Women's Health Library

Joint Health with Glucosamine, Chondriotin and MSM

Dr. Patricia Beckstead
Founder

Additional Recommended Supplements for Optimal Health…

Foundation of Health:

- **Ultimate One**
- **CoQ10**
- **Omega 3 Fatty Acids**
- **Greens N' Things**
- **Chewable Calcium & D**
  or
- **Liquid Cal-Mag-Zinc**

These supplements may be purchased on Our Store:

FreedomFromMenopause.com

These recommendations are for informational and educational purposes only. They are not intended as a substitute for advice from your medical professional, nor intended to diagnose, treat, cure, or prevent any disease. The information provided herein has not been evaluated by the Food and Drug Administration. WARNING: Before taking any of the products listed here, please consult with your healthcare professional if you are pregnant, nursing or if you have any medical condition or are taking any medicines. Dietary supplements can affect the way medicines work. If you are given a prescription for medicine, always tell your healthcare professional what dietary supplements you are taking.

Many members of the baby boomer population are suffering from stiff, aching joints that are often painful and lead to inactivity and possibly even depression. Individuals suffering from joint pain and discomfort often turn to doctors for relief, usually ending up on nonsteroidal anti-inflammatory drugs (NSAIDs). While these medications may be necessary to provide short-term pain relief, as with many medications, long -term use can lead to negative side effects.

Research shows that NSAIDs show prompt reduction of clinical symptoms of joint pain, but the symptoms often reappear soon after treatment. With alternatives such as glucosamine and chondroitin, the therapeutic response may appear later in time but can last for months beyond discontinuing treatment. Glucosamine and chondroitin may actually help lead to healthier joints, not just relief of symptoms.

How Glucosamine and Chondroitin Work?
They provide long -term benefits due to their ability to stimulate specialized cells which help promote healthy cartilage tissue. They provide building blocks for large water binding molecules that are important constituents for cartilage formation. These molecules attract and hold water, supporting cartilage fluidity and elasticity. On the other hand, NSAIDs provide short-term relief to painful joints, but do not provide long-term benefits and can eventually lead to more severe joint health problems.

Taking the Right Dosage
Joint support combination products are becoming ever so popular in this world of quick and easy alternatives. Combination formulas are convenient but may not provide the adequate dosages needed to obtain therapeutic benefits for your joints. So be sure not to waste your money on products that contain a vast array of everything but not enough of anything. Clinical research shows that the most effective dosage for glucosamine is 500-1000 mg per day, for chondroitin 400-1200 mg per day and MSM 1000 mg daily.

What is MSM?
MSM or methylsulfonylmethane is composed of 34.1% sulfur making it a widely used therapy for improving or maintaining joint health. Sulfur supports over 150 compounds in the body including amino acid production, connective tissue, and skin. The highest concentrations of sulfur are found in the joints, hair, skin, and nails. MSM helps to support the body's ability to manage pain and inflammatory conditions. Studies indicate that alternative therapies for joints such as glucosamine, chondroitin, and MSM provide
benefits to the joints, without the adverse side effects that are often caused from traditional medication use.

Our Joint Support Formula: **Glucosamine, Chondroitin & MSM**:
- Contains added MSM, a necessary component for making collagen
- Comprehensive joint support formula
- Safe alternative for vegetarians and those with shellfish allergies

REFERENCES:

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Uebelhart D, e t al. Intermittent treatment of knee osteoarthritis with oral chondroitin sulfate: a one-year, randomized, double-blind, multicenter study versus placebo. Osteoarthritis Cartilage. 2004 Apr;12(4):269-76.