



# Newsletter

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## CALCIUM SUPPLEMENTATION – OSTEOPOROSIS AND PSYCHOLOGICAL PROBLEMS

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During the past several years, increased attention has been focused on the problem of osteoporosis in older women and the steps, which may be taken to prevent this malady of middle and old age. Osteoporosis involves the loss of calcium from the bones thus making them porous, brittle, and more susceptible to breaks and fractures. A great deal has been written about this problem in the professional literature and in the news media.

Since this media blitz about women's need for calcium supplementation began, numerous cases have come to my attention, which suggest that, from a psychological perspective, some caution may need to be taken with calcium supplementation. It appears that some serious psychological problems may be linked to increased calcium supplementation in certain women. Some of the adverse reactions reported include increased fatigue and exhaustion, depression, anxiety and panic attacks, paranoid feelings, memory and concentration problems, headaches, and insomnia.

One such case involves a forty-year-old woman who found herself becoming more and more deeply depressed. Since she had just had her "big 4-0" birthday, it was logical to conclude that this milestone triggered her deep depression and that she would soon get over it. But, the depression persisted and became extremely severe. After another few months, she had lost total control over her depression. It came in waves, coupled with crying and fits of anger. The depression became so severe that she became almost completely non-functional. She felt feelings of total hopelessness and had suicidal thoughts. The depression went on for days, weeks and months. She couldn't understand what was happening to her. Anxiety attacks became more frequent. She and her husband became so concerned about her depression that the next step was to consult a doctor because she was unable to function.

Just before going to see a doctor about her depression, a friend gave her a brief paper of mine to read about calcium supplementation and psychological problems. What she read in this paper provided the key to her depression. She realized that her severe depression started when she began to take calcium supplements as recommended by all the media hype about osteoporosis. She started on a calcium supplement to "prevent" osteoporosis and found herself in an overwhelming suicidal depression.

When this woman read the paper describing my psychological concerns about women taking so much calcium, she readily made the connection between her increasingly severe suicidal depression and the amount of calcium she was taking. She immediately stopped the calcium supplementation and very soon noticed a lifting of her depression and anxiety attacks. She began to return to her "old self", much to the relief of her husband and herself. Since her

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intake of calcium stopped, the severe suicidal depression has left and the anxiety has greatly diminished. She reports that she feels much better both physically and mentally.

Is this just a fluke reaction and a rare case, or is this likely to be typical of the adverse reactions that many individuals are experiencing with calcium supplementation? I believe that there is substantial clinical evidence showing that calcium supplementation, supposedly to "prevent" osteoporosis, may be triggering an epidemic number of severe psychological problems similar to those of the woman described above.

I have increasingly found that cessation of calcium supplementation will alleviate some of the reactions associated with increased calcium intake listed earlier.

What could account for such a phenomenon that appears to run counter to the popular theory underlying calcium supplementation for the stated purpose of "preventing" osteoporosis in later years? In his book *"Nutrition and Your Mind,"* Dr. George Watson of USC reported clinical case studies of adverse psychological reactions, which appeared to be directly related to an individual's nutritional status. These individuals responded very well to carefully selected food supplements and diet change. There was no psychological "meaning" to the behavioral and emotional aberrations, which these individuals experienced. The aberrations cleared up in direct response to nutritional intervention without traditional psychotherapy or counseling.

An important finding of Dr. Watson's work is that a person's metabolic or "oxidation" type dictated the kind of food supplements and diet which were best suited to that individual's needs at that point in time. Watson identified two different oxidation types. One is the Fast Oxidizer and the other is the Slow Oxidizer. Their diet and food supplement needs are markedly different. What worked well for the Slow Oxidizer was disastrous for the Fast Oxidizer.

Watson's research and clinical observations suggest that the general recommendation for increased supplementation in all women may need to be considered with much greater caution. This more cautious approach is related to Watson's concept of oxidation type and the different nutritional requirements for each. With this conceptual framework, one would expect that calcium supplementation will work well for some individuals and will result in significant problems for others. Empirically, we are beginning to see an increase in individual cases illustrating these relationships.

A refinement of Watson's work has been achieved through hair tissue mineral analysis. Metabolic types can be easily identified by the relationships between essential nutrient macro-minerals found in a hair tissue analysis. The advantage of using the hair is that greater refinements in the selection of nutritional supplements and diet can be made than when blood analysis is used. For example, the hair mineral analysis can indicate when zinc is likely to increase fatigue and exhaustion by suppressing adrenal function.

As a general principle, increased calcium supplementation is likely to benefit the fast metabolizer, but cause other physical and psychological problems for the slow metabolizer. However, under certain conditions, calcium supplementation may temporarily be of benefit to some slow metabolizers, but not over an extended period of time.

Since there is a very large proportion of women who are slow metabolizers (estimated at over 80%), the concept of metabolic type and the different nutritional requirements of each type would suggest that the theory underlying the "prevention" of osteoporosis with calcium supplementation is quite limited to only a very small proportion of women. On the other hand, this theory may lead to substantial increases in mental health problems for large numbers of women who are slow metabolizers. These women may need an entirely different approach to preventing osteoporosis in future years.

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## SIGNS OF HYPERCALCAEMIA

Low Blood Pressure  
Hypothyroidism  
Calcific Tendonitis  
Hypoadrenia  
Elevated PTH  
Depression  
Cold Sensitivity  
Conjunctivitis  
Chronic Fatigue  
Constipation  
Chronic Viral Infection  
Joint Stiffness

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It is extremely important that health care practitioners have an increased awareness that the psychological problems presented by many women may be triggered or exacerbated by calcium supplementation. This awareness may have a profound effect on the professional's understanding and effective treatment of these women.

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