

Osteoporosis: Not A Normal Part of Aging!

BY: WAYNE S. FUSCO, D.C.

THE COX CLINIC OF CHIROPRACTIC

It is estimated that **25 million women in the United States have osteoporosis**. However, as many as 80% of these women do not know they have the disease. To complicate matters, we have been taught in our society that taking calcium will prevent or “cure” osteoporosis, but calcium alone is not enough, and calcium enriched products are often of poor mineral quality. An estimated **50% of all women in the U.S. over age 50 will suffer an osteoporosis-related fracture**. These fractures cause continuous pain, loss of height, and even death.

Osteoporosis (OP) is a progressive metabolic disease in which the rate of bone loss speeds up and the rate of bone growth declines. The bones gradually become weaker, more porous, and brittle, causing changes in posture and height, and eventually fracture. Conventional wisdom regards the loss of bone mass as an inevitable part of aging. **In actuality, osteoporosis, like heart disease, is a “disease of western civilization created by our lifestyles”**. By our choices, habits, and misleading advertising we have witnessed a dramatic rise in the incidence of OP. Worse yet, Americans have been taught that taking certain antacids or drinking milk with calcium will reduce our risk. This thinking is simply not true. We consume more calcium and calcium enriched products than any other country, yet despite it all, **the United States has the highest rate of osteoporotic fractures in the world!** While calcium is important, several other factors are necessary for prevention of the disease. Although not exhaustive, the following is a list of common causes or risk factors for developing osteoporosis.

1. Hormone Imbalance

Estrogen and Progesterone play an important role in regulating bone growth. Estrogen slows bone loss, and Progesterone builds bone. Medical doctors in the past viewed osteoporosis as an estrogen deficiency, and thus prescribed

estrogen hormone replacement therapy (HRT) to combat the loss of bone. However, there are three convincing reasons why we should doubt estrogen’s role in OP. First, the U.S. takes more estrogen HRT than any other country, and yet we have the highest rate of OP fractures. Secondly, women begin to lose bone mass in their thirties, and yet estrogen production doesn’t drop off until menopause which occurs much later. The hormone that *does* start dropping at that time is Progesterone. Third, vegetarians traditionally have lower levels of estrogen but consistently have higher bone mass. **New research has shown a close relationship between blood levels of progesterone and bone loss**, but no correlation with estrogen.

10 Causes of Osteoporosis

1. Hormone Imbalance
2. Calcium Loss
3. Poor Calcium Absorption
4. Nutritional Deficiencies
5. Conventional Medications
6. Low Body Fat
7. Lack of Exercise
8. Cigarette Smoking
9. High Alcohol Intake
10. Excess Fluoride

Natural progesterone cream, applied to topically and absorbed through the skin has been shown to add bone mass and prevent OP. Several studies have proven it’s benefit, even in elderly woman who have been post-menopausal for up to 25 years. Consult your chiropractor or nutritionist for more information.

2. Calcium Loss

Calcium is essential to bone health, and loss of calcium leads to thin,

porous bone. Excess consumption of caffeine and a variety of dietary factors are responsible in our society for leaching our bones of this vital mineral.

Because caffeine causes increased excretion of calcium in the urine, research has found that individuals who drink more than three cups of coffee a day increase their risk of OP by 82%. Other dietary factors linked to calcium loss are soda, high protein, and salt. Sodas, aside from the caffeine, are high in phosphoric acid. Increased phosphoric acid in the body causes calcium to be leached from the bones. In fact, researchers are already finding evidence of bone loss in teenagers, and many blame it on soda consumption.

High protein/low carbohydrate diets have become commonplace in the last few years, but it has been known since the 1920’s that **excess protein is linked to OP**. When proteins are broken down in the digestive system, ammonia is produced. Ammonia prevents calcium from being reabsorbed by the kidneys, and therefore less of the dietary calcium is absorbed. A high salt intake, also common in the standard American diet is another source of calcium loss. One study found that women ingesting 3,900mg of sodium daily excrete 30% more calcium than women getting 1600mg daily.

Naturally, lowering caffeine and salt intake, and moderating high protein diets will help lower the risk of OP.

3. Poor Calcium Absorption

The mere fact that someone takes calcium supplements or eats calcium fortified foods doesn’t ensure that the body is absorbing this essential nutrient. For example, only 25% of the calcium carbonate found in many calcium supplements, is absorbed when taken. Calcium citrate, on the other hand, is 68% absorbed. Secondly, **there is NO evidence that the calcium found in**

antacids is beneficial in any way to the body. On the contrary, research has found that it is one of the “least absorbable” forms there is. One colleague has likened this form of calcium to eating limestone right out of the quarry, as it would have the same effect on the body’s calcium level. The calcium found in milk is poorly absorbed as well. The National Institutes of Health recommends between 1,000-1,500mg of a high quality source daily depending on age and other health factors. Note: taking Calcium with food increases the absorption by 10%.

4. Other Nutritional Deficiencies

Calcium has been viewed as the most important mineral when it comes to OP. However, other nutrients are vitally important as well. For calcium to be absorbed, it requires vitamin D and adequate hydrochloric acid (HCL) in the stomach. Sunlight causes the body to produce vitamin D. However, our body requires a minimum of 30 minutes of sunshine, three times per week to produce adequate amounts. Otherwise supplementation is required. Secondly, those who take antacid or acid-reflux medication are decreasing their stomach’s HCL, and increasing their risk for OP. There are 14 essential nutrients in addition to calcium which are vital for bone health. They are: magnesium, boron, silica, copper, zinc, manganese, phosphorus, folic acid, vitamin A, B6, B12, C, D, and vitamin K. To prevent OP, one must get sufficient levels and the proper ratio of these bone nutrients. A good multivitamin is the right place to start, but other minerals may need to be added separately.

5. Conventional Medications

Many conventional drugs have been found to cause bone loss. Steroids drugs like Prednisone and Cortisone (commonly prescribed for arthritis and asthma) are particularly problematic. These drugs both impair calcium absorption and inhibit bone formation. Birth control pills increase your risk by creating a folic acid deficiency. Other medications which increase OP risk include; antibiotics, anticonvulsants, aluminum-containing antacids, certain chemotherapy drugs, and lithium, among others. Ask your doctor if your prescriptions put you at risk.

6. Low Body Fat

Being excessively lean, whether from extreme dieting or exercise (such as marathon training), impairs hormone synthesis, which in turn compromises bone health. Low body fat causes reduced progesterone and, if menstruation is irregular or ceases altogether, both progesterone and estrogen are lowered. Under these circumstances, the consequences for bone mass are the same as with menopause.

7. Lack of Exercise

Unless bones are stimulated by weight-bearing exercise, they become sluggish and lazy and stop building bone mass. The force of impact from activities such as running, dancing, or brisk walking stimulates bone building. Exercise also improves blood circulation to the bones which is important in preventing OP.

Anti-Osteoporosis Supplement Program

1. Natural Progesterone Cream (as directed)
2. Calcium (1,000-1,500mg daily w/meals)
3. Magnesium (450mg daily)
4. Multiple Vitamin Containing:

Boron	Folic Acid
Manganese	Silica
Zinc	Phosphorus
Vitamins A, B6, B12, C, D, and K	
5. Omega 3 Fatty Acids (fish oil) (1,000mg)

8. Cigarette Smoking

Cigarette smoking appears to promote osteoporosis by lowering estrogen concentration in the bloodstream. It also reduces estrogen’s inhibiting effect on the cells that break bone down. Smokers also have a higher amount of carbon dioxide in their blood, which has been found to cause calcium to be leached from the bones.

9. High Alcohol Intake

Research has linked alcohol consumption and bone loss; specifically, drinking more than a few ounces of alcohol a day inhibits calcium absorption, contributes to calcium loss, and disturbs mineral balance in the body. One study found that **31% of male subjects under the age of 40 who drank beyond mod-**

eration had OP. Another study found that even one to two drinks daily “is clearly linked with reduced bone mass”.

10. Fluoride

Fluoride, which has routinely been added to public drinking water and toothpaste since the 1950’s, is actually a poison in the right concentration, **second in toxicity only to arsenic.** The compounds added to water are unrefined toxic waste products of phosphate fertilizer production. As early as 1953, scientists proved that fluoridated water did not reduce cavities in children, which was the rationale for adding it to water and consumer products.

Once touted as a treatment to OP, **fluoride has actually been found to be toxic to bone cells.** When given in treatment doses, fluoride causes an apparent increase in bone mass, but the resulting bone is abnormal and lacks strength.

While this idea is surprising to most, many studies have backed the argument. One study found that women who have had extensive exposure to fluoridated water fracture their hips from osteoporosis 2.6 times more than the norm. **A study of 500,000 cases proved a definite correlation between fluoridated water and the incidence of hip fractures;** specifically, 41% more among men, 27% more among women. Consider the fact that **fluoridated water has been outlawed in 14 European countries plus Egypt and India as being too toxic for public health!**

Conclusion

The threat of osteoporosis is real, and the causes are many. By addressing bone health before it is lost, one can prevent a great deal of pain and suffering in the future. A core philosophy of the Chiropractic profession is to address the cause of a problem, not to simply treat the symptoms. While not all of the preceding causes are applicable to everyone, by making a few lifestyle changes, as well as taking the right supplements, one can greatly reduce the risk of osteoporosis. Ask your chiropractor which supplements are right for you.