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Osteopenia

The medicalization of female health concerns have led to increasing medical, surgical, and pharmaceutical intervention of several physiological changes that naturally happen in women's health. It is true that many women have some difficulties with conditions such as: menstruation, pregnancy, premenstrual transition, perimenopause, menopause and osteopenia. In many instances these conditions respond well to nutritional and botanical treatment that brings women's physiological vitality back into balance.

The current conventional treatment of osteopenia in women in their 50s and 60s is a case in point. I'm seeing many patients in this age group who have bone density DXA T scores in the -1.0 to -2.0 ranges. They are being told they are at high risk for fracture. These recommendations on their DXA reports are from the NOF, the US National Osteoporosis Foundation. In contrast, the World Health Association (WHO) uses a different evaluation model, called FRAX, to assess if a woman is at risk for an osteoporotic fracture in the next 10 years. I take the DXA numbers and other important health information from a woman's DXA report and history and enter them into the FRAX template. To date, according to FRAX, not one of these patients has been at risk for fracture in the next 10 years, whose NOF based DEXA report said differently.

Standards of conventional care for osteopenia often recommend bisphosphonates, such as Fosamax, Boniva and Actonel. Bisphosphonates have many side effects, including the risk of abnormal leg fractures after taking them for 5 years, as well as increased risk of esophageal cancer and jaw bone osteonecrosis. It is also unclear if treating a woman with bisphosphonates for 5 years in her 50s, will prevent her from having osteoporotic fractures in her 70s, when she may be at risk for these fractures.

I've been tracking my patient's vitamin D3 levels since 2005, when the research began being published about epidemic vitamin D3 deficiencies. I've checked over 500 women, and only 75 of them had optimal D3 levels (>40ng/dL). In the past 6 years, I've seen some patients maintain, slow down and even increase bone density with the proper D3 supplementation and other nutritional and life style measures. Exercise, specifically yoga, improves bone density of the spine. In general I recommend at least, 3 hours of walking weekly and either 10 minutes of yoga daily or two yoga classes weekly.

These natural therapies benefit not only bones but also good health in general. They are often an effective choice for addressing many female health issues. Of course, living a joyful life, being active and eating good food is central to creating long lasting health and vitality.