

Nutrition: Complementary And Alternative Choices

Osteoporosis

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Note: to have optimal response, all recommendations begin with **Ultra Vites** and **Ultra Omega-Linic**.

This information is intended for the use of health care professionals. It has not been evaluated by the FDA and is not intended to diagnose, treat, cure or prevent any disease. You should consult a qualified health care provider for advice before beginning any new health care program.

Nutrient	Product	Quan
Good, broad spectrum, multiple vitamin mineral*	Ultra Vites* or	2
	Ultra Preventive* (with Spirulina or	4
	Ultra Preventive Plus Iron	4
Essential Fatty Acids (w3 and w6)	Ultra Omega-Linic	2-4
Vitamin D3, Vitamin K	Vitamins D3 5000 + K or	1
	Vitamin D3 5000	1
Vitamin E	Vitamin E-400	1
Calcium and Magnesium 2:1 or 1:1 ratio	Calcium D chelate	3
	Ultra-Magnesium chelate	1 or 2
Strontium citrate at bedtime	Ultra-Strontium	3

* use a multi without iron unless there is a known need for iron

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Until Menopause use Ultra Vites, Ultra Omega-Linic, Vitamin D3 and Calcium 280 and D.

Until menopause the basic protocol should be followed, unless there are risk factors for osteoporosis or there is a known low bone mass density.

Risk Factors you cannot change: gender, age, body size, ethnicity and family history.

Once thought to be a natural part of aging among women, osteoporosis is no longer considered age or *gender* dependent.** It is the most common metabolic bone disease and is characterized by a reduction in bone mineral and matrix so that bone is reduced in amount but has normal composition. It is very important to rule out underlying causes of osteoporosis such as thyroid disease and diabetes. The use of cortisone (even low dose), anticonvulsants and many other drugs can also cause bone loss. Current thinking is that hormone

replacement therapy should not be used to prevent bone loss because of the increased risk of complications. **

NUTRITIONAL SUPPLEMENTATION

Supplementation with a good multi-vitamin-mineral, like **Ultra Vites**, is very important to make sure that the body has all of the necessary nutrients for good bone production (and optimal health). The B Vitamins have been shown to be very important in bone metabolism. This is the reason that I use the basic protocol as the starting point of any nutritional recommendations. **Ultra Vites** contains B vitamin levels that are very high. It has 1000 IU of Vitamin D3 and 5 mg of Boron (Boron has been shown to help improve bone mass, probably by its effect on Vitamin D metabolism) - plus 250 mg Magnesium.

Supplementation of numerous trace minerals have been shown to be useful for bone health. The required trace minerals are present in Ultra Vites.

Ultra Preventive may be considered because it offers Spirulina - a rich source of many nutrients. If Iron is needed, consider **Ultra Preventive Plus Iron**.

Ultra Omega-Linic: Essential Fatty Acids (EFA) Studies have shown that the supplementation of long chain, polyunsaturated essential fatty acids (LCPUFA), containing *preformed* eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA) and gamma linolenic acid (GLA), will slow bone loss. This is thought to be caused by the modulation of the inflammatory cytokines Interleukin-1 (IL1), Interleukin-6 (IL6) and tumor necrosis factor alpha (TNF α).

Factors such as weight control, exercise and smoking cessation should also be addressed. It is noteworthy that studies which show weight loss by restriction of fat in the diet also result in increased bone loss because of the restriction of Essential Fatty Acids (EFA).

VITAMIN E

The supplementation of Vitamin E (**Vitamin E-400**) protects the EFAs from lipid peroxidation at the cellular level. EFAs also enhance the effect of Vitamin D so that more Calcium is absorbed, less is lost in the urine, more Calcium is deposited in bone, bone strength is increased and the synthesis of bone collagen is enhanced. An added plus for EFAs is that they reduce ectopic calcification.

Note: There is considerable disagreement on the proper amount and forms of Vitamin D and Calcium.

VITAMIN D

I recommend vitamin D³ (not D²). The Multi Vitamin/Mineral formulas mentioned above each contain 1000 IU Vitamin D3. If more is needed **Vitamins D3 5000 + K** is my preferred vitamin D nutrient because vitamin K is necessary for bone health, and it is vital for the regulation of blood clotting and cardiovascular health. Since vitamin K is involved in blood clotting, it should only be used under the direction of a health care provider

if you are taking anti coagulant drugs. In this event, consider **Vitamin D3 5000**. Vitamin D is important for a variety of health issues, like bone and prostate health, the prevention of colds, blood pressure and chronic pain. It is impossible to maintain normal calcium metabolism without adequate amounts of vitamin D.

MINERALS

Some authorities feel that Magnesium supplementation is as important as Calcium. **Ultra Vites** contains 250 mg Magnesium. For additional Magnesium use **Ultra-Magnesium chelate**.

For maximum bioavailability of Calcium I recommend **Calcium D chelate** at 3/day. Recent studies indicate that dairy products are a poor source of these important nutrients.

Ultra-Strontium - Increase bone density without drugs!

If following these basic recommendations for bone health does not maintain adequate bone density, **the most** effective method of increasing bone mass is by the use of **Ultra-Strontium** (strontium citrate) with adequate amounts of vitamin D and Calcium supplementation. Since Strontium uses the same pathway for absorption as do calcium and magnesium, it is very important that it be taken on an empty stomach, and that no food or mineral-containing supplements be taken for at least three hours after. For this reason I recommend taking it at bedtime. Strontium Citrate can be absorbed directly without ionization.

Strontium should **NOT** be used by pregnant or lactating women. It should **NOT** be used by children because it will interfere with bone growth. Since Strontium is eliminated by the kidneys people with compromised kidney function should be carefully monitored by a physician.

* US Preventive Services Task Force

**Osteoporosis Prevention, Diagnosis and Therapy. NIH Consensus Statement Online 2000 March 27-29;17,1-36

<http://consensus.nih.gov/2000/2000Osteoporosis111html.htm>

Complications of Osteoporosis Drug therapy

While bisphosphonate drugs are generally well tolerated, there are some very significant adverse reactions to their use.

- As a group they cause upper GI problems, particularly esophageal irritation and erosion and gastric ulceration. For this reason they should not be taken if the individual cannot remain upright for at least one half hour after taking them.
- They can cause hypocalcemia.
- Necrosis of the jaw is a rare but a catastrophic possibility.
- Serious complications of the eye, such as Uveitis and Scleritis are rare possibilities.
- Musculoskeletal pain, sometimes very severe, has been reported.
- Acute renal failure is a rare but very serious side effect.

Complications of Hormone Replacement Therapy

- The USPSTF* recommends against the routine use of combined estrogen and progestin for the prevention of chronic conditions in postmenopausal women. It recommends against unopposed estrogen use in postmenopausal women who have had a hysterectomy.
- Combined estrogen and progestin has NO beneficial effect on coronary heart disease, and may increase risk. Unopposed estrogen also has no beneficial effect on heart disease, the main cause of mortality in postmenopausal women.
- Unopposed estrogen and combined estrogen and progestin increase the risk of dementia and lower global cognitive functioning.
- Unopposed estrogen and combined estrogen and progestin also increase the risk of venous thromboembolism and stroke.
- The unopposed estrogen arm of that trial was terminated in 2004 because of this increased stroke risk in combination with the lack of effect on the risks of heart disease or breast cancer.
- Combined estrogen and progestin increases the risk of coronary heart disease, stroke, and venous thromboembolism. These risks arise within the first one to two years of therapy. Other risks, such as the risk of breast cancer, appear to increase with longer term use.

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