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Anabolic Steroids -- Part I

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This month we begin a multipart series on anabolic steroids. In this series we will address the ethics and controversies of steroids, a brief history of their use, steroid side effects, nutritional support for the steroid user, and nutritional alternatives to steroids.

This author would like to make three statements concerning steroids:

1. I do not condone steroid use.
2. I do not advise any athlete to take steroids.
3. In this steroid series I will try to address this issue fairly and unbiasedly, without the hype that I feel exacerbates the problem.

This author began lifting weights for fitness in the 1970s. It was clearly obvious to everyone who spent time in gyms lifting weights that steroid users (when coupled with hard workouts and high protein, high calorie diets) achieved amazing results. Medical doctors repeatedly stated that steroids did not work, based on research. The average man-in-the-gym's opinion was either they were lying to the athletic community or they were incredibly inept at their studies and analysis. The result was the same. They lost a lot of credibility on many statements they made about anabolic steroids.

In the late 1980s and early 1990s the media began to get involved with the steroid problem. It was almost like a "reefer madness" all over again. The problem, again, was that the man in the gym simply didn't see anything approaching the horrible stories of steroid-related illness that the media publicized. Furthermore those athletes who followed the sport of weight lifting were not seeing the stars of the 1960s, 1970s, and 1980s who took anabolic steroids for years in various bodybuilding, power lifting, and Olympic lifting competitions die. All these people were still around. In fact, some of them had become movie stars. That's right, take huge amounts of steroids for 15 years, then retire and become a movie star. Sadly, the bottom line was that athletes did not get the full truth from the media and, thus, credibility was lost and any factual

statements the media now make are simply discounted and not believed by the average weight lifter.

Facts about steroids that DCs must deal with: 1) Using steroids is against the law. Possession and use of steroids is, in most states, now a felony. 2) The use of anabolic steroids is not healthy. 3) For a great majority of people the use of anabolic steroids is not life threatening. As an example, anyone can go out and drink themselves to death and, sadly, a few people every year do. However, most people who use alcohol do not kill themselves. The same is true of anabolic steroids. 4) Anabolic steroids help build strength and muscle much better than any natural product.

Doctors' Ethics

When an athlete presents in the office on steroids, doctors have the following choices:

1. They can call the authorities and turn in the patient.
2. They can demand the patient stop using steroids immediately or advise them to seek health care elsewhere.
3. They can work with the patient, explaining the legal and medical problems of anabolic steroid use.
4. The doctor can plead ignorance with an attitude, "I don't want to get involved. I'm going to adjust or do therapy."

Of the four ethical choices, this author feels that the fourth choice is by far the worst. I feel that most doctors would probably choose the third, and work with the patient, not against them. chiropractors are known for being able to adapt and work with people synergistically, as opposed to some of the other health care providers, who tend to have an antagonistic relationship with their patients.

Establishing Credibility

To establish credibility with athletes who are consuming anabolic steroids, the doctor must:

1. Freely admit they work and work well. You will be amazed at the credibility this one sentence will give you.
2. Honestly, without hype, educate the patient on the realistic risks and side effects of anabolic steroid use.
3. If you choose to work with an athlete, your goals should be to decrease the amount of steroids that the athlete consumes, increase the amount of time between the athlete's steroid cycles, and instruct the athlete how to safely train both during steroid use and between cycles. With this approach you will be in an excellent position to influence the patient athletes to permanently discontinue steroid use and begin to educate them in non-toxic ergogenic alternatives.

Human Nature

One of the lures to using anabolic steroids is the improvement or perceived improvement of one's looks. Our knee-jerk reaction is "what an unhealthy way to improve your looks." You'll get no argument from this author. But, I would like to remind you of some of the other unhealthy things we do as a society to look good. Go to any beauty salon and take a deep breath in. Toxic? You bet, and it's in our hair and scalps. Nasal surgery on a healthy nose that works perfectly? Sunbathing and face lifts are other unhealthy things Americans do to look good. Finally, let's not forget all those "silicone inserts." Who knows, maybe someday silicone will replace steroids for those who use them cosmetically. Instead of going to the gym, people will go to their plastic surgeons. As for people who use steroids for enhanced performance, imagine if we had a "smart" pill with similar side effects. Think back to your training in chiropractic school for your tests and boards. What if "C" students suddenly began to break the curves, win the scholarships, graduate with honors, and get the best jobs without changing their study habits? What would you do? Better still, how would you convince someone not to use these so-called "smart" pills. This author feels that the use and abuse of anabolic steroids is a bit more complex than first glance indicates. A carefully constructed doctor-patient relationship based on the facts and trust is the position we must put ourselves in, in order to correctly influence our patients and athletes.

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