versus \$3,516 for those without back and neck problems.

During that period, expenditures increased 65 percent from 1997 to 2005 for those with spine problems, which was more than for overall health expenditures during the same time period. There was only a small increase in the estimated number of U.S. adults with spine problems.

The estimated proportion of people with self-reported physical disabilities resulting from spine problems also increased, from 20.7

percent to 24.7 percent.

Most of the cost difference came from outpatient and inpatient services, with a smaller proportion accounted for by prescription medicines. However, the percentage of expenditures related to prescription medications went up more rapidly than expenses for other services.

“That includes a 423 percent increase in expenditures related to narcotic analgesics over that time,” Martin said.

In addition, “there’s been a steady stream of new devices and surgical techniques and imaging methods being used over time,” he pointed out. “There’s also been a moderate increase in people with back problems.”

The annual expenditures for spine problems are comparable to the amount spent annually on arthritis, diabetes and cancer. All of those figures are dwarfed by the enormous sums spent in this country on heart disease and stroke.

The National Institute of Neurological Disorders and Stroke has more on back pain. ■

NOT Treating Your Neck and Back Pain Carries Risk

Did you know that NOT treating your neck and back pain carries risk?

According to the American Chiropractic Association, those rises include increased rates of disability, abuse of prescription narcotics, disruption of work and social activities and the risk that an uncomplicated, short-term pain condition could become chronic and permanent.

According to an 1999 study done by the *New England Journal of Medicine (NEJM)*, at least 103,000 people are hospitalized each year in the United States for serious gastrointestinal complications due to the use of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs, such as such as aspirin or ibuprofen).

A more recent study also done by the *NEJM* estimated that at least 16,500 NSAID-related deaths occur each year.

In contrast, according to scientific data, the odds of suffering a serious reaction from chiropractic cervical manipulation is less than one in 3.8 to 5.85 million adjustments!

Study Says Chiropractic Doctors Don't Raise Stroke Risk

A new Canadian study indicates there is no increased risk related to chiropractic neck adjustments in triggering a stroke. In the study, researchers observed that patients were no more likely to suffer a stroke following a visit to a doctor of chiropractic than they would after visiting their family doctor. Published in the February 2008 edition of *Spine*, the study, titled “Risk of Vertebrobasilar Stroke

and Chiropractic Care,” researchers were looking for an increased association between chiropractic care and stroke. Although they found this association, they also discovered it to be the same as when patients visited a family doctor. The study said the association is likely due to patients with an undiagnosed vertebral artery dissection seeking care for neck pain and headache before their stroke. ■

Spending More – and Getting Less

Study finds Americans spending more trying to ease back pain

Americans are spending more money trying to ease back and neck pain, but new research suggests those extra dollars aren't buying more relief.

The increased expenditures were expected, said the authors of a study in the Feb. 13 issue of the Journal of the American Medical Association, but the lack of results weren't.

"This calls into question whether we're providing treatments to people who aren't going to benefit," said study author Brook Martin, a research scientist in the department of orthopedics and sports medicine at the University of Washington, in Seattle. "This calls for a need for more effectiveness studies and looking at which patients would benefit from treatments and diag-

nostic tests."

"Spine problems are the most common reason why people of middle age have pain and disability, and we need to continue to search for better solutions because, although we have come up with newer techniques of treatments, we still have a large percentage of the of population with spine problems who are still disabled," added Dr. Andrew Sherman, head of medical rehabilitation at the Spine Institute at the University of Miami Miller School of Medicine.

That said, Sherman continued, "just because [the study authors] did not find improvement over the entire group doesn't mean that many individuals are not deriving benefit from treatment. There are many indi-

vidual patients who do see improvements."

According to background information in the article, 26 percent of U.S. adults in 2002 reported lower back pain, and 14 percent reported neck pain during the previous three months.

Low back pain alone accounted for about 2 percent of all doctor's office visits, exceeded only by routine exams, hypertension and diabetes. At the same time, there have been increases in the rates of imaging, injections, use of opiates and surgery all related to spine pain.

But have these expenditures resulted in any actual improvements for the patient?

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