



# **THE AMERICAN CLINICAL BOARD OF NUTRITION**

**An Accredited Nutrition Certification Organization  
“Public Safety, Quality Assurance, Clinical Competence”**

## **DACBN REPORT**

### **Winter Report 2017**

#### **CURRENT DACBNS**

As you know, many of you have received repeated letters, emails, phone calls giving you a current update of your DACeleveln, only three did not maintain their annual educational and financial requirements.

We would like to take this time to wish -

**Dr. Anieta Pride**

a wonderful retirement. These doctors have been long time DACBNs and have decided after wonderful careers in the health care field to retire. We wish you all the best.

We would also like to send condolences to the families of -

**Dr. James DiIenno**

**Dr. Rodney Floyd**

**Dr. Walter Fung-On**

**Dr. William Hoffman**

**Dr. James Johnson**

**Dr. Thomas Martin**

**Dr. Suzanne Wetzel**

All of these doctors were DACBNs in good standing. Several were on committees and Dr. James DiIenno was our Vice President. They are sadly missed.

**THE ACBN IS LOOKING FOR A FEW GOOD DACBNS WHO ARE WILLING TO GIVE OF THEIR TIME AND KNOWLEDGE TO ASSIST THE ACBN CONTINUE GROWING AND ACHIEVING THE GOALS IT HAS SET.**

The ACBN will have a change of officers January 2018. With this change, Dr. Elicia Rosen-Fox, will become the Immediate Past President. Dr. Rosen-Fox has lead the ACBN in a positive direction for her two terms of office, but according to our By-Laws, she can only hold the Office of President for two terms. Her second term ends January 2018.

Officers are elected from the current Examining Committee. When doctors from the Exam Committee move up to the board, we need new members to take over. The Exam Committee is an elected office, unless we do not get the number of doctors we wish to have on the board. Then there is no necessity for elections and the doctors who have volunteered are put in the position of Examining Committee Member.

**We are now taking letters of intent from DACBN's who has held his/her status for at least one year and is in good standing with the ACBN.** Candidates must send in a letter of intent and be vetted. The letter must be accompanied by three letters of recommendation from other DACBNs in good standing, a signed confidentiality form and a signed conflict of interest form. (Please request these from Bonnie at ACBN Headquarters) This committee has the responsibility to administer the examination according to established guidelines. The Exam Committee appoints the Executive Board. Executive Board vacancies are filled by Exam Committee members only. New Committee Members are trained by the chair people. Two members review applications and supporting documentation to determine the applicant's eligibility.

**Our Current Exam Committee is:**

Dr. G.R. Moon, Chairman  
Dr. John Gaffney, Co-Chairman  
Dr. Steven Perman, Board Liaison

Dr. Robert Duca  
Dr. Manual Faria  
Dr. John Findlay  
Dr. Michael Jurgelewicz  
Dr. Morgan Mullican  
Dr. Augustus Reynolds  
Dr. Dwight Shaneyfelt

Several of the Exam Committee Members will also be ending their second term and will be stepping down, or taking another position on a different committee.

**PLEASE SEND IN YOUR LETTER OF INTENT TO BE ON THE EXAM COMMITTEE! LETTERS WILL BE RECEIVED THROUGH MARCH 31, 2017.**

**If you do not feel you can be on the Exam Committee, please consider any of the committees below. We welcome ALL DACBNs to join any one, or more, of these committees. Your input and fresh ideas will be valued. The Committees listed below are filled by concerned DACBNs who wish to give some of their time, talent and skills to the ACBN. Anyone willing to assist in any of these or if you want more information, please contact Bonnie. We welcome new doctors on all committees!**

**ACCREDITATION COMMITTEE – This committee is responsible for coordinating and supplying the information necessary to maintain compliance with the accreditation agency, NCCA. There are professional companies hired to assist us in this process. Responsibilities of this committee involves brief activity at the end of the year and significant activity once every five years.**

**Dr. John Podlaski – Board Liason**

**Dr. John Rupolo – Chairman**

**Dr. James DiLenno**

**Dr. Elicia Rosen-Fox**

**Dr. Kirk Whitten**

**COURSE REVIEW COMMITTEE - This committee assists the secretary in reviewing any seminar/courses wishing to be approved by the ACBN for CE credits required by its certificant. There is an application that must be reviewed by the committee members to determine approval of requested hours. This may involve one to two hours a month.**

**Dr. Rosen-Fox, Chairman – Board Liaison**

**Dr. Trudy Moon Eisel – Chairperson**

**Dr. John Rupolo**

**Dr. Christie Sonchar**

**GRIEVANCE COMMITTEE – This committee serves to adjudicate written grievances about a certificant or board member. This has only occurred one time in our organization. (Grievances regarding any aspect of the certification exam is adjudicated by the Examining Committee.)**

**Dr. Podlaski – Board Liaison**

**Dr. Jennifer Gantzer - Chairwoman**

**Dr. Kenzie Maloy**

**Dr. Barbara E. Saunders**

**ITEM WRITERS COMMITTEE** - This Committee is responsible for the development and processing of the ACBN Written Examination questions. They will be trained in this process by the chairs of this committee. When you are reading a text or journal and you find an interesting fact, simply write the info in the form of a question with the right answer and the reference. The rest will be taught to you to qualify and validate all questions. Very interesting and necessary task. A short annual report is required.

**Dr. Shirley Watson, Chairwoman**  
**Dr. G.R. Moon, Co-Chairman**  
**Dr. John Gaffney**  
**Dr. Robert Duca**  
**Dr. Manuel Faria**  
**Dr. John Findlay**  
**Dr. James Galloway**  
**Dr. Frederick Hult**  
**Dr. Adrian Isasa**  
**Dr. Michael Jurgelewicz**  
**Dr. Malinda Morris**  
**Dr. Brittany Sebby**  
**Dr. Dwight Shaneyfelt**  
**Dr. Frederick Tinari**  
**Dr. Brent Wiesenski**

**PROGRAM REVIEW COMMITTEE** - This committee assists the secretary in reviewing any seminar/course wishing to be approved by the ACBN for CE credits required by its certificants. There is an application that must be reviewed by the committee members to determine approval of requested hours.

**Dr. Rosen-Fox - Board Liaison**  
**Dr. Trudy Moon Eisel – Chairperson**  
**Dr. John Rupolo**  
**Dr. Christie Sonchar**

**RECERTIFICATION COMMITTEE** - Recertification Committee – This committee is involved in aiding the secretary in contacting those who have not maintained their requirements for the year. This committee functions once a year and only in the case that the secretary is not successful in getting the doctors to respond to her attempts to have them meet their annual recertification requirements. A short report is required once a year.

**Dr. Kirk Whitten – Board Liaison**  
**Dr. John Podlaski – Chairman**

**Dr. Steve Perman  
Dr. John Rupolo**

**RESOURCE TEAM:**

**Dr. Wayne Sodano  
Dr. Grisanti**

**SPONSORSHIP COMMITTEE: This Committee will research grants and funding to maintain or expand the capacity of the ACBN to fulfill its obligations to the public and the profession. Funding must not present a conflict of interest in the certification or accreditation responsibilities of the Board.**

**Dr. James DiLenno - Board Liaison  
Dr. Steve Perman – Chairperson  
Dr. Kirk Whitten**

**HOW STRESS HURTS YOUR HEART**

**Dennis Perman, DC, for the Masters Circle**

**As the blossoming field of brain-based wellness gathers momentum, there will be more focus and more research dollars invested in understanding how stress influences people's expression of health. A new study published last week in "The Lancet" relates the stress centers of the brain to an increased risk of heart disease and stroke.**

**The mechanism they have proposed is that the amygdala, which registers emotions, memories, survival instincts, fear and danger, responds to such unrest by increasing bone marrow activity and inflammation of the arteries. This predisposes the individual to coronary disease and cerebrovascular events. They believe that the amygdala stimulates the bone marrow to produce surplus white blood cells, an immune response leading to pathological plaque formation and compromised blood vessels.**

**Animal studies have produced similar results, but this is the first time these phenomena have been studied in humans. They tracked 293 patients over three-and-a-half years, and twenty-two had some heart-related problem – heart attack, angina, heart failure, stroke or peripheral artery disease. They saw a direct correlation between such conditions and an overworked amygdala – in fact, there was a seven-fold increase in high-stress patients.**

**Dr. Ahmed Tawakol of Harvard Medical School, lead author on the paper, said "This raises the possibility that reducing stress could produce benefits that extend beyond an improved sense of psychological well-being."**

**Unsurprisingly, hyperfunction of the amygdala is common in those suffering from anxiety, depression, and post-traumatic stress. But prior to this investigation, the role this played in heart health was not established.**

**Emily Reeve, cardiac nurse at the British Heart Foundation, stated, “Exploring the brain’s management of stress and discovering why it increases the risk of heart disease will allow us to develop new ways of managing chronic psychological stress.”**

**Dr. Tara Narula, cardiologist and medical correspondent for CBS News, suggests psychotherapy and/or medication to handle stress, but also mentions yoga, t’ai chi, meditation, exercise, breathing, visualization, prayer and social support. Absent from her list is chiropractic – yet this correlation opens the door for brain researchers like Heidi Haavik to see how adjustments affect the amygdala, and therefore the heart, so chiropractic care can be added to that menu of valid interventions. And, just as obviously, patients with neurological and cardiac stress need expert guidance on their biochemical and nutritional needs.**

**Imagine a world where people know that taking better care of their brains will extend their longevity and improve the quality of their lives! It’s the holy grail of patient education -- awareness that chiropractic care isn’t only for pain relief, that it enhances your health and vitality.**

**Our culture is catching up to our way of thinking – the question is, will we be ready when patients start knocking on our doors looking for stress reduction, not just pain relief? This is the new world of chiropractic practice – embrace brain-based wellness, learn about neurologically based chiropractic, and prepare yourself for the coming groundswell of patients who will demand such services from you.**

### **Nutritional Safety by the Numbers by Steven Zodkoy DC, CNS, DACBN**

**There was recently a nationally publicized article warning Americans that 23,000 ER visits are caused each year by nutritional supplements. The article titled, Emergency Department Visits for Adverse Events Related to Dietary Supplements (1). This article and the news coverage around it seems to be designed to be excitatory versus educational in nature. Several of my patients brought this article up to me with some concern, but they were quickly relieved when I revealed the real numbers behind the headlines. There is an educational part to this article, behind the sensationalism, and that is that the numbers prove the safety of nutritional supplements.**

**Here are some key figures:**

**330,000,000 (330 Million) is the US population**

**50% take a vitamin daily; 47% of males and 59% of females (2)**

**30% take a herbal supplement daily**

**60,000,000,000+ (60+ Billion) nutritional supplements dosages are taken every year in the US (2)**

**23,000 ER visits may be related to nutritional supplements (1)**

**2,300 Overnight stays may be related to nutritional supplements (1)**

**1 in 2.7 million nutritional supplement dosages may be related to an ER visit**

**1 in 27 million nutritional supplement dosages may require an overnight hospital stay**

**While these figures are minute, they practically disappear when compared to other high risk items:**

**1 in 500 chance of becoming addicted to opiates**

**1 in 25,000 of being murdered in the US**

**1 in 50,000 of being in a fatal car crash in US**

**1 in 970,000 chance of getting hit by lightning**

**1 in 1.2 M of being in a plane crash**

**The rare chance of needing to go to the emergency room or stay overnight in a hospital does not even tell the whole story. The author of the study indicated that some of the top reasons for the ER visits were; children taking adult supplements, taking the wrong dosage and difficulty swallowing the supplements. These factors have nothing to do with the overall safety of nutritional supplements but were still utilized in the statistics. These subjective issues and complaints are not related to any risk or safety issues associated with nutritional supplements but are often used to add weight to the argument.**

**The truest way to determine the safety of nutritional supplements is to utilize an objective finding.**

**U.S. National Poison Control's report noted that there were 1,366 reported fatalities in 2010. (2,3,4) The number one culprit with 1,100+ deaths was all categories of pharmaceuticals. Nutritional supplements did not even make this list because it accounted for 0 deaths! (4) This objective report clearly shows the underlying and core safety of nutritional supplements.**

**The overall safety of nutritional supplements does not mean that a prescribing nutritionist can ignore standard medical procedures. The effectiveness of care and the insured safety of the patient are accomplished with the following; a complete medical history, appropriate exam and labs, a list of medications, allergies and OTC items. All supplements and diet instructions should be summarized with written instructions for the patient. The basic nature of nutritional supplements makes them safe; it is the expertise of the nutritionist that makes them effective.**

References:

1. Geller, M.D., Shehab, Pharm.D., M.P.H., Emergency Department Visits for Adverse Events Related to Dietary Supplements, N Engl J Med 2015; 373:1531-1540 October 15, 2015.
2. Soni, Thurmond, Miller, Safety of Vitamins and Minerals: Controversies and Perspective, Toxicol Sci (2010) 118 (2): 348-355. September 22, 2010
3. Andrew W. Saul, Ph.D No Deaths from Vitamins America's Largest Database Confirms Safety, Orthomolecular Medicine News Service, December 28, 2011
4. Bronstein AC, Spyker DA, Cantilena LR Jr., 2010 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 28th Annual Report.

The ACBN always contacts state legislators when aware of any state having a problem in the area of nutrition. For example, please read below:

Thank you so much to those of you who activated your networks to contact legislators about the problems with Idaho H 45 and to those of you who contacted legislators.

Due to our shared advocacy, H 45 was returned to committee from the House floor. In its place a new bill has been introduced.

ID [H 129](#) fixes the language in the bill which would have prevented all but dietitians from providing medical nutrition therapy, therapeutic nutrition care, nutritional assessments, and nutrition therapy counseling. H 129 allows practice by everyone who is currently able to practice in Idaho.

We are pleased with this development and will be removing our opposition to the bill at this time. We will keep an eye on it as it moves throughout the process and contact you should we feel additional action is warranted.

Best Regards,

Brittany Dawn McAllister, MPH

Advocacy Manager

Center for Nutrition Advocacy

NutritionAdvocacy.org