OSTEOPOROSIS PRESCRIPTIONS

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If you present yourself to your physician with any kind of bone thinning, you will usually get a prescription for 1,200 mgs of calcium, TUMS and a biophosphate drug like alendronate (brand name Fosamax) or etidronate (brand name Didronel). You are warned that if you don't take the drug, you will be at high risk of hip fracture or other skeletal fractures.

Drug companies are fully aware that biophosphate drugs have serious side effects and no long-term studies showing efficacy. These are probably some of the reasons for the development and FDA approval of the "new and approved" biophosphate drug risedronate (brand name Actonel). Unfortunately, while new, this drug is still a biophosphate drug by nature.

Biophosphate prescription drugs rarely work well for the long term. If your skeleton is thinning, you must be concerned with bone density for more than three years. Three years is about the length of time when these drugs will show maintenance of bone density or even a slight increase. The increase is not usually great. Studies showed that for 100 women taking the "new and improved" risedronate for three years, one hip fracture was spared.

These drugs do not work for the long haul because they do nothing for the formation of new, strong bone. Rather they interfere with a normal body mechanism called inhibition of osteoclast-mediated resorption of older bone. That means the body normally breaks down and eliminates older, weaker bone material regularly. This allows sites for the formation of newer, stronger bone. The biophosphate drugs for osteoporosis inhibit this breakdown and removal of older bone, thus allowing the skeleton to retain more older, weaker bone material.

After three to four years, however, the incidence of hip and other serious fractures begins to increase. This only makes sense since older bone is not as strong as new bone. Thus, for a few years, you are maintaining bone density in your skeleton while your skeleton ages and becomes more brittle. And since fewer new sites for new bone growth are allowed while taking prescription drugs, the long-term effects can be serious. If bone resorption (old bone not being allowed to be broken down and eliminated) goes unchecked for a long enough period of time, there are no longer any sites available for new bone deposits.

Side Effects Without Treating The Cause

These side effects can be serious for you. Older, brittle bones may be strong enough to withstand fractures in the spine, but they do not maintain sufficient tensile strength to prevent worse fractures like those in the hip. Additionally, this type of inefficient treatment does not address the underlying causes of osteoporosis. And these drugs can make you feel miserable. Headaches, stomach problems, permanent esophagus damage and serious digestive difficulties are just a few of the side effects.

These drugs, as well as the other standard recommendations, do not take into account the myriad of factors that are critical to strong bones. These include diet, the available minerals in your diet, the fat in the diet (you cannot digest minerals without adequate fat), whether there is sufficient enzyme activity in the stomach to digest calcium, hormones (especially female hormones), long-term thyroid medications, parathyroid abnormalities (the parathyroid glands play a major role in bone density), exercise habits and more.

Therefore, it is in your best interest to proceed with caution when it comes to osteoporosis drugs. At the very least, be extremely concerned about taking these drugs long-term. And obviously, be sure to pay attention to the potential causes of your problem. Like all things, unless you address the cause, you will be assured of getting poor results. We have had very good results with patients who have osteoporosis. Ask your doctor about the products, which may help to slow the osteoporosis process and rebuild bone.