

Center for Bone Health

DYNERGY®

Keeping Your Bones Healthy and Strong

Today, according to the World Health Organization's report, osteoporosis takes **fourth** place among non-infectious diseases after illnesses of the cardiovascular system, oncology diseases and sugar diabetes. The number of fractures due to osteoporosis grows all around the world. This causes specialists to treat osteoporosis as a global problem, because more and more people in different countries and different geographical or climate conditions suffer from the disease osteoporosis.

Osteoporosis causes considerable suffering and disability to many people, quite often with fatal outcomes. Osteoporosis today is an extremely relevant socially and economic problem. Osteoporosis strikes every third woman after 45 and every 10th man after 50. The problem is that the illness is not detectable for a long time (asymptomatic) making bones so fragile that they can easily be fractured.

Osteoporosis, or a condition of porous bones, is a disease in which bones become more fragile. Left untreated, osteoporosis can progress silently until a bone breaks. In many cases, early prevention and treatment can make a big difference.

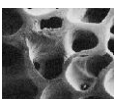
Bone is living, growing tissue constantly being formed and broken down. Early in life, more bone tissue is formed than broken down, allowing the skeleton to grow. By about age 30 your bones are at your lifetime best, or your " peak bone mass ". After this peak, bone maintains equilibrium until about age 50 in women and 60 in men. Then, bone breaks down faster than it forms. The resulting bone loss affects both women and men. Bone loss can lead to osteoporosis.

Besides that osteoporosis is reflecting physiological development of age changes and results in natural aging of osteal system. In medical practice the osteoporosis is known as a concomitant factor of different diseases and as outcome of a long and systematic acceptance of some pharmaceuticals (drugs) too. In these cases the illness appears practically in any age.

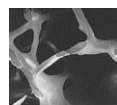
Osteoporosis. What is it?

The name of disease originates three Greek words: osteon - bone, poros - pore, osis - hole (osteoporosis).

As one can see by the name the illness arises in bones, to be exact, in inner structure of a bone.



Bone without Osteoporosis



Bone with Osteoporosis

The bone together with a cartilaginous tissue makes a skeletal system. The osteal tissue is responsible for three major functions in our body:

- Mechanical
- Protective
- Metabolic (participation in metabolism of our organism).

Mechanical function: bones, cartilages and muscles make locomotion system; the strength of bones is an indispensable condition of this function.

Protective function: the bones construct a skeleton (framework) for the vital organs of the body. The bones also are receptacle for bone marrow, where blood cells and immune system mature.

Metabolic function: the osteal tissue is depot of calcium and phosphorus in our body, playing the relevant role in maintenance of persistence of internal structure of organism as a whole.

The human skeleton is not only supportive body but also most considerable reserve of minerals, major organ of mineral metabolism and in particular exchange of calcium. The stable level of calcium provides such vital functions: conduction of nervous impulses, muscular contraction, coagulation of blood, enzymatic processes.

So-called "osteal girders" which provide strength of a bone and its weight represent the basis of the internal structure of a bone. Between osteal girders there are osteal cells. During life these osteal girders are permanently renovated.

Osteoporosis is a general disease of a skeleton characterized by decrease of osteal density and disturbance of microarchitectonics of osteal tissue. The number of osteal girders decreases, and the osteal cells are growing in their size. The outer sizes of a bone thus remain unchanged. Osteoporotic bone looks absolutely healthy from the outside but inside osteal girders are replaced by cavities and as a result a bone becomes fragile. Osteal system becomes easily vulnerable and cannot adequately resist even ordinary physiological loads. The steady growing brittleness of bones results in increasing risk of fractures being of the most significant clinical aspects of disease.

Fortunately the majority of people are capable to prevent a decrease of their osteal weight and development of osteoporosis. Even if you already have osteoporosis you can avoid fractures of bones, preventing casualties and random traumas. Everybody is able to do something against osteoporosis.

Osteoporosis. Reasons.

Until recently osteoporosis was not considered as a disease but was considered as unavoidable companion of aging. Now around the world specialists consider osteoporosis as a progressing general disease marked with decrease of osteal tissues density and disturbance of its micro architectonics along with constant increase of bones brittleness and risk of fractures.

Bones of a healthy person grow till 30 years. Then the gradual and natural decrease of osteal tissue weight and its strength starts.

The huge role in development of osteoporosis is played by our endocrine system. Hormones developed by endocrine glands among other control deoxidation processes of osteal tissues. Therefore women are subject to osteoporosis more often than men and in younger age. The problem is that with approach of a menopause the hormonal modification of the whole female organism starts. The ovaries step-by-step cease to work out sexual hormones called estrogen's, which play the very important role in entry of calcium and vitamin D3 in a bone. Low mineral density of bones and increase of loss of osteal weight during menopause are the main risk factors of development of osteoporosis.

The deficit of sexual hormones both for women and for men is very important reason of development of osteoporosis.

With age both for men and for women the suction of calcium in intestine decreases along with a decrease of vitamin D due to its shortfall with nutrition and being outdoors for not enough time. This insufficiency leads to higher secretion of parathormone (hormone of parathyroid glands) and bones loose calcium.

The decrease of exercises also promotes loss of osteal tissue.

Different diseases cause osteoporosis too: long premenopause amenorrhea, ovariectomy, early menopause, hyperparathyroidism, hyperthyroidism, malabsorption syndrome, chronic diseases of liver and nephroses, long-term immobilization and acceptance of steroids.

Osteoporosis. Clinical signs of illness.

Osteoporosis is a slowly developing disease with a long-term latency. As a rule, clinically it is observed already if there is a fractures accompanied by pain syndrome. A lot of people even don't suspect or suppose to suffer from osteoporosis until next scheduled X-ray examination concerning any other disease a specialist sees osteal changes (demineralization), decrease of height of vertebrae or their wedge-shaped deformation.

Alarming signs of possible osteoporosis might be:

- decreasing of height;
- if the back became "round-shaped";
- casual pains in back because of motor activity or lifting weights;
- fatigability and boring pains in back after enforced stay in one position or walking.



Often patients with chronic pains in their back are send from one therapist to neuropathologist or surgeon with the diagnosis "spondylosis" or "osteochondrosis" and not being adequately treated.

As we already mentioned osteoporosis is very difficult to be revealed at early stages of disease. In 90% of cases osteoporosis is discovered at a patient for the first time only after a fracture happened (when more than 35% of osteal weight is already lost).

Typical to osteoporosis are the fractures. The fractures of a femur neck, column, bones of a forearm are the most representative. Thus the minimum trauma can call a fracture. Elderly people especially after 60 with osteoporosis most often suffer from fracture of femur neck caused by a simple fall.

The acute pain in breast or stomach often is the first sign of compressive fracture of vertebrae. Sometimes first signs of compressive fracture of vertebrae resemble a clinical picture of a myocardial infarction or pleuritis. More often the compression of vertebrae happens step-by-step and is accompanied by constant but moderate and strengthened pains in thoracal department of a column. With time it results in decreasing of a patient's height (sometimes up to 10-15 cm), deformation of a column in thoracal department (so-called "widow's humpback").

The constant pains in column or thoracal cell can result in neuralgic disorders, cause feeling of pavor and even lead to depressions.

Osteoporosis. The risk factors of disease development.

The origin and development of osteoporosis can be explained by influence of many different factors, both from environment and from your body, but the effect of some of them is not finally proved yet.

Low mineral density of bones of skeleton and increase of loss of osteal weight in menopause (according to densitometry) are factors of risk causing development of osteoporosis. Apart from it there are other factors of risk of osteoporetic fractures:

- Age;
- Early natural or surgical menopause (removing or partial removing of considerable part of ovaries) - for women;
- Low level of sexual hormones (estrogen's, Testosterone);
- Genetic predisposition;
- Low weight of a body or height;
- Decrease of physical activity;
- Low level of vitamin D;
- Low-calcium nutrition;
- Consumption of drugs (corticosteroids, anti convulsive).

Very important is gynecological anamnesis of a woman: childbirth, feeding of a baby, delayed menstrual function, disturbance of menstrual cycle.

Coffee, smoking, alcohol.

The majority of the scientists consider that the exuberant consumption of coffee results in decreasing of the calcium contents in our organism because calcium leaves our body with urine and accordingly brings us closer to osteoporosis. However there are no final proofs of this effect.

But it is clinically observed and proved that if a person drinks coffee with milk then density of bones is not changed for worse.

The unfavorable effect of smoking on osteal weight probably affects it through change of estrogen's exchange as derivation of estrogen's decreases. There are opinions that low weight of a body of smoking woman and also direct or indirect influence of nicotine on osteal resorption is one of reasons of negative effect of smoking on osteal weight. Also it is proved that smoking is predisposing factor of early menopause.

If to speak about alcohol, for people suffering from osteoporosis it might be caused by disturbance of suction and digestion in intestines, and also effect on a level of hormones regulating osteal metabolism.

Osteoporosis. Different kinds of.

Osteoporosis is subdivided on primary and secondary.

Primary osteoporosis is complex, multifactoral phenomenon. Doubtlessly the important role in this case is played by genetic and racial background of osteal weight, which is usually formed up when you are 30, and physical activity positively effecting the initial osteal weight and capable to slowdown caries.

With large or smaller personal differences there are effective such factors as deficit of estrogen's, specially for women after menopause; poor with calcium and rich with proteins or Phytinum nutrition; hormonal disturbance and especially change of vessels of bones causing poor blood supply of bone marrow.

The primary osteoporosis happens even at very young people of 11-15 years old (so-called "juvenile osteoporosis") during their puberty; or in other forms like "idiopathic osteoporosis" which strikes men and women in the age of between 20 and 50 years, for women pregnancy and feeding being often a starting factor.

"Postmenopausal osteoporosis" is observed at 25 - 30% of women after 51 years old. Genetic and environmental (bad nutrition, few exercises, unhealthy habits) factors play significant role in this case too.

"Senile osteoporosis" is most often at women after 70 (note, women suffer Senile osteoporosis twice often than men).

Secondary osteoporosis arises as a sign of other diseases or after their treatment. The reasons of secondary osteoporosis can be as following:

Hormonally caused secondary osteoporosis. Arises at diseases of endocrine organs, such as Cushing syndrome, hyperthyroidism, hyperparathyroidism and also at long-term treatment of different diseases with application steroid hormones. The osteoporosis is observed also as complication of sugar Diabetes.

Osteoporosis at diseases of gastrointestinal. The different gastrointestinal diseases can stipulate diminished suction of calcium and phosphorus often combined to disturbance of exchange of the vitamin D and deficit of proteins in our body. Often outcome of these complex disturbances is osteoporosis.

Osteoporosis at neuralgic diseases. Arises more often during puberty of girls and is characterized by loss of appetite and considerable decrease of a body weight.

Osteoporosis at disturbance of nutrition. The limited consumption of calcium-rich food is one of

the main reasons of development of osteoporosis. The achievement of normal osteal weight for the adolescents depends on quantity of calcium consumed with nutrition. The sufficient consumption of calcium remains relevant during pregnancy, lactemia, when the requirement for calcium considerably increases. A deficit in food calcium is one of the relevant reasons for postmenopausal osteoporosis to develop. The increase of consumption of phosphorus with nutrition also can result in osteoporosis. The excessive consumption by youth of drinks like Coca-Cola augments consumption of phosphorus and conducts to disturbance in osteogenesis.

Immobilization osteoporosis. Arises at long-term immobilization of a person. Decrease in blood supply of bones and muscles is the main reason for osteoporosis in this case. Young people in the most of the cases have quite promising prospects to recover their osteal tissues after a long-term immobilization but for the elderly and aged people the osteoporosis becomes quite often irreversible.

Osteoporosis at alcoholism.

Osteoporosis at long-term application of medicament's and drugs, first of all of corticosteroids.

Osteoporosis. Diagnostic.

The main diagnostic method of osteoporosis is the X-ray of bones and osteodensitometry. In complex cases X-ray densitometry, computer tomography and X-ray morphometry are used too.

X-ray, used to diagnose osteoporosis, is less informative than other methods, as it allows to reveal osteoporosis at loss of 30-40% of osteal weight. In other words, X-ray inspection does not allow the precise diagnosis "osteoporosis" at early stages of illness. The given method legibly works only at the expressed osteoporosis and allows rather reliably to recognize osteoporosis and to evaluate its expressiveness in bones of upper and lower extremities (peripheral skeleton).

It is considerably more difficult to find out osteoporosis and to evaluate its degree in vertebrae and ribs with X-ray.

Based on the grounds of X-ray and depending of the severity of disease there are 4 degrees of osteoporosis:

- 1 degree - suspicion of osteoporosis;
- 2 degree - mild osteoporosis;
- 3 degree - moderate osteoporosis;
- 4 degree - heavy osteoporosis.

X-ray morphometry. It is the qualitative analysis of X-ray by measurement of width of osteal tissue at definite segments of bones of upper and lower extremities and vertebrae.

Now there is an objective method of quantitative evaluation of mineral density of bones and osteoporosis degree called osteodensitometry. The most proliferated are x-ray (gamma), ultrasonic densitometry and quantitative computer tomography. The estimation technique of x-ray and ultrasound outcomes coincides in many respects.

The densitometry allows to meter an equivalent of osteal weight the mineral density of osteal tissue. The measurement of mineral density of osteal tissue is so-called "noninvasive" method of testing (i.e. without damage of dermal covers), is made within several minutes and can multiply be repeated for the patient, practically not subjecting body to radial load.

It is necessary to understand that any of methods used for diagnostic of osteoporosis is not capable to reveal a reason of disease. It is necessary to take densitometry once a year for in time recognition and identification of osteoporosis for all women after menopause and elderly men.

Osteoporosis. How to prevent?

Some preventive actions approach all of us without exception. As an ideal the preventive maintenance should start in early childhood and to actuate adequate entry of calcium with vitamin D in organism and regular physical exercises for optimization of maximum osteal

weight.

The special value of daily supply of calcium with vitamin D gains after 30. Unfortunately the loss of osteal weight is renewed with the termination of acceptance of calcium and vitamins and all favorable effect of therapy on a bone is quickly lost. Therefore women in and after menopause and the elderly men should use Ostobolan constantly.

To prevent development of osteoporosis or to slow it down it is necessary:

1. To eat food with the sufficient contents of calcium (1200-1500 mg/day): dairy products like yogurt, milk, cheese; fish and such vegetables as turnip, soy and cabbage.
2. Constantly consume high-calcium substances, e.g. Ostobolan.
3. Stay outside to let your skin and sun develop vitamin D indispensable for healthy bones.
4. Moderate exercising, e.g. walk 1-2 hours a day, gymnastics, bicycle, swimming.
5. Exclude negative influences.

Pregnancy, baby feeding and also number of chronic diseases limiting locomotion of a person are known as conditions boosting need of an organism in salts of calcium. If a person durably is in a condition of enforced limitation of muscle performance, then different disorders of trophicity and mineral metabolism, including muscle atrophy, decalcification of bones, hyperlithiasis and clottage of veins arise. The preventive maintenance and treatment of osteoporosis is based on application of food supplements braking destruction of a bone or challenging its derivation. Your daily dose of calcium consumption is 1000-1500 mg.

Osteoporosis. Treatment.

It is important that the patients with higher risk of fractures were treated first of all. Each sixth woman is subject to risk of a fracture of femoral bone and vertebrae during her life, and therefore majority of the elderly women fall under this category.

Thus the main therapy of osteoporosis should be conducted by food supplements influential directly in osteal metabolism and maintaining balance of calcium in your body. The therapy is carried out durably by the way of continuous course treatment.

Besides the diet with high concentration of calcium and phosphorus is recommended.

The very relevant factor in treatment of osteoporosis is the your personal accountable attitude and believe in success of treatment, namely systematic acceptance of Ostobolan prescribed by your physician during indicated period of time and following the advised diet and way of life.

Fractures: preventing and treatment.

Risk of a fracture hereafter increases five times for those who already have had minor traumatic fractures. But this hazard can be avoided if you take preventive measures and treat low osteal weight, as described above.

Prevention Strategies

The best long-term approach to osteoporosis is prevention. If children and young adults, particularly women, have a good diet (with enough calcium and vitamin D) and get plenty of exercise, then they will build up and maintain bone mass. This will provide a good reserve against bone loss later in life. Exercise places stress on bones that builds up bone mass, particularly skeletal loading from muscle contraction with weight training exercises. However, any exercise of any type is better than none at all, and exercise also provides benefits for prevention of cardiovascular diseases that are more common in the elderly. Athletes tend to have greater bone mass than non-athletes. Exercise in later life will help to retard the rate of bone loss.

Treatment

Persons with osteoporosis may benefit from an improved diet, including supplementation with vitamin D and calcium, and moderate exercise to help slow further bone loss.

Most drug therapies work by decreasing bone resorption. At any given time, there is bone that has been resorbed but not replaced, and this accounts for about 5 to 10% of bone mass. By decreasing resorption of bone, a gain in bone density of 5 to 10% is possible, taking about 2 to 3 years.

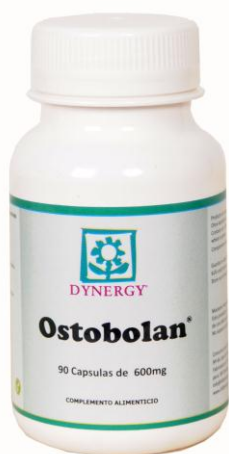
Examples of Osteoporosis

6. **Normal vertebral bone, gross.**
7. **Normal vertebral bone, gross.**
8. **Normal vertebral bone and marrow, low power microscopic.**
9. **Normal vertebral bone, polarized, medium power microscopic.**
10. **Vertebral bone with osteoporosis, gross.**
11. **Vertebral bone with osteoporosis and compressed fracture, gross.**
12. **Vertebral bone with osteoporosis, low power microscopic.**
13. **Femur with osteoporosis, radiograph.**
14. **Femoral neck fracture radiographs.**
15. **Hip prosthesis, radiograph.**

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Live well at any Age - Strong Bones and Pain Free! Stop Joint Pain – Prevent & Reverse Osteoporosis, overcome Arthritis



OSTOBOLAN® - All Natural - healthy cartilage, tendon and joint tissue

- Primary and secondary prevention of Arthritis and Osteoporosis
- Mobility in the age
- Reduces chronic and general motion pain
- Terminates or eliminates loss of osteal tissue and Increases strength of osteal tissue
- Reduces risks of fractures and micro fractures
- Supply calcium and magnesium
- No negative side effects
- manufactured to strict GMP standards and made from 100 % natural substances, without preservatives or sugar
- Recommended for women during menopause
- is suitable for diabetics

What you should know about Ostobolan

- It is manufactured from 100% natural products, no preservatives and no sugar.
- Positively affects not only osteal system, but also a body as a whole.

- Terminates or eliminates loss of osteal tissue.
- Boosts derivation of a new bone.
- Increases strength of osteal tissue.
- Reduces risks of fractures.
- Renders anesthetizing operation at ostealgias.
- Is well accepted by your body.

The Primary Task of Ostobolan®

Ostobolan has been formulated to limit the process of osteal tissue destruction and to prevent fractures of bones. Global experience reveals that the pharmacotherapy of patients suffering from osteoporosis does not result in an increase of osteal tissue weight; it only limits caries, the reduction and loss of bone density.

Ostobolan® has been carefully formulated to meet these requirements. Therapy with Ostobolan® must be carried out daily.

When treated with Ostobolan® there is clinical evidence of healthy cartilage, tendon and joint tissue, the reduction or complete disappearance of pain in the joints, an extended motor performance and a significant improvement of the whole quality of life.

Recommendation to start therapy with Ostobolan:

1-2 capsules Ostobolan 3 X daily before or after your meal with a glass of water (or tea), or as recommended by your healthcare provider.

Calcium and Vitamin D, being integral substances of Ostobolan slow down destruction of bones and reduce frequency of fractures in elderly age.

In addition to treatment with Ostobolan®, it is necessary to exercise regularly, including weight lifting, give up smoking and limit the consumption of alcohol.

Prof.MD.D.Sc.Ph.D Oleh V. Dolnyckyj

Prof.MD.D.Sc.Ph.D Oleh V. Dolnyckyj serves as special advisor on investigation and references non-infectious diseases Osteoporosis and its consequences. He is listed amongst the first 25 leading scientific medical experts worldwide.

As it is known that one of the reasons of osteoporosis development is the reduction of calcium absorption in intestine (the absorption is controlled by vitamin D3), therefore calcium in particular Calcium carbonate and vitamin D3 are included in Ostobolan formula.

Usage of Calcium carbonate in Ostobolan formula not only slows down loss of bone weight but also even reduces frequency of fractures of bones. A preventive role of calcium in fighting to stop osteoporosis development thus is reached. At the same time salts of calcium have no independent value in treatment of osteoporosis therefore in Ostobolan Calcium carbonate is applied in a complex with other means of nosotropic(pathogenetic) therapy, in particularly with vitamin D3. This is due to the fact that high concentration of calcium in blood cannot provide its optimum contents in osteal tissues, which in turn is of a special importance to people with osteoporosis.

It's proved that Calcium carbonate and Vitamin D3 have to be consumed simultaneously to maintenance optimum level of calcium in human blood.

Vitamin D3 and its fissile metabolites are components of a special system regulating phosphate-calcium exchange and participating in salinity of osteal tissues along with maintenance of datum level of calcium. Thus the fissile metabolites of vitamin D do not need to go through all phases of penetrating an organism to render the final effect. At course therapy they not only prevent further loss of osteal weight but also help bones to increase in weight and reduce risk of fractures, normalizing mineral metabolism.

Vitamin C plays the most important and vital role in habitability of our organism. It dramatically helps to reconstruct and rebuild almost all of the elements and parts of our whole body. Vitamin C participates in regulation of many processes; in particular it promotes recovery, including human osteal system. It is interesting to note that human body is not capable to synthesize vitamin C independently and the only way to supply our body with vitamin C is nutrition.

Vitamin E is a natural antioxygenic substance (antioxidant). The vitamin E defends different matters in our body from oxidative changes. The participation of Vitamin E in Ostobolan formula explains positive influence of Ostobolan on muscles, cardiac muscle and veins. Besides the Vitamin E actively participates in preventing disturbance of menstrual cycle and hinders disturbance of sexual glands' function at men. Just disturbance of menstrual cycle at women and problems with function of sexual glands at men, as it was indicated above, are the factors of high risk when osteoporosis develops.

The development of osteoporosis can be also stipulated by a deficit of trace elements. So the limited supply of Magnesium delays derivation of calcium phosphate. Magnesium is one of the basic elements in a structure of enzymes indispensable for a metabolism in cartilages and connective tissues. Magnesium carbonate is one of ingredients of Ostobolan formula and prevents the extension of the medullar spaces and deformations of skeleton.

The combined application of Vitamin C and Vitamin E with other ingredients in Ostobolan formula allows rendering positive effect not only directly at osteal system, but also on body as a whole. Ostobolan affects the basic processes of metabolism in an organism.

Two main ingredients, which turn Ostobolan into indispensable daily substance for our body, are Devil's Claw (*Harpagophytum procumbens*) and Horsetail (*Equisetum arvensis*).

Kathi J. Kemper, MD, helps us to take a closer look at these herbs and to understand why we should use them.

Devil's Claw is a native of Southern Africa. It has long been used as a tea by indigenous peoples to treat gastrointestinal disorders and rheumatic conditions. A German farmer who had settled in the area exported the plant to Europe where it also became popular among British, European and Canadian herbalists for the supportive treatment of degenerative or rheumatic joint disease, tendonitis and other pains (headache, backache, menstrual pain). Today one can find it as an ingredient or pure substance in different recipes.

Principal Proposed Use: Anti-inflammatory for degenerative or rheumatic joint disease and tendonitis, anti-arthritis. Analgesic for other pains (headache, menstrual pain), antipyretic, antidiabetic, appetite stimulant and bitter tonic, liver and gall bladder tonic, vulnerary.

Clinical Indications:

Cholecystitis, Cholelithiasis, Gout Obesity, Osteoarthritis, Rheumatoid arthritis, Dyspepsia, Hypercholesterolemia, Hyperlipidemia.

Contra-indications:

Acute gall bladder disease, Gastric and duodenal ulcers, Pregnancy.

Mode of Action:

Contains harpagosides which possess anti-inflammatory, antirheumatic (helps muscle and joint aches), analgesic (pain-killing), sedative (sleep-inducing) and diuretic (urine producing) properties.

Overview

The major clinical uses for Devil's claw are for pain relief in joint diseases, back pain and headache. The evidence from scientific studies in animals and humans has resulted in widespread use of standardized Devil's claw as a mild analgesic for joint pain in Europe. There are no studies evaluating its effectiveness as an appetite stimulant or liver tonic, but it is widely used for these purposes. The major potential risks and side effects include possible allergies and potential inotropic, chronotropic, antiarrhythmic and hypotensive effects; it is traditionally contraindicated for patients with gastric and duodenal ulcers, but side effects are rarely reported and tend to be limited to mild gastrointestinal upset. An ointment containing Devil's claw root is used as a vulnerary (to treat skin injuries and disorders).

Equisetum arvensis, otherwise called Horsetail because of its appearance, is very active analgesic for pains and general antiseptic too.

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