An Integrative Approach to Osteoporosis: A Case Study

Dr. Jason Mallia ND IMD D.Sc PhD (Nut)
Integrated Health Aust

Background Information

Osteoporosis is a common disease in Australia with 1.2 million people estimated to have osteoporosis and further 6.3 million with low bone density.[1] Osteoporosis is characterised by loss of bone mass, accompanied by microarchitectural deterioration of bone tissue, which leads to an increase in the risk of skeletal fracture.[2] Nutritional considerations are a cornerstone of treatment, with trace mineral supplementation beyond calcium and reduction in systemic inflammation to reduce bone resorption believed to play key roles.[3,4]

Case History

A 65 year old female presented with medically diagnosed Osteoporosis 2 years prior, when a bone scan was performed to evaluate undiagnosed back pain. The patient was currently taking bisphosphonate medication, vitamin D, selective oestrogen receptor modulator and a diuretic.

A detailed case history was performed to see any links to her disease. Symptoms included:

- Sneezing
- Poor circulation
- Abdominal distension
- Acid reflux
- Flatulence and constipation
- Low energy
- Frequent urination
- Muscle and joint stiffness
- Body aches and pains
- Patient of emotionally centered nature
- Food sensitivities
- History of fibroids

Integrative Pathology: Live Blood Analysis, blood typing, full blood count, hair mineral analysis, cytotoxic food allergy test.

Key findings

Mild iron deficiency; low vitamin D; liver dysfunction; fungal overgrowth; oxidative stress and colon toxicity; digestive dysfunction; zinc, silica, cobalt and iron deficiency. However high levels of mercury and lead were found. Calcium was in the right range.

Treatment

Treatment focus

- Repair digestive system
- Improve absorption
- Emotional stress support
- Correct nutritional imbalances
- Support connective tissue

Diet and lifestyle

The patient was of Italian nationality, and asking her to make dietary changes was difficult, however, she was able to omit the main foods to avoid for O blood types. Lifestyle strategies included sunlight (vitamin D), and weight bearing exercise (brisk walking and aqua aerobics).

Table 1: Nutritional prescription

Recommendation	Dose
Hydroxyapatite for Osteoporosis	2 BD
Multivitamin/Mineral Antioxidant Formula	1 D
pH Adjusted Vitamin C Metabolites and Hesperidin Powder	1 tsp BD
Liquid Zinc	2 mL D
High Purity, Low Reflux, Concentrated Fish Oil	1 tsp D

Followup visits were made once a month over the course of the year. During followup, the patient was complaining of stomach upsets. A herbal tincture of Matricaria, Cynara, Zingiber, Equisetum, Filipendula was added, along with colloidal minerals and Bach flowers. Fosamax was continued while other medications were discontinued by the patient.

Clinical Outcomes

Patient had overall improvements in her wellbeing and symptom picture including: increased energy, less bloating, better stress tolerance, improved joint mobility and decreased stiffness.

Follow up bone density test one year later showed “no evidence of Osteoporosis at the time of testing”.

Patient was elated at her result and has since continued to stabilise. More recent tests also showed no further deterioration, 5 years later, and no evidence of osteoporosis. (Please note that the patient continued to also see her medical doctor the entire time during the treatment, to ensure an integrative approach was given.)

The patient comes in three times per year for her general check ups and maintenance care. She continues to take *Hydroxyapatite for Osteoporosis* 1 BD.

Conclusion

By combining medical and complementary testing, a comprehensive view of the patient’s health status was achieved allowing for the underlying cause to be addressed. By addressing the underlying cause, the patient moved away from further deterioration and disease and into a better state of function.

References & Acknowledgements

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Contact Details

Jason Mallia naturopath@integratedhealth.com.au