

Chapter 6

ASK DR.KEN:

What Are the Risk Factors for Osteoporosis?

We know of nine basic causes of osteoporosis and its current pandemic:

1. **Hormone imbalance:** When a woman becomes post-menopausal (or peri-menopausal), her blood estrogen level becomes lower. Bone mass begins to decrease along with that.
2. **Inactivity indoors:** Many of us get too little exercise—especially the all-important weight-bearing activity (walking, running, and other “impact” forms of movement) and weight resistance. However, forms of fitness that promote balance (increased muscle tone) are also important because good balance can help you avoid or mitigate serious falls. If you are getting less of these activities than what is considered moderate or reasonable, then you are running the risk of under-exercising. If you are also regularly staying indoors you are probably not getting enough ultraviolet energy to produce the Vitamin D you need in order for your bones to absorb sufficient levels of calcium (see below). This important vitamin is rightfully getting more and more attention

from researchers and physicians as to its broadscale significance. Being inactive and staying indoors too much often go hand in hand.

3. **Deficiency of dietary nutrients** (minerals and antioxidants): Whether or not you believe, as most do (but not all¹), that we tend to be deficient in calcium, no one disputes that calcium is among the minerals that our bones need to remain strong. And we can take dietary supplements to increase our calcium intake. In addition, I believe that much more will soon be known about the role of antioxidants and they will be assigned more and more importance toward creating and maintaining bone health and bone strength.
4. **Smoking:** The more you smoke, the more of an osteoporosis risk factor you carry.
5. **Animal protein overload:** This includes meat (of all animals) and dairy. The idea runs counter to popular belief because dairy products are supposed to be good for our bones, right? I believe that the dairy industry may well have contributed to our current osteoporosis problem in many ways. I am not alone in my suspicions here. But that story is for another day.

Do I think everyone should become a vegetarian or vegan? I am not sure (see Chapter 7 for more on this). But I know that moderation—in many areas of life—is often a sensible practice. So over the long haul, make a rule and a habit to try to go easy on the animal protein.

6. **Demographics** (race, gender, family history, fracture history, bone structure, age): Caucasians and Asians are at greater risk for osteoporosis. It also runs in families. Women are at greater risk overall (though men can certainly get

¹ The 2008 book *The Calcium Lie* by Robert Thompson, M.D., certainly disputes whether such a broadscale public calcium deficiency truly does exist.

osteoporosis as well). Having had a previous fracture now places you at greater risk for another. Being small-boned is also a risk factor. Older individuals are more at risk than younger ones.

Perhaps post-menopausal, older, Caucasian and Asian women who are small-framed, who have broken more than a couple bones in their past, and who have osteoporosis in their family history, should be more concerned about their bone health than others. But everyone deserves good health and hope for improvement, and most should have UBDT done now.

7. **Digestive problems:** Some feel that osteoporosis is often a digestive problem.² This warrants attention if such problems are clearly obstructing your ability to absorb and therefore utilize the necessary nutrients you need for proper bone health. Certain digestive conditions (e.g., lactose intolerance, untreated celiac disease, inflammatory bowel disease, and gastro-esophageal reflux disease) may play an important role in what could ultimately result in a high fracture risk. How much of a factor this is in most general cases, however, is not quite clear at this time.
8. **Toxic substances in our daily lives:** Caffeine, alcohol, sodium, and perhaps unidentified environmental toxins³ are accepted as established risk factors for osteoporosis. Some specific medications are also problematic, including corticosteroids, thyroid medications, and many others (see Appendix B for more information).

Carrier proteins that are responsible for carrying calcium and other elements to bone can get occupied by carrying toxic elements instead. We have a limited supply of those carrier

2 Johns Hopkins Health Alerts: http://www.johnshopkinshealthalerts.com/reports/back_pain_osteoporosis/3043-1.html

3 The exact identities of these are unknown or unconfirmed at this time.

proteins.

But many questions remain unanswered: Are these substances normal for us to consume, and considered naturally “tolerable” or “less significant” by the human body as true toxins? How many of these indirectly, and over time, actually cause a dehydrated state; is dehydration really the issue instead? We do know that bone, as a mineral bank for important bodily systems, will accept even toxic (or heavy metal) elements into our boney structure. Does that weaken our bones?

9. **Aging:** This one is even more unclear. Most experts do not consider osteoporosis a normal and natural part of aging. So, do we believe the majority who say that most people need to increase or maintain their calcium intake over time? Or are we to instead believe the minority who say that we are typically getting too much calcium and that it is causing a number of other medical conditions because of its abundance (thus we are more likely to be deficient in other bone-strengthening minerals)?

Well, new research published in the world’s premier journal for bone health, *Osteoporosis International* (January 2009) suggests that both of these arguments may in fact be correct! The research shows that perhaps the issue is instead one of “transport” to the joints, and thus to bone, through carrier proteins once the body absorbs the calcium.

Enriched Lactoferrin (ELF) is a carrier protein that the body makes, and it makes less of it as we get older. The consequence of that creates issues with osteoporosis, kidney stones, sleep problems, inflammation, and perhaps even the #1 killer, heart disease. But recent research has demonstrated success with bone strength blood markers being increased by new, purified forms of natural ELF through over-the-counter oral supplementation.

The proprietary name for ELF as a dietary supplement is

Osteodex®. Nikken, Inc., a research and development company, brought this breakthrough product to market and combines it with calcium supplementation and Vitamin D. Osteodex® has none of the disadvantages of most pharmaceuticals, is all-nat-ural, and may well be more effective than many of the pharma-ceutical options. Further, many who are taking Osteodex® will state emphatically that it eliminates the need for prescription medicines. I believe that Osteodex®, or Enriched Lactoferrin supplementation, could well represent the future of optimal osteoporosis supplementation and care.

I personally have screened many people on Osteodex®, and quite honestly am impressed with the T-scores I have seen. In fact, both my wife and I are on Osteodex®. If we are addressing aging in the process, and perhaps deterring it, great!

A sign that I usually place in very close proximity to my UBDT machine when screening:



This is called the Osteodex® BONE HEALTH PACK.

I have been directly testing people who are taking various supplements, and I know that this one **does** work!

For Stronger Bones, Things to Avoid

Remember: The more of these that you can avoid, the better your chances of never getting (and even overcoming) osteoporosis.

SS Smoking

SS Excessive alcohol intake

SS Excessive caffeine intake (coffee, tea, sodas, etc.)

SS Excessive protein intake

SS Excessive sodium intake

SS Sedentary lifestyle

SS Being indoors all (or almost all) of the time

SS Exposure to particular medications (see Appendix B), as well as to certain other environmental toxins

SS Significantly delaying your decision to have at least one bone density test (because for where you are—and where you are going—to be so much more meaningful, you must know where you started)

See Appendix C, the Sundial of Osteoporosis Prevention, for a summary illustration of how to get it right.