YOGA FOR OSTEOPOROSIS

Too Much to Swallow

Recently the New England Journal of Medicine carried a request from Diane Wysowski of the FDA for a competent review of the relationship between the bisphosphonates such as Fosamax, Actonel, Boniva and Didronel, and esophageal cancer. (1) Fifty cases found in the US, Europe and Japan appear to be associated with taking these medicines, most with Fosamax, the most popular bisphosphonate, but some with each of the others. Since the bisphosphonates are well known gastric irritants, there is some likelihood that the connection is more than coincidental. This is the same Diane Wysowski that found the link between Tamoxifen and uterine sarcoma in 2002. (2), bone pain from some bisphosphonates, (3) and the article that cleared statins from suspicions regarding breast cancer. (4) _While studies are yet to be reported, this gives another reason to avoid these medicines at least in cases of Barrett's esophagitis.

Will Blunders Never Cease?

Patient records at Columbia Presbyterian and Cornell Medical Centers in New York from the five years between 2002 and 2007 contain 20 women who suffered hip fractures after little or no trauma. Nineteen of the 20 were taking Fosamax. While it is true that people taking Fosamax have weaker bones, and therefore are more susceptible to fracture, there was a positive correlation between how long they had been receiving the drug and their likelihood of fracture. If Fosamax strengthens bones, one would expect just the opposite. Further, there were histological changes along the site of these simple fractures in all but one of the cases in which the patients were taking Fosamax, and in none of the others.(5) Two to three weeks after a fracture, X-rays are more likely to detect it because of a process of bone demineralization in which the ragged edges of the bone, at the site of the fracture, are dissolved to make way for the beginning of new bone construction, the callus. Now every drug in the bisphosphonate class:, Fosamax, Actonel, Boniva, Didronel, Reclast, Aredia, Skelid (and another type of drug that isn't even on the market yet, an antibody called denosumab), all inhibit the cells that dissolve bone. In the case of Fosamax, the most widely used and best studied, there is fairly persuasive evidence that healing is slowed down significantly, and some experts suggest monitoring bone healing in patients taking them. (5) All these medicines (except denusomab) share another characteristic: once in the bones, they never leave.

And the Beat goes on

The FDA now exonerates the bisphonates from any cardiac adverse effects:

"Across all studies, no clear association between overall bisphosphonate exposure and the rate of serious or non-serious atrial fibrillation was observed. Increasing dose or duration of bisphosphonate therapy was also not associated with an increased rate of atrial fibrillation." None of this applies to the intravenous bisphosphonates, where the connection described in the New England Journal of Medicine in 2007 still stands uncontested.(6) The statement by the FDA is in contrast to articles about Fosamax in the New England Journal and the Archives of Internal Medicine. (7, 8).

Doubly Untroubled

Japanese researchers used computed tomography (CT - scans) to document a link between COPD (asthma, bronchitis and emphysema) and osteoporosis. (9) The biochemical and physiological explanation is not yet clear. Is it merely oxygen deficit? Is there a common internal or external cause of both? No one knows at this point. However, Yoga has been proven beneficial for both conditions.

So if you care to, enjoy it.

References

1. Wysowski DK. "Esophageal Cancer with Oral Bisphosphonate Use." N Engl J

Med. 2009 Jan 1;360(1):89-90. 2. "Uterine sarcoma associated with tamoxifen use." Wysowski DK, Honig SF, Beitz J. N Engl J Med. 2002 Jun 6;346(23):1832-3. 3. Wysowski DK, Chang JT. "Alendronate and risedronate: reports of severe bone, joint, and muscle pain." Arch Intern Med. 2005 Feb 14;165(3):346-7. 4. Beck P, Wysowski DK, Downey W, Butler-Jones D. "Statin use and the risk of breast cancer." J Clin Epidemiol. 2003 Mar;56(3):280-5. 5. Neviaser AS, Lane JM, Lenart BA, Edobor-Osula F, Lorich DG. "Low-energy femoral shaft fractures associated with alendronate use." J Orthop Trauma. 2008 May-Jun;22(5):346-50 6. Black DM, Delmas PD, Eastell R, Reid IR, Boonen S, Cauley JA, Cosman F, Lakatos P, Leung PC, Man Z, Mautalen C, Mesenbrink P, Hu H, Caminis J, Tong K, Rosario-Jansen T, Krasnow J, Hue TF, Sellmeyer D, Eriksen EF, Cummings SR; "Once-yearly zoledronic acid for treatment of postmenopausal osteoporosis.HORIZON Pivotal Fracture Trial." N Engl J Med. 2007 May 3;356(18):1809-22. 7. Heckbert SR, Li G, Cummings SR, Smith NL, Psaty BM."Use of alendronate and risk of incident atrial fibrillation in women." Arch Intern Med. 2008 Apr 28;168(8):826-31. 8. Cummings SR, Schwartz AV, Black DM. "Alendronate and atrial fibrillation." N Engl J Med. 2007 May 3;356(18):1895-6. 9. Ohara T, Hirai T, Muro S, Haruna A, Terada K, Kinose D, Marumo S, Ogawa E, Hoshino Y, Niimi A, Chin K, Mishima M. "Relationship between pulmonary emphysema and osteoporosis assessed by CT in patients with COPD." Chest. 2008 Dec;134(6):1244-9.