



Osteoporosis Canada

Ostéoporose Canada



COPING

‘A newsletter from COPN’

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Remember: You can live well with osteoporosis!

Complementary and Alternative Therapies for Osteoporosis

Most people visit their medical doctor when they have a health related problem or issue. Medical doctors practise conventional or traditional Western medicine. However, recent studies suggest that the use of complementary and alternative medicine (CAM) is also common in Canada. A 2006 survey found that 74% of participants had used at least one complementary therapy in their lifetime, with 54% having done so in the previous year.

The U.S.-based National Center of Complementary and Alternative Medicine defines CAM as “...a group of diverse medical and healthcare systems, practices and products that are not presently considered to be part of conventional medicine.” These systems, practices and products fall into several categories:

- **Mind-body medicine** – These are techniques used to enhance the mind’s ability to promote health, such as meditation, prayer and yoga
- **Natural Health Products or NHPs** – These are herbs, foods, vitamins and other substances found in nature.
- **Chiropractic and massage therapy** – These techniques involve the therapeutic movement of body parts.
- Therapies involving either manipulation of supposed **energy fields** (e.g. Reiki, Therapeutic Touch) or the use of **electromagnetic fields** (e.g. magnets)
- Medical systems based on a complete set of theories fundamentally different from conventional medicine, such as **traditional Chinese medicine**, **Ayurvedic medicine** (an ancient Hindu system of health care), **homeopathy** (which, to treat an illness, uses a diluted version of a substance that causes the same symptoms as the illness being treated) and **naturopathy** (which emphasizes the body’s natural ability to heal itself).

From the perspective of Osteoporosis Canada, it is noted that numerous natural health products have been suggested as treatments for osteoporosis in books, other publications and on various internet sites. There are widely varying levels of evidence to support their claims. Individuals need to understand that there are risks associated with the use of these products. These risks may include:

- Using such products **inappropriately**. For example, a significant number of people indicate that they use glucosamine and chondroitin for osteoporosis, which is inappropriate because these nutrients are generally meant for osteoarthritis, not osteoporosis.

- Using products that may **interact negatively** with conventional medicines that one is also taking.
- Using products that have **adverse effects** in themselves. OC guidelines note that ipriflavone (a commonly used CAM) has been associated with reduced lymphocytes in the blood. Lymphocytes are a type of white blood cell and an important part of the body's immune system. Another example is vitamin A from retinol, (the animal form of vitamin A), which is required for bone remodelling, but if taken in excess, it can have a negative effect on bone and may raise the risk of hip fracture.
- Using these natural health products as a substitute for established conventional osteoporosis therapies is risky because their effectiveness has not been demonstrated in clinical trials. This means that individuals may not get the same benefits from natural health products as they would from conventional drug therapies whose benefits have been proven by research studies.

Osteoporosis Canada experts have reviewed the literature on complementary and alternative medicine. Here is a summary of their recommendations:

- Calcium and vitamin D are recognized by conventional medicine as essential additions to osteoporosis treatment, through diet and/or supplements, and are therefore not generally considered as alternative therapies.
- For bone health, in generally healthy individuals, there is no evidence to recommend intakes above normally recommended dietary allowances* for the following nutrients: calcium, copper, iron, magnesium, manganese, phosphorus, zinc and essential fatty acids.
- There are no good-quality studies providing evidence that minerals such as boron and silicon have any effect on bone mineral density or on fracture risk.
- Vitamin K is necessary for bone formation, but has not been shown to be better than calcium and vitamin D for preventing broken bones. At this time, Osteoporosis Canada does not recommend vitamin K for the treatment of postmenopausal osteoporosis.
- Ipriflavone is a synthetic phytoestrogen, a weak estrogen-like compound similar to those made by certain plants, such as soybeans. Ipriflavone is not recommended for treatment of osteoporosis. Anyone taking ipriflavone should have periodic blood tests to monitor lymphocyte levels in the blood.
- Strontium ranelate has been found to significantly reduce the risk of fractures in those with osteoporosis. Strontium ranelate is not available in Canada. It is unclear if it is the strontium part of that molecule that is effective or the ranelate part. In Canada, some retailers are selling strontium citrate as a substitute, but OC cautions against its use. Strontium citrate has not been studied adequately and has not shown benefits in reducing the risk of fractures. Strontium ranelate and strontium citrate are not interchangeable. As a comparison, just think about sodium chloride (table salt) and sodium bicarbonate (baking soda). Although both are sodium salts, you definitely cannot substitute one for the other in a recipe. The same applies to strontium ranelate and strontium citrate. Just because one is effective, does not mean that the other is effective. In addition, since strontium citrate has not been adequately studied, we do not know anything about its potential harmful effects and risks.

People living with osteoporosis should discuss openly with their doctor their use of CAM therapies. By doing so, their condition and response to treatments (both conventional

and alternative) can be properly monitored and any potentially harmful effects and inappropriate uses of these remedies can be addressed. Keep your health professional up to date about the medications and natural health products you use, including vitamins, minerals and herbal products. Doing so is in the best interest of your bones!

**Health Canada Recommended Dietary Allowances (RDAs), daily amount for men and women 50+:
copper 900µg, **iron** 8mg, **magnesium** male 420mg, female 320mg, **manganese** Adequate Intake male 2.3mg, female 1.8mg, **phosphorus** 700mg, **zinc** male 11mg, female 8mg.*

Funny Bone – A skunk sat on a stump. The skunk thought the stump stunk and the stump thought the skunk stunk.

Notices/references

i. Remember: It is important for you to eat a calcium rich diet (take calcium supplements, if necessary), get some appropriate exercise, take your vitamin D and if your doctor has prescribed a medication don't forget to take it as directed.

ii. COPING Weekly will come to you every second Friday. We hope you enjoy it and find the information useful. Remember to log on to www.osteoporosis.ca for up-to-date information or call us toll-free at 1-800-463-6842 to speak with an information counsellor about your questions and concerns.

iii. The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any healthcare-related questions or concerns, you should contact your physician. You should never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter.

iv. To have your name removed from the COPN mailing list please contact us at the email below.

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