

# Schüssler Express

#122



## OSTEOPOROSIS AND SCHÜSSLER-SALTS

### SYNDROME, CAUSES, CLASSIFICATION AND NATUROPATHIC OPTIONS

Calcium and Phosphate are vital for bone structure. Milk and milk products represent the lion's share of calcium supply. A reduced calcium intake in childhood and the young adults, up to the age of 24, leads to diminished bone density.

Phosphate is contained in almost all foods, especially in meat products. An excessive phosphate consumption favours the development of osteoporosis in old age. Parathormone and vitamin D increase the calcium level in the plasma, calcitonin reduces the blood calcium level.

Osteoporosis is a pathological bone loss, associated with fractures, whereby the bone loss outweighs bone structure. A spontaneous fracture is part of the osteoporosis disease pattern.

#### Women are particularly affected

Osteoporosis is the most frequent illness at an older age; women are especially affected. Medicine differentiates between osteoporosis type-1 (postmenopausal) and type-2.

Apart from type-1 and type-2, there is also osteoporosis of unknown causes, osteoporosis in young people, and secondary osteoporosis (in case of a causal underlying disease) – e.g. due to hormonal disorders, cortisol overproduction, hypofunction of sex glands, hyperthyroidism, diabetes mellitus, malabsorption syndrome, calcium deficiency, malfunction of kidneys, 'bedriddenness'

(immobilisation), medications such as cortisone, familial disposition, rheumatoid arthritis.

#### Signs of Type-1 Osteoporosis

- Oestrogen deficiency
- Age: 50 – 60 years
- Women: six-times more often than men
- Fractures mainly on the spongy bone of the vertebral body

#### Signs of Type-2 Osteoporosis (age-related osteoporosis)

- Aging process
- Lack of exercise
- Lack of calcium and/or vitamin D
- Age >70 years
- Women twice as affected as men
- Most of all femoral neck fractures

#### Development of Osteoporosis

Osteoporosis develops as a result of loss of bone mass. There is an imbalance between bone structure and -loss. There are various forms of malfunction of the cellular bone remodelling. The most common form, bone loss due to osteoclasts, is normal; but the bone renewal through osteoblasts however is reduced. Due to the atrophy of the skeletal substance the rupture limit is already reached with low stress. The bone fragility causes fractures without adequate injuries.

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## Osteoporosis Symptoms

The symptoms of osteoporosis are backaches, bone pain due to blood seepages underneath the periosteum, chronic changes of the spine's stasis due to malposition of the vertebral joints, which causes pain. Furthermore, it comes to hyperkyphosis (hunchback), hyperlordosis (excessive spine curvature in the lower back) and an abnormally increased disposition to fractures.

The most common fractures in senile osteoporosis (type 2) are especially of the femoral neck and the radius and ulna. Vertebral deformations, and also -invasions, reduced body height, shrinking due to vertebral fractures, round back and protrusion of the abdomen, development of a hunch, Christmas-tree-like (= slanting downward dragging) skin folds at the back, as well as the formation of wedge-shaped vertebra, wavy gait and taking small steps, increased fatigability during prolonged standing and walking due to the abnormal spinal stasis are the main symptoms of a postmenopausal osteoporosis (type 1). The development of thromboses, embolisms, pneumonia in fracture related, prolonged immobilisation and surgery is part of the complications of osteoporosis. Early detection of osteoporosis is possible with the help of a bone density measurement (osteodensitometry).

## Treatment Options

General therapeutic measures are regular sport, walking of over an hour, physical therapies to manage pain with local cold application for acute pain and heat applications (hay flower bag) for chronic pain. Physiotherapy, breathing- and hydrotherapy, electrotherapeutics, massages, lead- and drainage procedures, dry cupping (boosts cutaneous perfusion, stimulates metabolism, relieves pain) are also beneficial.

Regarding nutrition, it is important to eat natural foods where possible. The frequent advice: Unlimited consumption of milk- and milk products is not sustainable due to the unfavourable calcium/phosphorus ratio in the nutrition! Therefore, milk, if liked and tolerated, regular but in moderation. The calcium absorption from those sources is probably even lower, due to the high portion of animal fats and phosphorus, than in other foods.

## Advantageous: Fruit and Vegetables

In order to supply calcium in a utilisable form for the body other calcium-rich foods such as green vegetables, sprouts, fish, grain and cereal, and soy is recommended. Also, fruit, vegetables, soy products (bio) and siliceous foods: whole grain products like oats/barley; and green vegetable with a high fibre content, leeks, green beans. Black and red currants are advantageous as they have a favourable influence on the calcium metabolism in the formation of bone substance and storage of Calcium in the bones (with the required silicic acid). And a vitamin K-rich diet (green vegetables, salads) is also of advantage.

Generally, consider the mineral provision. Meat, sausage products, refined sugar, salt and foods made from white flour should be avoided – they acidify the organism and limit the organism's ability to retain calcium. Moreover, a theory exists, according to which the organism removes calcium from the bones for the 'neutralisation' of overacidification. Phosphate-rich foods like coca cola, sausage products, soft cheese and ready meals should be avoided. Phosphates delay the calcium resorption, which takes place in the intestine, as well as bone mineralisation.

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## Ordinal Therapy

As are in other diseases, the following general indications are also important for osteoporosis:

- Lots of exercise (from a young age) boosts bone structure, as locomotor stimuli get activated
- Osteoporosis patients should avoid heavy living and carrying
- Beneficial for all ages – swimming
- Qigong is advantageous
- Plenty fresh air
- Sun **naturally** promotes vitamin D production
- Ban smoking, alcohol, lots of coffee consumption (calcium-robber)
- Whole foods including soy, fruit, and vegetables is always of advantage

## Orthomolecular Therapy

The following nutrients should be included in the osteoporosis therapy:

- Calcium (if insufficient supply via food)
- Vitamin D (allocated to hormones) increases calcium resorption and maintains bone density. It is indispensable for the calcium- and phosphate metabolism.
- Vitamin C – a deficiency contributes to bone loss
- Magnesium – from experience there is a deficiency
- Boron is also of advantage.

## Biochemistry according to Dr Schüssler

**Calcium fluoride (No. 1)** is contained in the outer layers of the bones, in the elastic fibres and the epidermis cells. It gives the bones strength. In addition, it benefits resorption of haematoma. Calcium fluoride is only found in the hard substances of the body. Its

relationship to the scleroprotein metabolism, the structural substance certain, collagen and elastin is very distinct. It is the most essential mineral for all supporting tissues.

**Calcium phosphate (No. 2)** is a formative functional remedy for the bone tissue. It accelerates the callus formation in bone fractures. Most important restorative remedy: in case of bone fractures, rachitis, poor ossification of the cranial bone, persistence of the frontal suture, teething difficulties. Calcium phosphate is the structural remedy for bone formation and bone regeneration.

**Magnesium phosphate (No. 7)** is contained in lots of tissues, but mainly in bones and teeth. It is the most essential minerals for the makeup of bone substance. It has a curative influence on neuralgic pains.

**Silica (No. 11)** is the most important functional remedy for the metabolisms of connective tissue and skeleton. It is the structural element for bones, cartilage, skin- and connective tissue. Silica plays an early, physiological role in the bone calcification; it accelerates the mineralisation process and caters for the normal striped trabecular pattern of the bone matrix. It is the main element of the osteoblasts, i.e. the bone-forming cells. A Silica deficiency causes low bone flexibility and mutation in the bone tissue.

## The Salts for the Bones

The following biochemic remedies are classified as the salts of the bones: No. 1 Calcium fluoride 12X, No. 2 Calcium phosphate 6X, No. 7 Magnesium phosphate 6X, No. 8 Sodium chloride 6X and No. 11 Silica 12X.

They excel with the following functions:

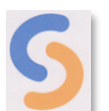
- ❖ **No. 1 Calcium fluoride:** strength/firmness of the

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outer bone covering, formation of tooth enamel.

- ❖ **No. 2 Calcium phosphate:** most important bone mineral. Formation of bone cells.
- ❖ **No. 7 Magnesium phosphate:** hardness of the outer bone covering. Rigidity of the tooth enamel.
- ❖ **No. 8 Sodium chloride:** component of the dental body.
- ❖ **No. 11 Silica:** constituent of the teeth.

### The Salts for the Muscles

These minerals are the salts for muscles: No. 1 Calcium fluoride 12X, No. 2 Calcium phosphate 6X, No. 3 Ferrum phosphate 12X, No. 4 Potassium chloride 6X, No. 5 Potassium phosphate 6X, No. 6 Potassium sulphate 6X, and No. 7 Magnesium phosphate 6X. They render themselves conspicuous by the following functions:

- ❖ No. 1 Calcium fluoride: elasticity and expansibility of the muscle fibres
- ❖ No. 2 Calcium phosphate: forms muscle cells; has a relaxing effect on the muscle activity
- ❖ No. 3 Ferrum phosphate: provides the muscle cells with oxygen
- ❖ No. 4 Potassium chloride: forms muscle cells
- ❖ No. 5 Potassium phosphate: stimulates muscle activity
- ❖ No. 6 Potassium sulphate: forms muscle cells; accomplishes the 'internal breathing' of the muscle cells and thus supports energy conversion from glucose (blood sugar) into muscle activity.
- ❖ No. 7 Magnesium phosphate: control the autonomous muscle activity.

### The Salts for Tendons and Ligaments

Biochemic remedy No. 1 Calcium fluoride 12X and No. 11 Silica 12X are regarded as the salts for ligaments

and tendons.

**No. 1 Calcium fluoride:** expansibility and elasticity of tendons and ligaments

**No. 11 Silica:** fundamental building substance of the firm connective tissue; firmness, resistance and vitality of tendons and ligaments

### Biochemistry in Osteoporosis

**No. 1 Calcium fluoride 12X** – in the morning 4 – 6 tablets, in daily alternation with **No. 2 Calcium phosphate 6X** – in the morning 2 – 4 tablets (establishes a connection to the bone). Additionally: **No. 11 Silica 12X** – at night 4 – 6 tablets (cleanses the tissue).

### Also helpful is the following osteoporosis-schema:

- In the morning before breakfast No. 1 Calcium fluoride 12X – 2 tablets
- During the morning No. 17 Manganum sulfuricum 6X – 2 tablets
- After lunch No. 2 Calcium phosphate 6X – 2 tablets
- Before dinner No. 8 Sodium chloride 6X – 2 tablets
- Before bedtime No. 11 Silica 12X – 2 tablets

To improve **incorporation of calcium salts:** No. 2 Calcium phosphate 6X or No. 22 Calcium carbonicum 6X. Additionally, No. 11 Silica 12X and No. 7 Magnesium phosphate 6X.

**Administration:** 2 – 4 tablets of each mineral.

**Tablets should always be dissolved in the mouth**

*Angelika Graefin Wolffskeel von Reichenberg  
German Association of Biochemistry*

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