

7.4 Osteoporosis: Golf, Thyroid Medication

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The simplest way to diagnose osteoporosis is to measure your height. If the height decreases by more than 1 inch, you should suspect osteoporosis. Even at smaller decreases in height, it is a good idea to get your bone density checked. My wife has osteoporosis, and her height is more than 2 inches below her maximum height.

Golf and Osteoporosis

My wife and I have found that swinging the golf club has a big effect on increasing the hip bone density. Since my wife is not a good enough golfer to go out on the courses but I wanted her to hit golf balls, I quit going to the courses and we only go to the golf range to just hit balls. We are both right handed, we have hit very many golf balls at the golf ranges, and both of our right hips have normal densities. However, my left hip has osteopenia, and my wife's left hip has osteoporosis. Thus hitting golf balls has less effect on the less stressed hip. After I discovered this effect, I started swinging lefty and my left hip bone density increased substantially. I actually bought a left-handed club, but that is not necessary although it is very helpful and I advise it because, unless you actually hit balls and see them fly, you do not know if you are swinging hard enough.

Our doctors did not know about our hitting golf balls, so they were puzzled by why my wife's left hip was so osteoporotic when the right one was normal. To find out why, they came up with numerous hypotheses and conducted many tests, all yielding negative results. It turned out that all those expensive tests were unnecessary. My discovery of the effect of golf came many years after my wife's diagnosis of osteoporosis, so the left-right difference in my wife remained a mystery for many years. I made my discovery only after my osteopenia was diagnosed, many years after the diagnosis of my wife's osteoporosis. When my left hip was diagnosed with osteopenia, it dawned on me that it was strange that both of us had the same problem, and led me to suspect the effect of golf. I then tested my golf hypothesis by swinging almost entirely lefty for two years and verifying that my left bone density actually increased while my right side remained the same. In the beginning, when I switched from righty to lefty, I experienced slight pain in my left hip, so this switch should be made gradually. Since my osteopenia diagnosis, I have increased my Ca intake, which explains why my right hip density remained unchanged.

Thyroid Medication (Synthroid and its Generics)

Although conflicting/incompatible medications are listed with every prescription medication instruction, it is worth repeating it here for calcium (Ca) because those taking medications such as Synthroid almost certainly take Ca also, and the doctors do not always point out that Ca and Synthroid conflict, reducing their efficacy. My wife's bone density decreased rapidly although she was taking plenty of Ca because she always took the Synthroid with the Ca. Only after her osteoporosis diagnosis did she realize that she should not take Ca with Synthroid; by then it was too late, she was already osteoporotic and there is no effective medication for reversing osteoporosis. Fosamax, Actonel, and Reclast (for over 12 years) could only maintain her bone density, and did not increase it. Now she

takes Ca four hours after taking the thyroid medication. After so many years of bisphosphonates (Fosamax type), her rheumatologist is wary of taking them any longer (bone growth with bisphosphonates is suspected of growing brittle bones that may be more prone to fractures than the bone density measurements would suggest) and switched to Calcitonin nasal spray.