

– Osteoporosis – The Bones of Contention

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A New Disease, A New Marketing Opportunity

OSTEOPOROSIS IS BIG NEWS THESE DAYS AND BIG BUSINESS. AS A DISEASE, IT EMERGED OUT OF OBSCURITY ONLY TWO DECADES AGO TO become a national concern to women. Advertising campaigns in the media and facts sheets in doctors' waiting rooms and pharmacies, warn women of the dangers of disappearing bone mass. The marketing hype announcing that one woman in two over the age of 60 is likely to crumble from an osteoporotic fracture (one man in three will also get osteoporosis); the incidence of hip fracture exceeds that of cancer of the breast, cervix and uterus combined; and 16 percent of patients suffering hip fractures will die within six months while 50 percent will require long term nursing care.¹

It's important to put these statistics into perspective. While it is true that death occurs in men and women who have hip fractures, these people are usually very elderly and frail. People who die from hip fractures are often very frail or ill from other causes.

The statistics say that over 20 million people have osteoporosis in the United States and approximately 1.3 million people each year will suffer a bone fracture as a result of osteoporosis. In 1993, the U.S. incurred an estimated loss of 10 billion dollars due to loss of productivity and health care costs related to osteoporosis.²

Women are told that the war on bone loss requires calcium supplements and a daily consumption of high calcium foods primarily dairy products. Doctors strongly recommend long-term use of estrogen to the postmenopausal woman. Additional help may also require bone building drugs like Fosamax. Over the next 20 to 30 years armed with this powerful arsenal, a woman is told she will be able to walk tall and fracture-free into the latter part of her life. Unfortunately, this is far from the truth.

The Osteoporosis Industry: An Unholy Alliance

Osteoporosis has spawned a phenomenal growth industry. The sale of just one estrogen drug, Premarin, grossed \$945 million dollars in 1996.³ The US Dairy industry is thriving with its annual 20 billion dollars of revenue.⁴ And sale of calcium supplements spirals upwards into the hundreds of millions of dollars. The osteoporosis industry has not only created a huge market for their wares, it has also been specifically designed to target women.

Obviously, the fear-mongering advertising campaign about osteoporosis as a "silent thief" stalking women's bones, has paid off. Unfortunately, unsuspecting women are unaware that they are really being stalked by an unholy alliance of the pharmaceutical companies, the medical profession and dairy industry who have orchestrated one of the most successful and well-planned marketing manoeuvres

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in history. By distorting the facts, manipulating the statistics and withholding scientific research in the pursuit of profits, women's lives are once again jeopardized by exposing them to an increased incidence of such illnesses as breast and ovarian cancer, strokes, liver and gall bladder disease, diabetes, heart disease, allergies, kidney stones and arthritis.

The most popular treatments for osteoporosis are dangerous to women's health. Estrogen is a known carcinogenic drug. Not only are most calcium supplements ineffectual in rebuilding bone, they can actually lead to mineral deficiencies, calcifications and kidney stones. Dairy products, contrary to popular belief, have been proven to cause bone loss.

The Roots of Deception

The Second World War heralded a major turning point in medicine. In the pre-war period, drug companies were mostly small businesses primarily concerned with making herbal formulas. The emergence of a more sophisticated science after the war would change the face of medicine forever. "By harnessing the power and prestige of science, medicine moved into a new 'modern' era, rendering the 'healing hands' approach obsolete. Medicine could develop a technocracy in which the experts were armed with chemistry and machinery."⁵

The development of synthetic hormones parallels the growth of the drug companies. The creation of the first synthetic estrogen, diethylstilbestrol (better known as DES) shortly followed by a process which synthesized steroid hormones from the urine of pregnant mares (Premarin), finally brought a cheap source of estrogen onto the market.

The introduction of oral contraceptives in 1960 initiated the first widespread use of these drugs to women. A few years later in 1966, the menopausal woman became the focus of the ever-expanding industry. The unfortunate myth that all menopausal women would suffer total rack and ruin of their bodies and mind without supplementation of estrogen spread like wild fire through the industrialized countries. It was a bonanza for the drug companies, as women flocked to partake of this supposed fountain of youth pill.

Although warnings about estrogen had been made sporadically for nearly 30 years, the rush for profits had virtually ignored them. In particular, it was known that oestrone, the form of estrogen in Premarin, could be associated with the development of endometrial cancer. "As early as 1947, it was reported by a young research at Columbia University, Dr. Saul Gusberg, that there was a steady stream of

estrogen users requiring diagnostic curettage for abnormal bleeding. The pathology reports from the curettes showed overstimulation of endometrium."⁶

The bubble burst in 1975 with the publishing of a major study in prestigious *The New England Journal of Medicine* which showed that the risk of endometrial cancer increased 7.6 times in women using estrogen. Longer term users were at even greater risk, women who used estrogen for seven or more years were 14 times more likely than non-users to develop endometrial cancer.⁷

In that same month, figures from the California Cancer Registry confirmed the findings. Among white women 50 years of age or over, there had been more than an 80 percent increase in endometrial cancer between 1969 and 1974.⁸

Evidence of estrogen dangers was mounting, besides endometrial cancer, estrogen was also linked to breast cancer, gall bladder disease and diabetes. More questions were raised about other possible side-effects.

The Ayerst's rising star, Premarin, started to take a serious nose dive and so did their profits. There was a dramatic fall in hormone prescriptions around the world. Estrogen use declined by 18% from 1975 to 1976 and by another 10% from 1976-1977.⁹

The Art of Marketing Perceptions

"In the 1990s, the reorientation of osteoporosis as a woman's disease is complete. It is now mandatory to include osteoporosis as a major 'symptom' in any discussion of menopause."

Something had to be done to salvage such a lucrative market. Since unopposed estrogen was deemed as the cause of endometrial cancer, the drug companies, in all their wisdom, added a synthetic progesterone, Provera, to the formula to simulate nature's delicate hormonal balance in women. It was argued that this progestin would protect the uterus from estrogen's proliferative effects, although there were no long term studies to prove the safety of either progestin or estrogen. Thus, Hormone Replacement Therapy was born.

However, women were seriously starting to question the use of synthetic hormones. A compelling reason had to be found to lure women back on to hormones. Osteoporosis, a disease that 77 percent of women at that time had never even heard of, was waiting in the wings. "In the interests of rehabilitating HRT, women have been subjected to 'a carefully orchestrated campaign' to advocate estrogen as a prevention for osteoporosis."¹⁰

To transform the public perception of hormones and exonerate their life-threatening effects, certain preconditions had to be created: the gravity of osteoporosis needed to be impressed on them, women needed to understand that it was 'their' disease, menopause had to be defined as the primary cause and they had to perceive the cancer risk as trivial measured against the benefit.

In medical literature osteoporosis was seen as problem of bones, not women. When looking at hip fracture in terms of effect on the individual and cost to country, men have half as many fractures as women and they are more likely to die as a result of them than are women. Yet little is said about men and osteoporosis. The 'male factor' was intentionally played down because it didn't fit with the redefinition of the condition as a woman's disease caused by lack of estrogen. This strategy was necessary to promote HRT.

To accomplish this, Ayerst hired a major public relations firm to market osteoporosis. They had a bog job to do. A major promotional campaign was launched targeting women's magazines. Medical experts were marched out to preach the HRT/osteoporosis gospel on radio and TV talk shows. Health workers were enlisted to mediate the message to consumers and doctors.

A disfigured old woman bent over with a dowagers hump was the shock-tactic symbol of the campaign. It effectively struck fear into the hearts of women. Comments such as, "the invalidation which can occur with osteoporosis is far more grave than the putative risk if endometrial cancer."¹¹ and "even if you took estrogen without progesterone, you are 15 times more likely to die fro hip fracture than of endometrial cancer"¹² were used to successfully seduce women back to hormones.

The drug company-inspired campaign to remarket estrogen with a clean image has been stunningly successful. Sandra Coney, author of *The Menopause Industry* cites, "In the 1990's, the reorientating of osteoporosis as a woman's disease is complete. It is now mandatory to include osteoporosis as a major 'symptom' in any discussion of the menopause. By convincing the public and the medical profession that osteoporosis is a crippling and 'killing' disorder and estrogen the only cure, HRT has been imbued with a kind of saintliness. HRT offers salvation where otherwise there would be none, rescuing women from an unthinkable fate as deformed old crones. In face of this, how could anyone be so ungrateful as to raise the question of risk?"¹³

Common sense was thrown out the window when it came to hormone therapy. There was no discussion of the wisdom or ethics of medicating huge numbers of asymptomatic healthy women with estrogen drugs which are acknowledged as among the "most potent drugs in the pharmacopoeia."¹⁴ The fact that this approach has never been recommended for any other drug or for the prevention of any other condition was immaterial. The switch from HRT as a treatment to HRT as a preventive therapy occurred without debate or justification.

Osteoporosis became a high profile issue. It sells things. Besides resurrecting HRT and securing its frontline position in the treatment protocol, the dairy industry and the

pharmaceutical companies that make calcium supplements hitched a ride on the osteoporosis bandwagon.

Osteoporosis suited a number of vested interests. It came to the rescue of the dairy food industry at a time when sales were plummeting because of people's anxieties about eating saturated foods. Calcium was added to skim milk, thus transforming milk into a product that could be marketed as healthy - a prevention for osteoporosis. Women were warned that their bones would become brittle if they didn't take extra calcium by way of new calcium-fortified dairy products.¹⁵

The makers of calcium supplements also claimed that their products could prevent bone loss despite the fact that there is no absolute evidence that this is true. By 1986 American consumers were spending \$166 million on calcium supplements. Prior to calcium craze ad contributing to it, the US National Institute of Health had recommended in 1985 that women should increase their daily calcium allowance. By 1989 the NIH was warning that the promoters of calcium "promise more than calcium is going to deliver"¹⁶

The Bare Bones About Bones

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To understand the many myths about osteoporosis and its prescribed treatments, it is vital to understand the nature of bones. Bone is living tissue which undergoes constant transformation. Bone might appear static but its basic components are continually renewed. At any given moment in each of us, there are from one to ten million sites where small segments of old bone are being dissolved and new bone laid down. In its place. Bone is living tissue nourished and detoxified by blood vessels in constant exchange with the whole body.¹⁷

Bone forming cells are of two different kinds. One type is called osteoclasts and their job is to travel through the bone in search of old bone that is in need of renewal. Osteoclasts dissolve bone and leave behind tiny unfilled spaces. Osteoblasts cells then move into

these spaces in order to build new bone. In this way bone heals and renews itself in a process called "remodelling" This self-repair capability is extremely important. Imbalances in bone remodelling contribute to osteoporosis. When more old bone is eaten up than new bone is laid down, bone loss occurs.

Bone turnover never stops completely. In fact, after about the age of 50, it increases though its not quite coordinated.¹⁸ The peak amount of bone you started with and the rate of this loss will determine the density of your bones. Density will be very different in different individuals, cultures, races and sexes.

Dr. Susan Love, author of *Dr. Susan Love's Hormone Book*, explains that, "the correct term for low bone density is osteopenia. It is only one factor in osteoporosis and the fractures that result from it. Another factor is the micro-architecture of the bone. As osteoclasts resorb more bone than is rebuilt, architecture become fragile. . As they weaken the wrist and hip become more vulnerable to fracture. Your vertebra doesn't really fracture or crack but collapses on itself causing loss of height and if enough vertebra are crushed, a dowager hump is created."¹⁹

How real is the "dowager hump" syndrome? According to Dr. Bruce Ettinger, Associate Clinical Professor of Medicine at the University of California and an endocrinologist, "women shouldn't worry about osteoporosis. The osteoporosis that causes pain and disability is a very rare disease. Only 5% to 7% of 70 year-olds will show vertebral collapse; only half of these will have two involved vertebrae; and perhaps one-fifth or one-sixth will have symptoms. I have a very big referral practice and I have very few bent-over patients. There's been a tremendous hullabaloo lately, and there are a lot of worried women - and excessive testing and administration of medications"²⁰

The medical definition of osteoporosis used to be "fractures caused by thin bones" It has since been re-defined as " A disease characterized by low bone mass and micro-architectural deterioration of bone tissue which lead to increased bone fragility and a consequent increase in fracture risk "²¹

There is problem with defining osteoporosis as "disease" not a "fracture". Low bone mass is only a risk factor for osteoporosis not osteoporosis itself. It's a warning sign that might be useful so you can begin to consider ways to keep the disease itself from occurring. Dr. Love offers an striking analogy. "This is like defining heart disease as having high cholesterol rather than having a heart attack. Needles to say, this new definition has increased the number of women and men who have osteoporosis"²²

Although this new disease has two components - bone mass and micro-architecture - micro-architecture is virtually ignored. The problem is that presently only bone density can be measured. Also, not every one with low bone density will get fractures. For instance, Asian women have low bone density yet have a very low rates of bone fractures.

Why does there seem to many more women now with osteoporosis than in the past? Dr. Love explains that, "part of that increase is nothing but a change in definition.... Needless to say, the broader the criteria used to define osteoporosis, the more women will fall into that category. The level of bone density that defines osteoporosis has been set rather high with the result that most older women will fall into the "disease" category - which is very nice for the people in the business of treating disease"²³

Cross-cultural studies show that throughout the world most individuals lose bone mass as they age. The remaining bone, however, is healthy and capable of constant self-repair. This is normal ageing bone loss and this process leaves one with bone sufficiently dense and strong to withstand the stresses amid strains of daily activity. In osteoporosis, bone goes beyond that of normal ageing.

The Mythical Causes of Osteoporosis

Menopause, estrogen and HRT

There are many cultures in the world where the post menopausal woman is fit, active and healthy until the end of her life. It is equally true that the women in these cultures do not suffer from osteoporosis. If menopause itself was, indeed, one of the causes of osteoporosis, all women throughout the world would be handicapped with fractures. This is clearly not the case.

It is illogical to believe that the natural adjustment of hormone levels at menopause which includes a reduction in the output of estrogen is a pathology requiring drug treatment with HRT. Nature did not create women with a design flaw that would make the menopause journey a down-hill, debilitating experience.

Mayan women live for

30 years after menopause but they don't get osteoporosis - they don't lose height, they don't develop a dowager's hump and they don't get fractures. A research team analyzed their hormone levels and bone density. They found that their estrogen levels were no higher than those of white American women - in some cases, they were even lower. Bone density tests showed that bone loss occurred in these women at the same rate as their American counterparts.

It used to be thought that all women have a considerable decrease in bone at menopause from lower estrogen

The Real Bone Thieves

- Acid/alkaline imbalance • Alcohol
- Aluminium-Containing Antacids
- Anorexia • Antibiotics • Caffeine • Diuretics
- Endocrine imbalance - parathyroid, thyroid, adrenal, ovaries, kidneys * Excessive animal protein and dairy products • High fat consumption • High salt intake
- History of Dieting • Hysterectomy / removal of ovaries • Indoor existence / lack of Vitamin D
- Oral Contraceptive Pill and Depo-Provera
- Pharmaceutical drugs & medications - ie anti-convulsants, chemo-therapeutic agents, psychotropic drugs ie Valium and Librium
- Poor digestion • Sedentary life style
- Stress/adrenal exhaustion • Sugar • Tobacco
- Toxic metals - lead, mercury, cadmium, aluminium and tin

levels - thus estrogen deficiency was said to be the cause of osteoporosis. Continuing research has disproved this idea. Studies following individual women women's bone density over time have shown that although some women lose a lot of bone with menopause, other lose comparatively little, also, some loss starts earlier.²⁴ One study using urine tests to measure calcium loss found that some women are "fast losers" and others are naturally "normal losers".

Bone expert and author, Dr. Susan Brown comments, "Even in the United States, where osteoporosis is common, many older women remain free from the disorder. In addition, the higher male and lower female osteoporosis rates found in some cultures do not support the notion that excessive bone loss is due to declining ovarian estrogen production. Adding another dimension, we find that vegetarian women have lower estrogen serum levels yet higher bone density than their meat-eating peers."²⁵

Obviously, it is a gross over simplification to say that osteoporosis is a single, inevitable disease which occurs in all women at menopause. Surgical removal of the ovaries doubles the loss of bone compared to a woman going through a natural menopause. Since the ovaries continue to produce hormones, in addition to estrogen, after menopause, it is obvious that estrogen is only one factor connected to bone loss.

Dr. Jerilynn Prior, researcher and professor of endocrinology at the University of British Columbia has conducted research that seriously challenges estrogen's key role in preventing bone loss. Her research confirmed that estrogen's role in combating osteoporosis is only a minor one. In her study of female athletes, she found that osteoporosis occurs to the degree that the athlete's became progesterone deficient, even though their estrogen levels remained normal.

Dr. Prior continued her research with non-athletic women. They showed the same results. While both these groups of women were menstruating, they had anovulatory cycles (not ovulating) and were, therefore, deficient in progesterone. As a result of her extensive research, she confirmed that it is not estrogen but progesterone which is the key bone building hormone. Such studies seriously challenge the estrogen deficiency- osteoporosis link.²⁶

Dr. John Lee, doctor, researcher and leading authority on natural hormone treatments, conducted a 3 year study treating 63 postmenopausal women with natural progesterone. The first year showed a 7-8 percent increase in bone density. 4-5 percent increase the second year and 13-34 percent increase the third year. This finding was reinforced by Dr. William Regelson, another expert on hormones who states, "Given the fact that 25 percent of all women are at risk of developing osteoporosis,

I think it is unconscionable that progesterone's role in this disease has been neglected."²⁷

While estrogen plays an important and complex role in bone health maintenance, osteoporosis cannot simply be attributed to lower estrogen levels. Numerous dietary, lifestyle and endocrine factors contribute to the development of excessive bone loss. Osteoporosis is not simply produced by the lack of one single hormone.

The intention to make menopause and estrogen deficiency the major causes of osteoporosis gave HRT new legitimacy as a long-term preventative treatment for osteoporosis. Even though estrogen has proven effective in slowing down the rate of bone loss, it cannot rebuild bone. On the other hand, there are quite alarming dangers from taking HRT. It is now known that HRT increases the incidence of breast cancer by 10 per cent a year for each year it is used.²⁸ It is obvious that the many risks of HRT far outweigh the rather limited effects on bone especially when there are many other safe and effective alternatives. Is the increased risk in healthy of breast and ovarian cancer, gall bladder operations, blood clots, strokes, high blood pressure, diabetes, and auto-immune diseases really worth it?

The Calcium deficiency myth

In a year-long study of 22 postmenopausal women, there was no significant improvement in calcium levels when their diets were supplemented daily with three 300ml glasses of skim milk (equivalent to 1500mg of calcium).

When asked about the causes of osteoporosis, most people will chime in "lack of calcium." This idea is reinforced on a daily basis as women are reminded to drink their three glasses of milk a day and take their calcium supplements. Even young, healthy non-osteoporotic women are paranoid about potential bone loss and take measures to shore up their bone strength with plenty of calcium. Fear of insufficient calcium has become a national obsession. Is there really a national calcium deficit happening?

Since bone is largely composed of calcium, it might appear logical to link calcium intake with bone health. Western women are now encouraged to consume at least 1000-1500 mg of calcium daily. It is curious however when cross-cultural

data clearly shows that in less developed countries that consume little or no dairy products and less total calcium ingested, there are much lower rates of osteoporosis.²⁹

The Bantu of Africa have the lowest rates of osteoporosis of any culture, yet they consume from 175-476 mg daily. The Japanese average about 540 mg daily. The early postmenopausal spinal fractures so common in the West are almost unheard of in Japan. Overall, their spinal fracture rate is one-half that of the US. All this is true even though the Japanese have one of the longest lifespans of any population. Studies of populations in

China, Gambia, Ceylon, Surinam and Peru and others report similar finding of low calcium intake and low osteoporosis rates.³⁰

Anthropologist Stanley Garn who studied bone loss over a 50 year period on people in North and Central America failed to find a link between calcium intake and bone loss.³¹

While it is agreed upon that adequate calcium is absolutely necessary for development and maintenance of healthy bone, there is exists no one standard ideal calcium intake. It is also obvious from these studies that high calcium intake is not necessary for healthy bones.

There is certainly a problem with bone health in Western cultures. However, other vital factors that determine the complex process of healthy bones must be understood. Bone are affected by the intake of other bone building nutrients; consumption of potentially bone damaging substances like excess protein, salt, fat and sugar; the use of some drugs, alcohol, caffeine and tobacco; the level of physical exercise; exposure to sunlight, environmental toxins; the impact of stress; the removal of the ovaries and uterus; and many factors that limit endocrine gland functioning.

There are at least 18 key bone-building nutrients essential for optimum bone health. If one's diet is low in any of these nutrients the bones will suffer. They include: phosphorus, magnesium, manganese, zinc, copper, boron, silica, fluorine, Vitamins A,C,D,B6,B12, K, Folic Acid, essential Fatty Acids and protein.

The body uses minerals only when they are in proper balance. Young girls who consume diets high in meat, soft drinks and processed food have a high phosphorous intake have been found to have an alarming loss of bone mass. Too high a ratio of phosphorous in relationship to calcium, causes calcium to be pulled out of bones to compensate.

Scientific evidence shows unequivocally that, by themselves, calcium supplements just don't work.³² Calcium supplementation contrary to popular thought does not reduce risk of fracture and there is now evidence that a high calcium supplement level actually is associated with a 50% increase risk of fracture.³³

However, as yet there remains no proof that increasing calcium intake after menopause with supplements or diet prevents fractures. In fact several studies indicate that it doesn't really appear to lower the incidence of fractures at all. In Science, August 1978 it was stated the "link between calcium and osteoporosis was made on insufficient grounds" and that the advertisers were way out ahead of the scientific evidence. A diet rich in calcium in early childhood and premenopausal years does build stronger bones reducing risk of thin bones after menopause.

The worse calcium supplements are bone meal, oyster shell and dolomite because they are not efficiently absorbed and may contain lead. Excessive calcium intake also leads to constipation and more worrisome, kidney stones and calcification of the joints. The most effective form of supplementation is microcrystalline hydroxyapatite (especially if it is formulated with boron), the most natural of calcium supplement which is a complete bone food.³⁴

And what about dairy foods for bones? Dr. Michael Colgan, a well known researcher in nutrition, author and founder of the Colgan Institute in the US, states that, "The medical ad-

vice to drink milk to prevent osteoporosis is self-serving poppycock." After all we've been indoctrinated with, it a shocking revelation to discover that dairy products contribute to bone loss. The countries that consume the highest amounts of dairy products also have the highest rates of osteoporosis; the non-dairy consuming countries have the lowest osteoporosis rates.

The high protein diets that are so typical of Western countries pose a great osteoporosis risk because protein-rich diets creates a blood acid condition that pulls calcium out of the bones in an effort to maintain the proper alkaline/acid blood balance.

In a year-long study of 22 post-menopausal women, there was no significant improvement in calcium levels when women's diets were supplemented daily with three 300ml glasses of skim milk (equivalent to 1500mg of calcium). The authors stated this outcome was due to "the average 30% increase in protein intake during milk supplementation". Since skim milk contains almost double the protein of whole milk, it promotes an even greater rate of calcium excretion.

A recently published 12-year study of 77,000 women, concluded that milk consumption does not protect against hip or forearm fracture. Female milk drinkers actually had a significantly increased risk of fracture, and teenage milk drinking was not protective against osteoporosis.

There are still other problems with dairy products. They contain anti-biotics, estrogen hormones, pesticides and an enzyme that is a known factor in breast cancer. In addition, a recent study revealed that lactose-intolerant women were at greater risk of ovarian cancer and infertility.³⁶

The Bone-building Drugs Scam

The drug companies boast one other weapon in their anti-osteoporosis arsenal. Medication that promises to halt bone loss. One of the drugs in flavor is Fosamax, the only non-hormonal drug approved by the FDA to treat osteoporosis. Studies of this drug were cleverly stopped after four to six years. This is just the point at which the fracture rate for women taking similar drugs began to rise.

So, although Fosamax will superficially appear to increase bone density, in reality it decreases bone strength. Fosamax is a metabolic poison and will actually kill osteoclasts cells which are required to maintain dynamic bone equilibrium.³⁷

In addition, Fosamax can cause severe and permanent damage to the oesophagus and stomach. It is also hard on the kidneys, can cause diarrhoea, flatulence, rashes, headaches and muscular pain. Rats given high doses developed thyroid and adrenal tumors. Fosamax also causes deficiencies of calcium, magnesium and Vitamin D, all essential bone building the process.³⁸

To counter the well-deserved bad press about steroid hormones for the treatment of osteoporosis. A new class of drug have been developed. They are called Selective Estrogen Receptor Modulators (SERM) It is touted by the drug companies that they will protect bone without the risk of breast cancer. The most well know of these drugs is called raloxifene. However, its affect on bone is not very strong, and since only a two-year study was done with it on breast cancer, it is way too early to know much about what it really does. Dr. John Lee says about

raloxifene, "This is a thinly disguised attempt to create demand for this drug and then to use American women as guinea pigs."³⁹

Building Real Bone Health

It is clear that the treatments most often recommended to women by her doctor to treat osteoporosis - HRT, calcium supplements, dairy products and drugs - have certainly benefited the medical establishment and pharmaceutical companies most of all. The real long term benefit to women is minimal, at best, and life-threatening at its worse.

Fortunately there are other options that can not only prevent further deterioration of bone density and poor bone repair but actually increase bone mass in women of all ages.

According to Dr. Susan Brown, an expert on bone health, the 6 intervention areas that form the strongest surest program for building and repairing bone include : maximizing nutrient intake, building digestive strength, minimizing anti-nutritive intake, exercise especially weight bearing types, developing an alkaline diet and promoting endocrine vitality. She believes that, "no matter where you are on the bone health continuum, no matter what your lifestyle has been, it is never too late to begin rebuilding health bones."⁴⁰

Dr. Brown recognizes osteoporosis, not as an ageing disease or an estrogen or calcium deficiency but a degenerative disease of Western culture. We, in fact, have brought it upon ourselves through poor dietary habits, lifestyle factors, and exposure to pharmaceutical drugs. It is our ignorance that has made us vulnerable to the vested interests that have intentionally distorted the facts and willingly sacrificed millions of healthy women at the altar of profit and greed. It is by our willingness to take responsibility for our bodies and the commitment to return to a healthy, balanced way of life, that we will be able to walk tall and strong for the rest of our lives.

Sherrill Sellman presently lives in Melbourne where she conducts a private psychotherapy practice as well as lecturing extensively on women's hormonal health. She is also the author of the best selling book "*Hormone Heresy: What Women Must Know About Their Hormones*". She is also a contributing writer to publications in Australia, New Zealand, Canada and the United States. She can be contacted through her publishers USA office: GetWell International, PO Box 690416 Tulsa, Ok 74169-0416 USA; or email: golight@earthlink.net

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