OSTEOPOROSIS –

Should you supplement calcium or not?

*(Don’t end up like your mother!)*

*By Marie Pace, DNM, HHP, CNC, Health Coach*

Sandy (age 51) was worried that as she got older she was going to end up like her mother – bent over, fragile, weak and breaking bones easily. At her next appointment with her OBGYN he ordered a bone density test. Sure enough... Sandy showed signs of Osteopenia (reduced bone mass) in her spine and actual Osteoporosis (actual brittle and fragile bone tissue) in her left hip. Her doctor immediately told her to start taking 1200mg of calcium daily along with Boniva (osteoporosis drug).

She immediately (out of fear) went to the local drug store and bought a calcium supplement and started taking it. Waiting a full year, Sandy went back for follow up tests to see how well her bones were doing. She was having a number of new symptoms and had attributed it to “just getting older”: aches and pains in the joints, 2 bouts of kidney stones during the year, ringing in the ears, fatigue, constipation... but she was doing what her “doctor” told her to do and she didn’t want to end up like her mother!

Her doctor pretty much ignored all of her new symptoms asked if she had been taking her calcium and her Boniva... and then gladly ordered a bone density test expecting great results.

Sandy’s test came back. It was worse. The T-score for her spine had gone from -1.2 to -2.9 indicating osteoporosis had now developed where before it was osteopenia. The T-Score in her hip had gone from -2.6 to -2.9 indicating that the osteoporosis had increased in her hip.
(T-score is the number of units — called standard deviations — that your bone density is above or below the average.)

Sandy was mortified. The doctor just stated that she needed to increase her calcium and then switched her to another more “potent” drug.

You don’t want to know what happened the next year.

That’s when Sandy ended up in our office. She was confused and so let down that this was happening to her. She felt horrible as her symptoms only increased. All she knew was that she had put her faith in her doctor and now she was ending up like her mother!

I went over a health survey with Sandy and found out that she was drinking 2 cups of milk daily, eating lots of vegetables, taking her calcium supplement and a multi vitamin, eating lean meats, had a sugar craving that was out of this world, 2 cups of coffee daily, whole wheat breads, stayed out of the sun as much as possible, never exercised (too busy). We went over all of her “symptoms”: fatigue, bloating, digestive issues, constipation, aches and pains, high blood pressure had now developed, ringing in the ears was off and on, T-Scores getting lower and lower, she had shrunk about 1/2 inch in the last two years. She had surgery in the past year to remove her gallbladder due to gallstones. Her urinalysis for the last 2 years always showed some signs of blood in the urine (likely due to kidney stones). Menopausal symptoms of hot flashes and night sweats and sleep problems were all occurring. She had developed ulcers and was having tons of issues with acid reflux that just wouldn’t resolve no matter what she took or ate. She was one unhappy mess.

I asked her a simple question, “did her medical doctor do a blood test and if so, was her calcium in range?”. She said she never saw the test results but her doctor never mentioned it so she assumed all was good.

**NOTE: NEVER ACCEPT WHAT ANY HEALTH PRACTITIONER TELLS YOU VERBALLY. ALWAYS GET COPIES OF ANY AND ALL TEST RESULTS SO THAT YOU CAN SEE WITH YOUR OWN EYES WHAT IS OUT OF RANGE**

She called her doctor’s office and had them fax over the most recent tests. Sure enough... her calcium was just fine in the serum blood test. I showed her the results. She looked up at me and said, “then why did he tell me to take 1200mg of calcium every single day?”

EXACTLY! “WHY” indeed!
Her doctor was sadly following the “Universal Recommendation for All Patients” (the medical profession’s actual wording, not mine!): “Advise all individuals to obtain an adequate intake of dietary calcium (at least 1,200 mg per day, including supplements if necessary). Lifelong adequate calcium intake is necessary for the acquisition of peak bone mass and subsequent maintenance of bone health.”

Notice that this does NOT take into account that you are an INDIVIDUAL and UNIQUE. This does not take into account whether or not your body is even absorbing and utilizing the calcium correctly.

The rest of the “standard of care” from medical doctors includes drugging utilizing Bisphosphonates – a type of “medication” approved by the FDA for “treating” osteoporosis. Some of the brand names are: Fosamax, Boniva, and Reclast. Guess what the side effects are: Gastrointestinal problems such as esophagus and gastric ulcers, osteonecrosis of the jaw, visual disturbances, atrial fibrillation (A-Fib), nausea, and severe fractures (after 5 years of taking the drugs). One drug that is truly wicked (in my opinion) is FORTEO – a synthetic parathyroid hormone that was approved about 10 years ago. Forteo has been shown to increase risk and cause bone cancer, leg cramps, and dizziness. The standard of care also includes synthetic estrogens, other drugs, etc.

Back to Sandy...

We sat down with Sandy and educated her on a few key points. She was going to need to test her Vitamin D3 status correctly (her doc had left this out!), balance her hormones naturally (no synthetic drug versions of hormones), start weight bearing exercises (yep... I said WEIGHTS!), get most dairy out of her diet (sounds controversial doesn’t it?), get control of her sugar cravings (handle her possible insulin resistance), increase her protein (and make sure she’s digesting that protein well), and most importantly... get tested correctly for her calcium.

So how do we test for calcium if we’re not going to use the serum blood test results as a guide?

If we go back to Sandy’s blood test results... her calcium was fine in the serum blood... but obviously she was having calcium build-up in other parts of her body: gallbladder (gallstones are calcium!), kidney (kidney stones are calcium!), joint pains (calcifications), etc. She was taking all that calcium in her diet as well as through high amounts of supplementation and the calcium was NOT GOING WHERE IT NEEDED TO GO! It was depositing in her kidneys, gallbladder, joints, etc. The more calcium she
took the worse she got! Truly she was headed for heart disease as well.

Here’s the deal…. If we have the ability to track the extent of the calcium deposits outside of your bones – this would give us a very important indication as to whether your health is headed in a positive or a negative direction. We could then recheck calcium status several months later to make sure the new interventions have not resulted in any new calcium accumulation or ensure that excess accumulation in the tissues is being removed.

There are a number of different ways to track calcium status. Hair Tissue Mineral Analysis (HTMA), when properly understood and interpreted, can provide an inexpensive and fairly accurate reflection of calcium status throughout the whole body. Echocardiography, or ultrasound of the heart, gives a good reflection of the calcium that has abnormally deposited in the proximal aorta and the valves of the heart.

New research published in the British Medical Journal indicates men and women over 40 who take calcium supplements increase their risk of heart attack by 30%, compared to people who don’t take the supplements. The study points out that often, people take calcium supplements hoping that this will reduce their risk of breaking bones, even though in actual fact, taking more calcium only reduces bone fractures by a marginal amount.

Another provocative study just announced that taking calcium supplements can cause brain lesions (lack of blood flow and “subsequent neurological damage”).

Correctly supplementation and diet is vital if you have thinning bone tissue. Zinc, Copper, B6, magnesium, B12, Vitamin D3, K1, Omega 3, and Strontium, might also be necessary. I always advise correct testing (standard blood serum tests along with Hair Tissue Mineral Analysis), to determine what your body might need. Taking supplements that are not truly necessary can create further imbalances in your body's health.

It is also vital to include exercise in your handling of osteoporosis. Bones grow and strengthen in response to stresses placed on them through weight-bearing type exercises. Weight-bearing exercise is exercise in which you force your body to support weight (your own included) while exercising. Studies have shown that these types of exercise can help slow down the rate of bone loss and osteoporosis, and therefore reduce fractures. It does this by directly stimulating bone formation. Then, it strengthens muscles that in turn pull and tug on bones. This pulling action actually causes the bones to become denser and stronger. Weight-bearing
activities at any age benefit bone health. Studies have shown that even people in their 90’s can increase bone mass with weight bearing exercise.

So how is Sandy doing today? I’m glad to tell you that after changing her lifestyle, cleaning up her diet, getting to the gym 3 times a week, and following a correct supplementation plan based on her Hair Tissue test results and others, (she stopped the calcium supplementation), her latest T-Scores had improved dramatically and she’s no longer showing osteoporosis in her hip (it went to Osteopenia status) and her spine is perfect! It took a little over a year of hard work... She has not had any stones, her fatigue has improved immensely, she’s lost weight, is off most drugs (still working on her blood pressure), no more ringing in the ears, aches and pains improved by 80%, no blood in urine, sugar cravings are gone. It took some work to also get her hormones balanced but she feels great now, finally sleeping and no more hot flashes. She now knows what she needs to do to be healthy and happy.

If any of this sounds like you, give us a call. We’re here to help you.
(337)-989-0572

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