OSTEOPOROSIS
PAGET'S DISEASE OF BONE

1. Pre-Disposing Factors and Clinical Indicators: With osteoporosis, common serum changes include increased ALP with increased ALP bone isoenzyme, decreased calcium, decreased magnesium, decreased osteocalcin and decreased PTH. With osteoporosis common urinary changes include increased deoxypyridinoline, increased dipyridinoline, increased hydroxyproline and decreased lysine. With Paget's, common serum changes include increased ALP with increased ALP bone isoenzyme, increased calcium (calcium is generally decreased with osteoporosis), increased osteocalcin (osteocalcin is generally decreased with osteoporosis) and decreased PTH. With Paget's, common urinary changes include increased deoxypyridinoline, increased hydroxyproline, decreased lysine and increased pyridoline. Many in the healing arts believe the high incidence of osteoporosis in females is due to the lack of estrogen after menopause, however many also believe that one of the causative factors is a lifetime of reduced progesterone, fluoride ingestion and iodine deficiency.

a. Diets high in refined carbohydrate or hydrogenated fats and oils.
b. Excess use of tobacco products or alcohol.
c. Obesity.
d. Genetic pre-disposition for both osteoporosis and Paget's disease.
e. Excess use of aluminum containing antacids.
f. Primary calcium, magnesium, vitamin K or manganese insufficiency or insufficiency secondary to hypochlorhydria.
g. Endocrine dysfunction (thyroid, parathyroid).
h. Lack of exercise.
i. Increased exposure to fluorine and aluminum.

2. Dietary Suggestions:

a. Eliminate all refined carbohydrates, tobacco and sources of aluminum.
b. Limit alcohol, processed foods and caffeine containing foods.
c. Eliminate all hydrogenated fats and oils. Increase raw and fresh oils.
d. Increase raw foods and quality proteins.
e. Exercise moderately and increase exercise as physical conditioning and stamina allow.
d. Drink at least 8 full glasses of pure water daily (no well water or city water).
e. If the patient is able, moderately train with free weights.

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3. Primary Supplemental Support:

a. **Osteo-B II** – 3 tid. If the patient is in an area where copper deficiency is common, add **Cu-Zyme** – 1 tablet every third day with food.
b. **Ca/Mg Plus** - 2 tid before meals.
c. **Optimal EFAs** - 2 tid.
d. **ADHS** – 3 bid in the a.m. and at noon.
e. **Bio-D Mulsion Forte** – 4 drops daily. After 30 days, insure a serum 25-OH vitamin D is completed to insure the patient is not ingesting excess vitamin D.
f. **Bio-K Forte Caps** – 1 bid.
g. **L-Lysine** – 1 tid.
h. **Ca D-Glucarate** – 3-4 capsules daily and **Progesterone (Natra-Gest)** – as directed by the manufacture.
i. **Iodizyme-HP** – 1 tablet daily.

4. Other Considerations:

a. **Hydro-Zyme** - 2-3 tablets with each meal, increase to stomach tolerance.
b. If thyroid hypofunction or thyroid hypofunction secondary to anterior pituitary hypofunction is present, support as indicated in the sections of this manual covering those subjects.

The patient should always be checked for inflammatory markers. If present, supplements indicated in sections of this manual covering inflammation should be considered.