# Osteoporosis Testing Sequence

# **First Tier Testing**

N-Telopeptide ...Urine test to assess and measure osteoclastic activity (Professional Co-op Services ~ 866-999-4041~ Cost \$49.00)

#### **Basic Protocol**

Osteo-B II™ 2 tablets TID

Mg-Zyme™ 3 at bedtime

Optimal EFAs Caps® 2 capsules TID

Bio-D-Mulsion Forte® 3 drops daily

Bio-K-Mulsion® 3 drops daily

Repeat the N-telopeptide to make sure dietary and supplement changes are affecting bone status every 30-45 days. The following tests are also valuable and supplementation should be added to the basic protocol based on what is found.

### **Blood Chemistry Panel - Look for:**

Inflammation by testing:

Homocysteine

**CRP** 

Fibrinogen

Sedimentation Rate

# Dysglycemia by testing or evaluating:

Balancing Body Chemistry Health Assessment form (Category III Section A) or use Nutri-Q online questionnaire (Part II Section 7)

Glucose

HGA1C

Fasting insulin over 10 should be addressed.

**Elevated Triglycerides** 

# Mineral Levels by looking at:

RBC magnesium,

Zinc

Low alkaline phosphorous test (under 60) possible zinc need Zinc taste test

Calcium /Phosphorous ratio should be 2.5/1

# Nutrient Levels especially Vitamin D

use the 25 (OH) Vitamin D...goal is 50-100 ng/ml

# Kidney Function by looking at:

Creatinine

### Digestion by checking:

Balancing Body Chemistry Health Assessment form (Category I Section A) or use Nutri-Q online questionnaire (Part II Section 1).

Serum Globulin over 2.8 under 2.2 is a need for HCL especially with low zinc and symptoms from above questionnaires.

Serum Gastrin levels less than 45 with symptoms probable HCL need pH - urine & saliva which reflect blood pH.

# Second Tier Testing... If the above protocols and testing are not affecting the osteoclastic function, consider the following tests and observations

Check Adrenal Function using blood saliva or urine, Balance DHEA levels

#### **Hormone Panels:**

Cortisol

DHEA

**Testosterone** 

Estrogen

Progesterone

Parathyroid Hormone – PTH

### **How to Maintain Healthy Bones:**

Maintain a neutral pH

Implement a resistance type exercise program

Avoid or minimize milk

Increase green leafy vegetables

Adequate mineral synergist

Magnesium is essential to balance pH and for bone health

EFAs particularly EPA/DHA are essential in prevention/therapy for bone health

# General Notes of Interest: Diabetes causes an acidic pH which will cause the body to rob buffering agents, i.e., minerals from the bones.

↑ inflammation = ↑bone loss

TH1- TNFa & IL2- GI immune wind up -Leaky gut, dysbiosis, parasites = ↑GALT = ↑bone loss TH2-IL6-produces antibodies

# Food allergies promote bone loss

**Stress response**, emotional, chemical or physical = ↑ HPA axis = ↑bone loss **ANY** glucocorticoid therapy will affect bone loss, even creams. Isocort and Cortef are forms of cortisol and can cause bone loss even on low doses.