

Reversing Osteoporosis Nearly Every Time

Jonathan V. Wright, MD

(Book by Lara Pizzorno, MA, LMT and Jonathan V. Wright, MD)

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Prevention is always best!
But with 30 minutes today,
please see the book about that.
For today, let's assume
Osteopenia and/or Osteoporosis

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Always Check For:

- Gastric Hypochlorhydria: found to some degree in a majority
- Gluten Sensitivity (not celiac disease): found in a significant minority
- Sapone A, Lammers K et al. *Divergence of gut permeability and mucosal immune gene expression in two gluten associated conditions: celiac disease and gluten sensitivity.* BMC Medicine 2011, 9:23
- <http://www.biomedcentral.com/1741-7015/9/23>

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Gastric Hypochlorhydria

- Best test: "Gastric Analysis by Radiotelemetry" (Hiddeberg capsule)
- Andres M.R., Jr. and Bingham J.R. *Timed gastric analysis with a radiotelemetry pill (Hiddeberg capsule).* C.M.A. Journal, May 23, 1970/Vol. 102: 1087-1089

Gluten Sensitivity

- Best test: Anti-gliadin antibody, Secretory IgA, stool specimen

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Malabsorption Correction/Compensation

- Gastric Hypochlorhydria: Betaine hydrochloride with pepsin, 10 grain (650 milligrams)
- Average replacement dose: 1-7 capsules per meal.

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Malabsorption Correction/Compensation

- Gluten Sensitivity: Total avoidance gluten/gliadin very important. Gut absorptive capability recovers within 1 year in 90%. (Sample size 300+)
- Intravenous minerals (total 14) with methylcobalamin / methylfolate frequently necessary, depending on severity of osteoporosis and degree of gut recovery over time.

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Bone-Building Nutrients

- Calcium, magnesium, vitamin D, vitamin K (K₁, K₂), strontium, manganese, zinc, copper, selenium, molybdenum, boron, silicon....
-and very likely others not yet "scientifically proven".

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Strontium: Since 1909

- 1909 and 1910: strontium uniquely effective in stimulating rapid bone formation.
- Lehnerdt F. *Zur Frage der Substitution des Calcium im Knochensystem durch Strontium.* Beitr Path Anat 1909;46:468-585; Beitr Path Anat 1910;47:215-247

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Strontium: 1952 Cornell University

- Strontium and calcium superior to calcium alone in mineralizing bone.
- Alwens. *Ueber die Beziehungen der Unterernahrung zur Osteoporose und Osteomalazie.* Munchen med. Wehnschr 1919;1071-1075

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Strontium: 1952 Cornell University

- "...deposition of calcium plus strontium [in bone] is greater than the total calcium storage...achieved by calcium alone, regardless of calcium intake and auxillary therapy [hormones, vitamin D]. This combination should hasten the rate of re-mineralization of the skeleton as compared with calcium alone.... objective and subjective improvement observed under the combined regime.

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Strontium: 1952 Cornell University

- Shorr E, Carter AC. *The usefulness of strontium as an adjuvant to calcium in the re-mineralization of the skeleton in man.* Bull. Hosp. Joint Dis. 1952;13(1):59-66

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Strontium: 1959 Mayo Clinic

- Strontium, 18 of 22 "Marked improvement"
- Strontium & Hormones: 9 of 10 "Marked improvement"
- Strontium 4 of 22 "Moderate improvement"
- Strontium & Hormones: 1 of 10 "Moderate improvement"

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Strontium: 1959 Mayo Clinic

- Waugh JM et al., *The Effect of Strontium Lactate in the Treatment of Osteoporosis*, Staff Meetings of the Mayo Clinic 1959;34(13):329-334

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Strontium: 1981

- Patients with cancer metastatic to bone achieved improved bone density and a lessening of pain in cancer-affected areas. Strontium was noted to prevent dental cavities in animals and people.
- Skornya SC. *Effects of oral supplementation with stable strontium.* CMA Journal 1981;125:703-712

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Strontium: 1985, Dr. Marie

- "Following strontium [carbonate] therapy, all histologic parameters of bone formation increased, while bone resorption remained unchanged.
- An increased amount of osteoid tissue was observed, associated with a stimulation of bone formation at the tissue level."

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Strontium: 1985 Dr. Marie

- Marie PJ et al. *Histomorphometry of bone changes in stable strontium therapy.* Trace Substances in Environmental Health (Proceedings of the University of Missouri's 19th Annual Conference on Trace Substances in Environmental Health) 1985;XIX:193-208

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Strontium: 2001, Dr. Marie

- "In addition to it's anti-resorptive activity, strontium was found to have anabolic (tissue-building) activity in bone..."
- Marie PJ et al. *Mechanisms of action and therapeutic potential of strontium in bone.* Calcif Tissue Int 2001;69:121-129

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Why the Delay in Strontium Use?

- In the research noted above, strontium ligands including carbonate, lactate, and gluconate were used.
- All occur in nature, have very few health hazards, and are not patentable.
- "Ranelate" (ranelic acid) is not found in Nature, patentable, and....

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Ranelate: Potentially Hazardous, After All

- “...SOTI and TROPOS trials...found strontium ranelate increased the yearly incidence of *venous thromboembolism* by 7%. [There were] a few cases of *DRESS syndrome*... (“drug reaction with eosinophilia and systemic symptoms syndrome”)....”

Strontium v. Osteoporosis: Results

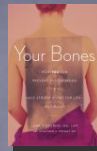
- Since 2003, your presenter has worked with over 80 women with DEXA-scan proven osteoporosis. All but one have had very significant DEXA-scan proven increased bone density, and no fractures. All used strontium and the other supplemental nutrients noted in slide 7. A majority were discovered to be initially malabsorptive.

Strontium Use: 4 Details from Research

- *Never use more strontium than calcium!!* Animal studies show bone deformities when this is done.
- Primate studies show that bone flexibility and strength is maintained with strontium use. Bone histology remains normal.

Strontium Use: 4 Details con't

- Estimates vary, but a significant proportion of “density” improvement must be “discounted” as strontium is significantly denser than calcium.
- Fracture rate has declined significantly, often to zero, in “strontium-added” groups versus “no-strontium” groups.



THE END