

Surgeon counsels soldiers on supplements

“THE MAJORITY OF THE STUFF PEOPLE TAKE YOU CAN’T EVEN GET IN THE PX.”

After a healthy, well-hydrated soldier in Task Force 1-26 Infantry suffered a serious heat injury while doing a road march, task force surgeon Capt. Scott Henning decided to take a closer look at stimulant-based dietary supplements.

“We had a soldier, one of our own soldiers here on Monteith, that had heatstroke and had been taking some stimulant-containing supplements prior to that,” Henning said. “We felt like that probably contributed greatly to his actual heatstroke. I got to wondering about how many more of my soldiers were actually doing this stuff – partly so I could be prepared and partly ... just because I was very curious.”

After the incident, Task Force 1-26 Infantry commander Lt. Col. Wayne Grigsby tasked Henning to brief all the soldiers in the task force on the risks of using stimulant-based supplements. During the briefings, Henning surveyed about 300 soldiers, asking whether they used stimulant-based supplements, why they used them and how often they used them.

“What we found out was that right around 50 percent of infantry soldiers (in TF 1-26) use these kind of supplements at least three to four times a month,” Henning said.

“Of those people that use these for performance enhancement, about half of those people are using more than one, which increases the risk of side effects.”

Henning’s research addressed more than a dozen stimulant-based products. The most common supplements used were ephedra, yohimbe, ma huang and guarana.

“Most of the reasons given – to increase their muscle mass, to make them stronger, bigger and faster – that’s not what these supplements are designed to do at all,” Henning said.

Stimulant-based supplements are especially dangerous when multiple kinds are used together, he said.

For example, the soldier who suffered heatstroke during the road march had taken xenadrine, ma huang and guarana – all stimulant-based products. “He took this stuff to try to get him up and give him more power to get through it,” Henning said, but the soldier collapsed about a quarter-mile from the finish line.

“He was well hydrated,” Henning said. “He drank three liters of water out of a Camelbak during the road march.”

The soldier was taken to the Camp Monteith troop medical clinic, where Henning and Capt. Robert Oh, the physician in charge of the clinic, began working to bring down the soldier’s temperature.

“His body core temperature was 106 degrees,” Henning said, “which is very dangerous. It took us a little over 40 minutes or so to



Capt. Scott Henning, a surgeon in 1st Battalion, 26th Infantry Regiment, sits in front of dietary supplements used by some KFOR soldiers of Multi-National Brigade (East). Products containing ephedra (like the bottle on the far left) are no longer sold at AAFES stores.

get him stable enough and cool enough ... to put him on a helicopter to get him to Camp Bondsteel.”

The soldier is in good condition, Henning said, but is prohibited from doing physical exercise for three months because his body can’t regulate heat very well.

“There’s no way to know for sure that the stimulants caused it (the heat injury), but it’s definitely related,” Henning said, “and there’s more and more stuff coming out in the literature that says these things are related.”

Henning’s survey did not address how soldiers obtain supplements, but he said he is aware that some soldiers order the products on the Internet or have them shipped by friends and family. “The majority of the stuff people

take is stuff you can’t even get in the PX,” he said.

The Army and Air Force Exchange Service does not sell products that contain ephedra – a temporary measure in response to the Food and Drug Administration’s position that such products may be dangerous.

“MOST OF THE REASONS GIVEN – TO INCREASE THEIR MUSCLE MASS, TO MAKE THEM STRONGER, BIGGER AND FASTER – THAT’S NOT WHAT THESE SUPPLEMENTS ARE DESIGNED TO DO AT ALL.”