Osteoporosis Myths That Kill Women

Sharon: This is Dr. Sharon Livingston. I'm here with Lisa Annison of a company called aProvenProduct. So Lisa, how are you?

Lisa: Good. How are you?

Sharon: I'm terrific and I guess I wanted to let people know, first of all, that I'm a researcher. I've been doing research on supplements and pharmaceuticals for my whole career for large corporations or small corporations and for a couple of groups. That's why I'm particularly interested to be talking to you today, Lisa, about some very interesting news that you have for us. Lisa, just tell us a little about aProvenProduct.

Lisa: OK. aProvenProduct started in 2008. Our CEO, Joe and his wife Julie were frustrated. They are like a lot of us, health conscious. They want to do what's best for their bodies. They want to take supplements that are the best. They don't wanna waste money. They don't wanna take things that aren't gonna be good for them and aren't gonna get the effects that they want. They were really frustrated with that. They were having a very hard time finding the best products. It's just a confusing, murky world to have to dive into especially if you're online. You try to search, everybody's screaming at you. There are scams everywhere. Out of that frustration was born aProvenProduct.

They started the website as a way to kinda share what they had found. The idea behind the company is that we do the research. We stay abreast of all the current science and of all that because nobody has time to. We pick one product in any given category and we recommend that. That way, there's no nagging question about, is this better or is that better. That's kind of in a nutshell. That's what we do.

Sharon: I just love Joe's mission. I think it is really fantastic. I only interview people that I can stand behind. I'm very excited to be talking to you today. In the research I've done over the years, I've learned that there is a lot of misinformation. Even doctors don't really know what's going on. With all the HMO stuff now, they don't have the time…

Lisa: Right.

Sharon: …to do all the research. And they're just going by what they learn as much as they can but they can't keep abreast of everything. They just can't.

Lisa: Well quite honestly, it's been my full time job for nearly a year now and it is a full time job. It's my 40-hour work week to do this. No one, unless that happens to be what you're being paid for to make a living, no one has time

to do this. Most of the really good information is still buried because if you're not part of the big pharmaceutical companies that are paying the lobbyists, your study doesn't get out. It's finding the unbiased information is really hard, you really have to dig because it just doesn't get publicized.

Sharon: We're gonna be doing a series of podcasts on the issues around calcium at the moment and this will be the first. It was quite an eye opener to read what you had collected. I mean, oh my, you are kidding me.

Lisa: I know, right? That's the reaction I had the whole time I was digging. I just could not believe what I had dug up.

Sharon: Well, we're keeping people waiting. What have we dug up?

Lisa: OK. Well, let's get started with this. When you talk about calcium supplements, you're pretty much talking in relation to osteoporosis, right? Osteopenia and then osteoporosis is the more severe form.

Osteoporosis was first defined in 1984. It's been around but in 1984, the National Institute of Health met and the idea was to kinda define this problem and what exactly does it mean. How do you know that you have it? At that time when they had their conference, they said that there were 1.3 million fractures every year related to osteoporosis. That's the main problem that you get when you have osteoporosis. That's where it can endanger your life if you have a fracture especially of the hip or the spine or anything like that. The recommendation then in 1984 was take calcium supplements and weight-bearing exercise. Immediately the calcium supplement market exploded. It's gone from $166 million a year to, 2009, is the last numbers that I could find and we in America are spending $1.2 billion every year on calcium supplements.

Sharon: It's like nine times the amount. Something like that, right?

Lisa: Right.

Sharon: Oh my God!

Lisa: In 27 years and billions of dollars later, what has changed, right? You would expect that the number of fractures due to osteoporosis to have declined at least, right, somewhat? Instead, now according to the National Osteoporosis Foundation, there are over 2 million fractures related to osteoporosis every year in America.

Sharon: That is just huge.

Lisa: Right.

Sharon: I mean, how could that be? It should have gone down, somewhat.

Lisa: Uh huh.

Sharon: This is in percentage to population proportions, it still has gone up, isn't that right?

Lisa: Right. If you do the numbers on what the total population of America was in 1984 versus now. At that time 0.5% of all Americans, men, women, children, babies, of all of us, half the percent of us were having an osteoporosis related fracture every year in 1984. Today, 0.7%, it's gone from half a percent of us to 7/10 of a percent of us, of all of us, men, women, children, babies, all of us.

Sharon: That's outrageous.

Lisa: It is outrageous. Something's not working. And so that's kind of what led us into digging into this more. Unfortunately, that's not the biggest problem that comes from all of this. 1984 was also the first year that more women than men died from heart attack. It seemed like a completely unrelated specific until you dig further. That number has continued to grow, by the way. Today, over 515,000 women every year, women, in America, die from heart disease, heart attack, heart problem. Today, women are 15% more likely than men to die of a heart attack. Now what has changed since 1984 is we've all started taking loads of calcium supplements. Now in 2008, a study came out. In the study, for 5 years, the scientists had studied post-menopausal women and they gave them either Citracal calcium supplements, the name brand Citracal, or a placebo for 5 years.

At the end of 5 years, they looked back over how many women had had heart issues, how many women had died, how many women who had stroke, how many women had whatever problem. In the Citracal group, 31 women reported having 45 heart attacks, in the Citracal group, OK. In the placebo group, however, only 14 women reported 19 heart attacks.

Sharon: Wow.

Lisa: The group taking Citracal had more than double the heart attack.

Sharon: Wow. Oh, that gives me the chills.

Lisa: I know.

Sharon: That is really, really frightening.

Lisa: It is. Like why? How could this be? We'll get into that in a minute. But first I want to say, the same researchers, they were really taken aback by this. They were really shocked. They did more studies. They did a meta-analysis over the following two years. And in 2010, they released their findings.

What a meta-analysis is, they take a bunch of other studies that were studying some other thing. Like they took a bunch of studies that where they were studying what effect calcium supplementation had on fractures or had on bone density. They went back and look at the data for something else. They looked at the data of all these other studies to see how many women had heart attacks and had strokes and had cardio-vascular issues. In this case, they discovered that women taking a calcium supplement had 31% more risk of having a heart attack while they were taking the supplement than women who did not.

Sharon: What do you say to that? I mean, it's become like common knowledge that you get past a certain age, you gotta take calcium. Maybe, you should be taking calcium your entire life. I mean, we've been taught that as women for as long as I can remember.

Lisa: It's true, we do. I mean, it is something that is very vital for your body and you cannot get enough through your diet. You just cannot. I mean, unless you want to be sucking down milk all day and eat nothing but cheese and yogurt, you're just not gonna get enough. And your body doesn't absorb it as well from diet either.

Sharon: Definitely not from milk. I mean, maybe it's eating 5 to 10 pounds of broccoli a day.

Lisa: Yeah.

Sharon: I don't know who could do that.

Lisa: Yes.

Sharon: It means your stomach would be so bloated. It'd be unbelievable.

Lisa: It's just not gonna be good for you. The researchers said that there is a very good reason for it. The problem with calcium is, if you can imagine when you take a calcium supplement, you're putting, calcium is a mineral, right? So it's almost like it's a rock. It is another way to look at it.

When you take a calcium supplement, you basically got this sand kind of substance that's going into your body. It's kind of difficult to get it even absorbed from your intestines into your bloodstream. That's the first hurdle

it has to jump. If you don't, it comes out as waste. You're just wasting your money, basically. It's not doing you any good. Or if it makes it from your intestines into your bloodstream, now you've got this kind of sandy stuff in your blood stream. Unless it makes it to your bones, it winds up kinda settling like sediment in your arteries. What happens is, is that hardens your arteries and that is why it increases your risk of a heart attack because it's not being utilized by your body to build your bones.

Sharon: That's clogging your arteries.

Lisa: Exactly. And part of the problem is, you may go to the doctor and have the scan and have your arteries checked, it doesn't show up - on women this kind of plaque. When men develop plaque in their arteries like that, it shows up as globs and it shows up on the test. Women, for some reason, we just don't develop globs of plaque. It's kind of evenly distributed and it kinda lines the arteries so that it doesn't show up on tests and it's really scary. No notice whatsoever. You're just driving down the road one day and bam! You have a heart attack and you had no clue. Most of the women who have heart attacks for whatever reason; it comes completely out of the blue. They say I had no clue I had any kind of problem. There was no indication, just bam! It came out of the blue.

Sharon: Very frightening. Meanwhile, what are the effects on osteoporosis, we're seeing what?

Lisa: We're seeing more and more. The rate of osteoporosis continues to skyrocket. They're saying 34 million of us are at danger of having it. By the year 2020, it's estimated that half of everyone over the age of 50, that's men and women, will have osteoporosis.

Sharon: What do you do?

Lisa: Well, what you need to do is take a calcium supplement that makes it from the pill to your bone.

Sharon: Bisphosphonates, whatever you call it, bisphosphonates, what are those things?

Lisa: Oh, the, like Boniva and Fosamax and all of those?

Sharon: Yeah, what about those?

Lisa: Yeah. Those are kinda scary, too. Millions of women have been taking those on a long term basis at this point. In the early 90s, the World Health Organization met and this is when bone density scanning first became available.

Sharon: Uh huh.

Lisa: They met in Rome. The idea there was, they wanted to define a number that meant osteoporosis on your bone density test, right.

Sharon: Uh huh.

Lisa: Because up until this point, the test wasn't available. Now we have a number. We need to decide, at what number do we call you having osteoporosis. They bickered back and forth. According to people who were there, there wasn't really air-conditioning in the room where they were meeting. I've seen two or three different scientists who were there say this. It kind of came down to arbitrary thing. They argued back and forth and finally someone just stood up and drew a line and said. "OK, this is the point at which we're gonna call you having osteoporosis". It was two and a half points below what is normal for a 30-year-old woman because at 30, we all start losing bone density. Thirty years is the age when it happens to all of us, OK.

Some of us lose it more quickly than others. Some of us lose it very slowly. But we all begin to lose bone density at the age of 30. So at 2.5 points below what is normal for 30-year-old woman, they say you have osteoporosis.

So somebody raised their hand and say, "That's OK. That sounds good". So somebody raised their hand and say. "OK, well, what do we call the people in-between normal and osteoporosis when we're doing our research because we just need a shorthand way to refer to that?" Someone said, "Well, how about we call it osteopenia?" "That's OK. That sounds good." It was never meant to be a disease at that point. It was only meant to be a category for their research papers, OK.

Go back to Merck. Merck is the one that developed the whole, bisphosphonate category of drugs, OK. Merck had a drug called Fosamax. It was the first one and it was the first one that didn't use hormone replacement to try to rebuild your bone. They were very excited about it. If you have severe osteoporosis, it could probably genuinely help you, OK, if you have a very severe problem. However, not a lot of women have that very severe problem at that time. No one was getting the bone density scan to discover that they had it so they weren't prescribing very much Fosamax.

At that point in time, the only way to have a bone density scan, that was a huge machine, there were only a couple hundred of them in the entire country so you had to drive somewhere. You had to pay for it out-of-pocket.

You had to lay out on this huge machine and they x-rayed your hip and spine.

Sharon: Right.

Lisa: It was expensive and insurance didn't cover it. And so that was the only way to get diagnosed with osteoporosis and therefore be prescribed Fosamax. So Merck set about changing this. They discovered that there were peripheral machines, which is what you probably get now when you go to the doctor, and they can scan your wrist or your ankle or something like that. They can kind of get an idea of your bone density. Well the problem is, that isn't really accurate. Because if you break your wrist because you have osteoporosis, well, it's a pain but that's not really life threatening. What's life threatening is when you fall and break your hip.

Sharon: Such a large percentage of people do not survive a hip fracture.

Lisa: You have only a 15% chance of being able to walk unaided 6 months after you fall and break your hip. It changes your life forever, if you survive. A good chunk of people who have those, have that hip fracture, do not live. They die within the next year.

Sharon: Some of that is because they don't want to. They give up their excitement about living when they can no longer function and they just wither away.

Lisa: Exactly. Then there are all kinds of complications that come from it. There are lots of reasons but it's the hyper thing. But yeah, I mean, all of a sudden you had a wonderful retirement plan but bam! You're stuck in a wheelchair. You can't walk. What are you gonna do? Some people, that's devastating. Obviously, it's devastating for anybody. But some people just don't bounce back mentally from something like that.

Sharon: Well, a large of percentage of them, I know so many friends whose mothers and grandmothers had that happen to them and within a year, they were dead.

Lisa: Uh huh.

Sharon: It's a horrible thing.

Lisa: Uh huh. It's absolutely devastating. Scanning your wrist or scanning your heel doesn't really accurately determine whether you're at risk for that, right. However, doctors can buy the machine that scans your wrist and scans your heel a lot cheaper than they can buy the full blown machine that they had in the early 90s, right.

Merck set about getting those machines, the peripheral machines, in every doctor's office in America. They went on this huge campaign, they lobbied the manufacturers. The manufacturers were very resistant because of the fact that it's not as accurate a test. Merck went and bought one of the companies just so that they could make the price low, just so that they could get it mass produced, just so that they could get them in every doctor's office. Once that happened, they sold the company and broke it up, just so that they could do this. Meanwhile, they set about getting a lower dose of Fosamax approved to treat the new disease called osteopenia, OK. Now remember, osteopenia isn't even a disease. It's just something that the…

Sharon: The classification that was arbitrarily decided on.

Lisa: Exactly. That these scientists, they just wanted to get out of the hot room and get some dinner, came up with just so that they could leave. That's what they say. Merck got Fosamax approved to treat osteopenia. They got the peripheral machines in every doctor's office in America. Now, what happens? Every woman loses bone density from the time they're 30.

What happens at some point in time, between the time you're 30 and the time you die? What are the chances that you're gonna have a bone density scan that says you fall in that osteopenia category? They're pretty darn good. Therefore, all of these women who probably really didn't have an issue are now on Fosamax, Boniva, Actonel, they're on one of these drugs. I had kind of always thought that your bones were created when you were little and they're there. They're made of bone and that's it.

Sharon: When you hit your height then you've got your bone and that's it. It never changes.

Lisa: Right. But actually, they constantly turn over. They're living tissue just like everything else in your body.

Sharon: Which makes sense

Lisa: It does. What happens is, they're constantly being kind of broken down and rebuilt. As you get over 30, what happens is you just start to break down a little more than you rebuild. And that's why everyone loses bone density.

Bisphosphonate stops the bone from breaking down so that it doesn't remodel, they call it. Now your bones are just dead tissues. They're static. What happens is, is they get denser but they're not growing. They're not living tissue anymore and so they get more brittle. Now, they're having problems and there are class action lawsuits because women are having a different kind of fracture. They're fracturing their upper thigh, the femur there. That's just as devastating as a hip fracture.

Sharon: Oh God!

Lisa: Because your bones are now brittle, because this is not a good thing to do to your body long term.

Sharon: Has this stop the hip fractures?

Lisa: Obviously not, as the numbers still continuing to grow, right? It's not something that really needs to be a long term issue. It really is not. But that's obviously great for the profits over at Merck, for it to be a long term thing. There's also a whole another thing called jaw bone death.

Sharon: That is terrifying.

Lisa: Oh, here's what happens with that. Because of the bones not remodeling, the bones in your jaw will actually get to the point where if you have some kind of dental surgery or you have to have tooth pulled or something, it will not heal. You'll get these sores in your mouth that do not heal. Even if you stop taking the bisphosphonate, it still doesn't go away. It doesn't get any worse but it doesn't go away. You're left with this open sore where the bone is exposed and the bone is not healing. It never goes anywhere. It's there forever and you just have to deal with it. And it's horrible. It's murderously painful and it's miserable. There's nothing that can be done about it. There's major class action on that so you can look that up. I encourage you to Google that and really get into the details of that.

None of it is doing any good. That's the thing that just frustrates the living daylights out of me, is we're spending billions of dollars. Boniva is one of the top 20 prescribed drugs in America. It's a gazillion dollar industry, this bisphosphonates.

Sharon: Can you get someone like Sally Fields?

Lisa: You think Sally knows about all of this? I don't think so.

Sharon: I don't know if she does or not, it doesn't matter. But she's the kind of figure that we trust.

Lisa: Uh huh.

Sharon: Because, you know, we love Sally Field.

Lisa: Uh huh. Now I would say if you have very severe osteoporosis, if you got a very severe problem and it's really, really bad, then I can see where they could help you. But I wouldn't wanna stay on it forever. It would only be an

extreme case that you could convince me to take it. I mean, you would have to prove to me that my hip is gonna fracture if you bump against me tomorrow before I would be willing to take one of those.

Sharon: But it's just makes it more brittle. It might do that tomorrow anyhow. So it will be a last ditch effort. It will have to be last ditch.

Lisa: Exactly, exactly.

Sharon: But on the other hand, and I think this is really important and I know you've got this wonderful 18-page document that goes into the story in-depth that people can read it at their leisure. I think that we need to let people know that there is hope and there is something that we as women can do to strengthen ourselves. Can you talk a little bit about that? What it is and how it's different and I don't even know if you know about this, but how did they come across this formula? I know that Mercola talks about it and other important alternative health people talk about it too. But can you talk a little about the fact that we do have some hope here?

Lisa: Yes, there is a form of calcium that is better absorbed and utilized by your body. Most calcium supplements contain either calcium carbonate or calcium citrate. And those are two different forms of calcium. It all starts with calcium carbonate but you do some chemical processes to it to make it a slightly different formation.

Sharon: Uh huh.

Lisa: There's a chelating agent, citric acid, that you add to the calcium carbonate that makes calcium citrate. And this is what you find in Citracal and those. Now Citracal will tell you on their website that their calcium has unsurpassed absorption which is an absolute lie. Calcium citrate malate, we call it citramate for short, is you take the calcium citrate and you add another agent to it, which is called malic acid. It's a chelating agent that makes your calcium 30% more absorbable than citrate alone.

Sharon: I have looked it up. After we talked, I went and looked up. If you look up calcium citramate which is C-I-T-R-A-M-A-T-E.

Lisa: And it's the safest. This is the only one that has been shown to reduce the risk of kidney stones. One of the problems you get when you have that sludge in your blood, is that it gets filtered out by your kidneys. That's one reason why calcium supplements are often associated with kidney stones. Well, this form has actually been shown, now I can point you to the exact study, to reduce the risk of stone forming potential, they called it. No other form of calcium can say that.

If you do nothing else after hearing this, take a calcium supplement. You need to take one but take one in the form of calcium citrate malate or calcium citramate. That and in itself is gonna put you ahead of the game as far as what you're taking. Calcium has what they call cold factors. The body can't really just use calcium all by itself. There are some other things that it has to have to be effective.

Sharon: It's like a partnership. The work's better in a partnership.

Lisa: Exactly. It's dependent upon these other factors to work in your body, OK. Vitamin D, we've all heard of that. Everybody knows you gotta take Vitamin D with your calcium. You need to have your vitamin D in the form of D3 because that's the most bio-available form. If you're taking in Vitamin D2, it's not gonna do as much for you. You cannot even get calcium out of your intestines into your blood stream without Vitamin D. It's essential for that. Vitamin D2 is what's in most supplements out there. You have to look for one that specifically says D3 because D3 is what's formed when your body is exposed to sunlight. And so it's much more difficult to produce. It has to come from some living creatures, somehow. They best way to get it is like from lanolin, from sheep. But nonetheless, D2 comes from plants in a supplement form so it's just not as well absorbed. The D in your milk is D2.

Sharon: You know what's really interesting about that? I could see somebody telling a story about, Oh! D2, it's from plants, blah, blah, blah. That doesn't mean it's the right form.

Lisa: Exactly. It's not as bioavailable. And I have spoken to someone who was like very strict vegan…

Sharon: Yes.

Lisa: …and for like religious purposes could not put anything animal derived into her body. And she's like. "I hate this". And she's really conflicted because she sees that the D2 is not doing anything for her. It's not as good for you. It just does not work as well. And even she recognized that. She knew that it is a sacrifice that she was making.

You must have D3 and a pretty significant amount of it. You need magnesium. Magnesium is one of the things that help calcium get from your blood to your bone. It's crucial for that. You need to have the right ratio of calcium to magnesium because they kind of fight for absorption. You need to have two parts calcium to one part magnesium. It needs to be 2 to 1 ratio for it to be optimally absorbed. You need to have Vitamin C, first of all for its anti-oxidant properties, Vitamin C is just something to take anyway. But as far as bone health, Vitamin C is crucial for the creation of

collagen and for some of the cells that create bone growth, it's utilized for that. Its part of what helps keep your bones supple and not brittle.

Sharon: So that stuff comes in the connective tissue type thing.

Lisa: Right. So that's crucial for you. Then you need Vitamin K.

Sharon: That's another miracle supplement that we're only just learning about.

Lisa: Oh, Vitamin K is the most awesome thing. But it is crucial. It is the cornerstone to this whole issue. When the proteins that move calcium around in your body use Vitamin K to grab the calcium, just like the chemical that it uses to bind to the calcium in your body, so your body cannot pick the calcium up and move it from your blood to your bone and use it in your bone without Vitamin K. It just doesn't happen.

Sharon: It's sort of a catalyst.

Lisa: Yes, exactly. Also, there had been studies on Vitamin K that, OK, remember we talked about the whole problem, is that the sludge stays in your arteries and it hardens your arteries?

Sharon: Uh huh.

Lisa: Well, if you're then taking Citracal for example, and you have built up some existing calcification in your artery, Vitamin K at a high and up dose has been found, in a study in the Netherlands, to clean away existing calcification of your arteries by up to 37% in as little as 6 weeks.

Sharon: Wow, that's awesome. And you know, listen to what you even said. It's called calcification.

Lisa: Uh huh.

Sharon: That happens if you have the wrong form of calcium in your body. You calcify your arteries.

Lisa: Uh huh.

Sharon: That's just amazing.

Lisa: Again, if you do nothing else, take calcium citramate. Take it with D. Take it with magnesium. Take it with C. Definitely, take it with K. And the K needs to be in the form of K2. There are several different forms of K as well. K2 is the most effective. The last thing that you need is, you need to

have lysine. Most people, if they've heard of lysine at all, it's an amino acid, they've heard of it in relation to cold sores.

Sharon: Right.

Lisa: If you get a cold sore, you take extra lysine. It can help it go away faster. Well, lysine also is very critical to the absorption of calcium in your body. Studies have shown that it helps it to absorb faster. It helps it to absorb more. It also reduces the amount that's excreted in your urine. They're not sure how exactly but it's somehow keeping it out of your kidneys and it's keeping it out in your urine. It helps protect you from kidney stones or it should theoretically. They didn't say that specifically in the science so I don't wanna overstep. But that's the logical conclusion.

Sharon: The calcification, right?

Lisa: Right. Also, it also helps to stimulate the cells that build bone in your body. You need lysine. You need Vitamin K. You need Vitamin C. You need magnesium. You need Vitamin D2. And you need calcium in the form of calcium citramate.

Sharon: And you know what's really interesting about that also is that the Linus Pauling Foundation has a heart health formula that incorporates lysine and Vitamin C and a couple of other things which goes hand in hand with what you're talking about.

Lisa: Uh huh.

Sharon: About detoxifying and strengthening at the same time in creating flexible organs and muscles.

Lisa: Now we looked all over for a calcium supplement that would have this in it, that would have this formula and in the right amounts in all of this and we couldn't find it. It does not exist or it did not exist. We were really frustrated because I personally, aside from being a woman that, a woman needs to take calcium, right? I had some other health issues that I need to take a calcium supplement for other reasons as well. I wanted this and it did not exist. We actually worked with a manufacturer. This is the only time we've ever done this. We worked with the manufacturer and had one created.

Sharon: What are the exact proportions that are recommended?

Lisa: Exactly. You can learn about that on our website. If you're interested, I'm not gonna spend time on that right now because the main thing I want people to take away is I want them to, you don't have to buy it from us. I don't wanna make this a sales pitch. I don't.

I desperately want you to do something about this information though. Look into it more. We have a report that I like for you to download and read. It's completely free. You don't have to do anything to get it. I'm not even gonna ask for your email address if you get the report. I just want you to get it. I want you to read it. I want you to spread it around and tell people because women's lives are at stake. That's the bottom line. You can die from the bisphosphonates. You can die from osteoporosis. You can die from the heart attack from the calcium supplements. All of these things can kill you. So please, do something with this information.

Sharon: How do they get to the report?

Lisa: Where we post this podcast for them to listen to, there will be a link.

END.

Note: Download The Report Here:

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