

Take Charge OF MENOPAUSE & OSTEOPOROSIS



One of the landmarks in women's health history that ought to be celebrated was the unexpected 7 percent decline in breast cancer for the year 2003 announced in 2007.

According to researchers, the decline appears to be closely correlated with a 68 percent decline in use of hormone replacement therapy between 2001 and 2003 as a result of dramatic adverse findings and the early termination of the Women's Health Initiative (WHI) study. The WHI was the largest study ever conducted on HRT and was abruptly terminated in July 2001, due to a finding of significant increases in the risk of breast cancer, stroke, and heart attacks by women using PremPro, manufactured by Wyeth, that had been prescribed for decades since the 1950s. These women were shown to have a 26 percent higher risk of breast cancer than those taking a

placebo. While the WHI showed the combination drug PremPro lowered the risk of colon cancer and hip fracture, it raised the number of strokes by 41 percent and the number of heart attacks by 29 percent.

However, the Surgeon General's Report on bone health, issued in 2004, forecasts that by the year 2020 half of all Americans over the age of 50 will be at risk for fractures from osteoporosis.

I know how important bone health is for women, and I want to see them using the safest and most effective methods for addressing menopausal symptoms and bone loss. That would mean use of black cohosh, for example, to address menopause symptoms, and time-tested standards like calcium and vitamin D (as well as exercise) to promote bone health.

I have been a big fan of formulas from Metabolic Response Modifiers (MRM)—and they indeed provide two formulas that I think women ought to know about.

SPECIAL FORM OF CALCIUM

Not all calcium supplements are created equal in terms of their *bioavailability*. One specific form—which is clinically tested and proven effective—is microcrystalline hydroxyapatite calcium (MCHC). According to a recent medical journal, MCHC outperformed standard calcium carbonate in the management of postmenopausal bone loss.

This special supplement—found in Bone Maximizer™ III—supplies calcium in the form that it occurs in the body and is therefore absorbed quickly. Plus, it provides phosphorus and other bone-building nutrients, which is very important.

Our bone cells use protein and other nutrients to produce collagen. Through a crystallizing process, minerals such as calcium, phosphorus, magnesium and many others attach to the collagen fibers. This hardens and strengthens bones. MCHC provides collagen protein and stimulates crystallization processes. Plus, it's an excellent source of trace elements too, like boron, copper, zinc and silica, also crucial to building strong bones. Dietary deficiencies of these trace elements can lead to increased risk for osteoporosis, and many women's diets are deficient in them too.

In a study from *Current Medical Research and Opinion*, mineral retention was measured in patients with nutritional osteomalacia (in which the essential problem is a lack of available calcium or phosphorus [or both] for mineralization of newly formed bones) or late rickets. "Mineral retention was markedly enhanced by supplementation with microcrystalline hydroxyapatite compound (MCHC)," they reported.

According to a July 1999 report in the *Journal of Reproductive Medicine*, continuous administration of a form of MCHC "prevents bone loss in postmenopausal women, suggesting that this 'drug' may be useful in the management of postmenopausal bone loss." This study showed it outperformed calcium carbonate. (Actually, in the United States, MCHC is not considered to be a drug but rather a nutritional supplement.)

The aim of a 1995 study, published in *Osteoporosis International*, was to evaluate whether MCHC is more effective than calcium carbonate in preventing further bone loss in postmenopausal women with osteoporosis. Forty osteoporotic patients were monitored for 20 months. The patients were randomly assigned to one of two groups and treated in a double-blind manner with 1,400 mg calcium per day, in the form of either MCHC or calcium carbonate. After 20 months of

treatment, the difference between the groups was statistically significant and showed MCHC "is more effective than [calcium carbonate] in slowing peripheral trabecular bone loss in patients with manifest osteoporosis."

PHOSPHORUS CRITICAL

Beyond calcium, additional nutrients are critical to your bone matrix. I mentioned phosphorus. Most women don't realize when they take calcium, it blocks absorption of phosphorous. According to a report in the *Journal of the American College of Nutrition* (2002;21:239-244), individuals taking calcium supplements are at risk of developing phosphorus deficiency.

In this study, researchers studied the effect of different levels of calcium intake on the absorption of phosphorus by healthy men and women between the ages of 19 and 78. They found that for each 500 mg per day increase in calcium intake, the absorption of phosphorus decreased by 166 mg per day. "For an elderly person taking 1,500 mg of supplemental calcium per day, that would translate to approximately a 45 percent reduction in the amount of phosphorus absorbed," comments physician and nutrition expert Alan Gaby, M.D. "Supplementing with large amounts of calcium could lead to a phosphorus deficiency in people who are consuming marginal amounts of the mineral."

To prevent calcium-induced phosphorus deficiency, the authors of this study recommend that at least a portion of an older person's calcium supplementation be taken in the form of a calcium-phosphate preparation, instead of the more commonly used calcium carbonate or calcium citrate.

They point out that one of the most successful clinical studies of calcium supplementation in elderly people used such calcium-phosphorous supplements as the calcium source. Fortunately, MCHC contains both calcium and phosphorous in a two-to-one ratio. This makes a supplement like Bone Maximizer III unique, so with this supplement we address these issues, too.

Plus, Bone Maximizer III's dosage is only three capsules daily compared to five or six for other brands.

SOY & BLACK COHOSH FOR MENOPAUSAL SYMPTOMS

Recently, researchers have revealed that dietary modifications as well as nutritional supplementation may play a key role in easing the natural transitions

throughout a women's lifetime—and that these can easily replace needlessly dangerous use of synthetic hormone replacement therapy. This is where MRM's Menopause Rx™ can play a major supportive role.

Phytoestrogens are compounds that are derived from natural sources and are similar in structure to the body's own estrogen. The most recognized phytoestrogens are derived from soy and black cohosh. Soy provides two vital phytoestrogens, genestein and daidzein, with proven anti-cancer and bone-building benefits, as well as the ability to alleviate menopausal symptoms.

Black cohosh (*Cimicifuga racemosa*) is a particularly safe and effective menopause support herb. It "relieves many symptoms, especially cramps, irritability and depression," notes Ann Louise Gittleman, M.S., C.N.S. Many experts believe that the herb is "more effective than Premarin in dealing with anxiety, depression and vaginal dryness," says Gittleman.

Also added to the formula is an herbal blend of chaste tree extract and dong quai. The purple-flowered herb known as chaste tree (*Vitex agnus-castus*) has been used as a remedy for thousands of years, mostly by women to ease menstrual problems and to stimulate the production of breast milk. In the July 2008 issue of the *Journal of Psychiatry and Neuroscience*, it is listed as a potentially helpful therapy right alongside conventional medical treatments such as antidepressants, hormones and cognitive therapy.

Dong quai (*Angelica sinensis*) has a long-standing tradition in Asia as a remedy especially suited to women. Dong quai has been used in conditions such as dysmenorrhea (painful menstruation), amenorrhea (absence of menstruation), metrorrhagia (abnormal menstruation), menopausal symptoms (especially hot flashes) and to assure a healthy pregnancy and easy delivery. The pharmacology of dong quai is related to its high coumarin content.

In addition, St. John's wort, 5-HTP and I-taurine are added to the formula for mood-enhancing effects. Both St. John's wort and 5-HTP are mild antidepressants. To round out the formula, *Panax Ginseng* is added to keep energy levels high.

During a time when our budgets are often stretched, it is reassuring to know that MRM formulas deliver proven health benefits along with value. What's more, they are a smart alternative to toxic prescription medications and ought to be a first choice for all women. ■

—L. Stephen Coles, M.D., Ph.D.



Resources

Both Bone Maximizer III and Menopause Rx from MRM are available nationwide at natural health centers and from health professionals. Contact MRM directly to find a store near you. The toll-free number is 800-948-6296. You can also visit www.mrm-usa.com.