



Arthritis and Osteoporosis

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Introduction

One in eight men and one in four women do now, or will suffer from, Osteoporosis -- according to Joseph Mercola, D.O., quoting the *Canadian Medical Journal* (Nov.12, 2002, p. 167 -- see <http://www.mercola.com>).

According to John R. Lee, M.D., "one million, three hundred thousand fractures a year occur . . . annually." Mercola adds that the cost in recent years has grown to a fifteen billion dollar industry.

If you're one of those suffering from Osteoporosis, then you also have a greater risk of fracturing a bone, often a hip. That's a one in six chance of hip fracture for women, and that ratio is a greater ratio than the one in nine risk they have in suffering from breast cancer.

So, What is Osteoporosis?

Simply stated, your body has been replacing good, healthy bone tissue slower than it has been losing it. This has gone on until finally the stress of daily living -- perhaps a fall on the steps you've been walking up and down for forty years -- snaps the weakened bone. (See "Treatment & Prevention of Osteoporosis," Arthritis Trust of America, <http://www.arthritis-trust.org>, for more details.)

One of the chief problems with rheumatoid arthritis is that so many of them also develop Osteoporosis!

It was reported in 2000 by Dr. Glenn Haugeberg, of Diakonhjemmer Hospital in Oslo, Norway, and colleagues, measured bone density at a number of bone sites in rheumatoid arthritis sufferers, that the bone density in men and women both decreased significantly at all of the sites measured. In a general population one will find about 16% reduction in bone mass, whereas in the rheumatoid arthritic population measured they found 27.6% in the femoral neck, 31.6% in the total hip, and 19.6% in the spine (L2-4). (<http://rheumatology.medscape.com>; *MedPulse* 28-Apr-00-MedscMedsape's Drug Info)

Calcium Crazy

Since 65% of our bones consist of some forms of calcium salts, the immediate -- and very simplistic assumption -- is that bone thinning is the result of calcium deficiency. The news media -- and many doctors -- will drive you crazy with this false theme that presumes that one should (a) drink lots of milk and eat more cheese and ice cream for calcium; or (b) take calcium supplements, usually some brand of antacids.

First off -- according to William Campbell Douglass, M.D. (<http://www.realhealthnews.com/dailydose/freecopy.html> for *Daily Dose*) -- once milk has been pasteurized the calcium compounds in it have been changed to a form that is no longer bio-available. That means your body can't use it. You're wasting your money and hopes on something that just ain't there! (*The Milk of Human Kindness is Unkind*, W.C. Douglass, M.D.)

Secondly, the taking of calcium tablets is also an overly simplistic solution to what amounts to a very complex biological problem, and antacids won't do the job. To consider just a handful of thoughts derived from various alternative medical physicians who've specialized in nutrition: (1) never take calcium without an equal amount of magnesium, and (2) while it's true that calcium is cal-

cium is calcium, of the many kinds of calcium/magnesium tablets/capsules on the market, only certain kinds are easily absorbable.

Depending upon how the absorption is measured, different calcium compounds come up on top. As a general rule, the chemically pure salt is absorbed better than the pharmaceutical mixtures, regardless of which type of calcium compound is used.

Some physicians recommend microcrystalline hydroxyapatite because it's easily absorbed, increases cortical bone density, arrests trabecular bone loss, and especially is absorbed easily by malabsorbers.

Calcium/Magnesium citrates are very well absorbed even by those of poor digestion and reduces risk of kidney stones.

Calcium/Magnesium aspartate is well absorbed.

Calcium ascorbate (form of Vitamin C) is well absorbed and non acidic, also providing the usually much needed ascorbate (Vitamin C) radical.

Calcium/Magnesium lactate is well absorbed.

Calcium/Magnesium chelate is well absorbed.

Generally, stay away from calcium phosphates or carbonates, although some forms of absorption tests show that calcium carbonate, in pure form, performs very well. But calcium phosphate and calcium carbonate are usually -- but not always -- packaged as the lowest cost calcium you can buy -- and they're usually worth just what you pay for them.

The very best sources for Calcium/Magnesium are found in the vegetable kingdom. Calcium/Magnesium orotates -- derived from vegetables -- were found by many doctors to have superior qualities, but, unfortunately, the FDA took them off the market as an over-the-counter item. It must have begun to compete too heavily with the pharmaceutical monopolies.

Otherwise, go to the vegetables themselves: leafy greens, especially the kind you cook, such as broccoli.

Calcium is also available in beans, nuts, seeds, sea vegetables, fish with bones, soup with bones where one teaspoon of vinegar has been added, and so on.

The True Factors About Osteoporosis

Since more women than men suffer from Osteoporosis, especially after menopause, it's probably safe to assume that there's a hormonal factor. We'll get back to that later.

According to Annemarie Colbin, founder and director of the Natural Gourmet Cookery School at the Institute for Food and Health in New York, and author of *Food and Healing*, only thirteen percent of Osteoporotic women suffer from deficiency of calcium. "The rest of the cases relate to lack of exercise, high protein diets, smoking, alcohol consumption, impairment of the intestine's ability to absorb calcium, and the use of corticosteroid drugs. . ." such as those taken by arthritics.

Deficiency in calcium may very well arise from the draining of calcium from tissues (demineralization) which is not deposited properly due to lack of exercise.

Consider the plight of astronauts, for example. After a few weeks stay in orbit, out of the reach of gravity -- which causes us to work and/or exercise -- their bones are thinned and their muscles are weak.

Athletes generally have thicker, stronger bone than non-athletes.

Calcium can also be drained by the over-eating of foods that are protein and carbohydrate-rich, and that cause an acid condition in the body. This list can be extended to include salt, caffeine, vinegar, alcohol, sugar, grains, flour, citrus fruit, juices, nightshades (potato, tomato, eggplant, tobacco and peppers of all kinds).

Lack of calcium absorption can be caused by insufficient phosphorus or magnesium, lack of sunlight or vitamin D, inflammatory

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bowel disease, surgery of the intestinal tract, cirrhosis of the liver, and other conditions.

Dairy products are also high in protein, so, besides not providing calcium that is usable, it provides protein which helps to subtract calcium.

Supplementing Boron, as recommended by Rex Newnham, D.O., D.Sc., N.D., ("Boron and Arthritis," <http://www.arthritis-trust.org>) may very well improve the utilization of other important bone minerals. In "Effect of Dietary Boron on Mineral, Estrogen, and Testosterone Metabolism in Postmenopausal Women," (Presented in part the 1987 Joint Meeting of the Minnesota and North Dakota Academies of Science, Moorhead, Minnesota, April 24, 1987; FASEB: 0892-6638/87/0001-0394), 12 women between the ages of 48 and 82 housed in a metabolic unit were given 3 mg/day of boron supplements. This supplement markedly improved several measured indices of mineral metabolism of seven women who'd been on a low magnesium diet and five women consuming a diet adequate in magnesium.

Boron supplementation markedly reduced the urinary excretion of calcium and magnesium. "The findings suggest that supplementation of a low-boron diet with an amount commonly found in diets high in fruits and vegetables induces changes in postmenopausal women consistent with the prevention of calcium loss and bone demineralization."

According to Alan Gaby, M.D., and Jonathan V. Wright, M.D. ("Treatment & Prevention of Osteoporosis," <http://www.arthritis-trust.org>), there are many minerals, some of them trace minerals, that the healthy bones require. Phosphorus, for example, is required, but too much can weaken bone.

A deficiency of important trace minerals is seldom considered when discussing Osteoporosis. The great myth that only calcium is required to strengthen bone is undermined by noting how weak the bone becomes when they lack these essential trace minerals.

Named by Drs. Gaby and Wright as important supplements, besides the right kind of Calcium, and the solving of other possible health problems, are the following: Vitamin K, Vitamin D, Magnesium, Manganese, Folic Acid, Boron, Strontium, Silicon, Pyridoxine (Vitamin B₆), Zinc, Copper, and Vitamin C.

Prescription or over-the-counter drugs can also weaken bone, as can birth control pills, excessive salt consumption, excessive sugar consumption, and -- please don't forget -- the fluoride poison that is so generously dumped in our drinking water and throughout our toothpaste.

What About Pharmaceutical Drugs Designed to Strengthen Bones?

We could discuss each of them one by one, including the many adverse reactions buried in the small print in the package inserts, but to summarize, the trouble with them is that none of them come anywhere near to solving the cause of the Osteoporosis. They directly interfere with the body's natural processes. The underlying cause of the Osteoporosis still exists while the drugs unnaturally suppress the body's responses to these underlying causes, and many of them initiate or hasten bone loss.

Depo-Provera Contraception Injections, glucocorticoid medications (prednisone, prednisolone, dexamethasone, and cortisone), chemotherapy drugs for prostate and breast cancers, and selective serotonin reuptake inhibitors antidepressants (SSRIs) . . .

Arthritics who take glucocorticoid medications for more than three months run a serious risk of Osteoporosis. Androgen deprived prostate cancer victims are also at risk.

For the big pharmaceutical companies there are billions to be made by scamming you, just as they do with virtually everything else they promote. An unpatentable, easy to remedy solution is not

going to be advertised by them, and certainly not by our overly generous and compromised watchdog agency, the Food and Drug Administration.

Simply put, your Osteoporosis is not caused by a deficiency in any kind of patented medicine!

What About Hormonal Supplements?

Deficiency in calcitonin, a thyroid synthesized hormone, doesn't seem to be heavily involved because there doesn't seem to be more than an insignificant difference between those women who've had a thyroidectomy and those who haven't.

Parathyroid hormone has been extensively investigated, and doesn't seem to be a major factor.

The adrenal glands produce glucocorticoid which is known to inhibit intestinal calcium absorption and increase calcium urinary excretion. Thus excess cortisone -- prednisone and other forms of glucocosteroids -- will lower serum calcium and induce a parathyroid response to replace the lost calcium with that of bone stores, thus weakening the bone structure. Also normal repair processes can be inhibited by cortisone. Excess cortisone, therefore, is a potential factor in causing Osteoporosis.

Since more women than men suffer from Osteoporosis, especially after menopause, the assumption is credible that there's a strong hormonal component to Osteoporosis causes. Faulty medical opinion has been almost universal that estrogen deficiency is the primary causative factor. Therefore, estrogen replacement therapy has been advocated frequently.

There are several problems with this simplistic assumption. The first problem is that what traditional medical doctors call "estrogen" replacement therapy is not!

More than 20 years ago Jonathan V. Wright, M.D. told his patients and readers why conventional 'Hormone Replacement Therapy' was a recipe for disaster. And he pioneered the only sane solution. (See Dr. Wright's "Good And Bad Estrogen - Proper Hormone Replacement Therapy," <http://www.arthritis-trust.org>.)

According to William Campbell Douglass, M.D.:

"Millions of women might have been spared needless suffering . . . And many lives might have been saved -- if drug firms hadn't drowned out Dr. Wright's message in a sea of advertising. Here's what they conveniently left out of all those celebrity TV commercials:

(a) "HUSH UP #1: The Hormonal Replacement Therapy advertised on TV and used by researchers in the recent Women's Health Initiative study does not replace human hormones with anything resembling human hormones.

(b) "HUSH UP #2 : Standard Hormonal Replacement Therapy uses molecules never before found in human bodies. In fact, the best-selling 'Hormonal Replacement Therapy' contains horse hormones extracted from horse urine.

(c) "HUSH UP #3. When you flood your body with molecular gunk that nature never intended to be there, damage is virtually guaranteed. You may as well pour molasses into your car's gas tank.

"At this point, some patients ask 'But aren't horse hormones natural?' Sure they are, and they're fine for mares. But do you wear a saddle? Let's look at what's actually in this stuff:

"Prempro[®], the substance tested by the Women's Health Initiative, consists of two different drugs - Premarin[®] and Provera[®]. The main ingredient in Premarin is a horse hormone called equilin. Nature never put a speck of equilin in any human woman, and for excellent reason.

"Its effects on your uterine lining are 1,000 times stronger than human estrogen. No wonder it increases your cancer risk!

"Yet it's the best-selling drug of our time!

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“The second component in Prempro is called Provera and it’s not progesterone. It’s an artificial molecule patented in the 1940s and it’s not even natural to horses. No wonder it’s proven hazardous to your heart!”

The second observation is that the argument in favor of replacing estrogen might be appropriate if the proper ratio of HUMAN estrogen were to be used (proper proportions of Estrone, Estradiol, and Estriol), as per Jonathan V. Wright, M.D. (See Dr. Wright’s “Good And Bad Estrogen - Proper Hormone Replacement Therapy,” <http://www.arthritis-trust.org>.)

A third comment from many alternative physicians is that the argument in favor of replacing estrogen can be weighed just as strongly for progesterone.

According to John R. Lee, M.D. (“Osteoporosis Reversal the Role of Progesterone,” *International Clinical Nutrition Review*, July 1990, Vol. 10, No. 3., p. 384). Progesterone “Treatment resulted in progressive increase in bone mineral density and, more importantly, definite clinical improvement as evidenced by pain relief, height stabilization, increased physical activity, and fracture prevention. The benefits achieved were found to be independent of age.”

So What Are Arthritics Doing Wrong to Deserve Osteoporosis?

Obviously --

Besides the damage resulting from the taking of traditional symptom-relieving medicines such as prednisone or cortisone, non-steroidal inflammatory drugs, methotrexate, and so on -- and the insanity that points everyone toward calcium (much of which is bioavailable) the public --and especially the arthritic -- has not been steered toward proper supplements, foods, or hormonal replacement.

Consider the accepted standard of treatment for arthritics!

Is it any wonder Dr. Glenn Haugeberg, of Diakonhjemmer Hospital in Oslo, Norway and colleagues found that more arthritics suffer from Osteoporosis than the general population?!