Are Your Bones Secretly Guarding Your Heart? The Surprising Truth Transcript

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Introduction to Bone and Heart Health

All right, everyone, welcome back to another excellent episode inside of the heart Attack and Stroke Prevention Summit. I'm cardiologist doctor Jack Wolfson and this is again, we're talking about preventing heart attacks and strokes.

And it's very easy to focus on heart disease and strokes, blood pressure, cholesterol. But there is a incredible tie in between bone health and cardiovascular health.

And I brought in a worldwide expert by the name of Kevin Ellis from Bone Coach to talk about this link. And the medical doctors like me are really good at kind of putting things in silos.

Right. So you got heart disease and you got bone disease. And Kevin Ellis is going to talk about this connection here. Now he is at Forbes featured integrative health coach.

He's a podcaster and he's the founder of Bone coach.com. And he's got this very unique three step process and a world class coaching program called the Stronger Bones Solution.

So he'll talk about that as well. He's got a team. He's, you know, all around him. He's really his programs are known throughout the world, and he's got over 250,000 people focused on osteoporosis reversal.

This is a big problem. Cardiac issues are a problem, but nobody wants to have osteoporotic fractures and have, you know, spinal loss and height loss and and really all these disabilities.

Right. It's no good having a 100 year heart without having your bones intact. So, anyhow, Kevin Ellis, welcome to this episode. Jack. Thanks so much for having me.

This is it really is such an important topic. And there is absolutely a connection between bone health, cardiovascular health. And I would just say even from our bone, the perspective of our bones, most people don't really think about their bones.

When I think about their health, you know, maybe they're focused on the 100 year heart, maybe they're focused on some other health condition they're trying to address, where they just want to live the best life they can.

Right. But oftentimes you're not thinking about the structure that's going to carry you to that active future. So your bones are actually living tissue and they respond to different stimulus.

They don't just keep you upright and carry you through life. They do it. They do a good job of it, but they do so much more. And then when it comes to bone health and cardiovascular health, they're deeply connected and part of that is because some of the shared pathways they have in mineral metabolism and inflammation and hormone regulation.

And there are a couple major ways that we would say that they're connected. The first one would be, the connection between calcium, and bones and heart health.

So one of them is that when we have osteoporosis that can have you can have bone loss that's taking place. And when that bone loss takes place, it's tearing down this collagen protein matrix structure that our bones are made of.

And it's also going to release some minerals. Calcium is one of those primary minerals.

How Bone Loss Connects to Cardiovascular Risk

It's the primary mineral constituent of your bones. And what happens is when we start to lose that, that, structural protein, that those minerals, then our bones are going to become more fragile. We're losing bone density.

We're losing bone quality. We're losing bone strength. And. But that calcium, it just doesn't disappear. Sometimes it can be excreted through our urine, but it can also contribute to vascular calcification.

And that's where calcium is going to be deposited in the arteries. And it's going to increase the risk of heart attack and stroke. So that's one thing that we need to be aware of when it comes to bone loss.

And the connection to cardiovascular health. Another would be chronic inflammation okay. So both osteoporosis and cardiovascular disease, they're linked to chronic low grade inflammation.

And we would look at something like elevated inflammatory markers I'm sure you talk about crp. There are different risk factors for both that we could look at.

But that's another connection there. And then other shared risk factors would be if we're leading a sedentary lifestyle, which most people who are on this summit doing something proactive, trying to trying to take charge of their health, chances are you're not probably leading a completely sedentary lifestyle.

Or maybe you don't have the best diet, nutrition you're smoking or you've got oxidative stress. Those are some other common contributors to both conditions, both cardiovascular disease risk and also osteoporosis.

And then hormone imbalances too. And we can talk about hormones a little bit more in depth in just a minute. But but there's a connection between all of those things and our heart and our bones.

Excellent opening there. Now, how does a listener, let's say we're talking right now to a, 60 year old, woman, a 65 year old man, or even, a 25 year old woman, for example, because I know that you educate people on that very often as far as.

Right. Because, you know, osteoporosis, osteopenia that starts, you know, when we're born, it starts in utero, like, this goes back, you know, even so, the health of our mother before even, you know, before conception.

But how do we assess our level of of bone health in just in general, including osteopenia, osteoporosis? How should we assess that? I love that you started this by talking about how far it can go back, right.

And how early we need to be thinking about this. This is a pediatric condition with geriatric manifestation, right? So if we think of it that way, and we understand that 90% of your bone mass is put on by the time you turn age 18 and the remaining 10% fills in by the time you turn 30, that's when you reach that peak bone mass.

And we have to understand that the things that we do in that window of 0 to 18, so not just now, not just you as the listener now, who may be 50, 60, 70, trying to do something to improve your health.

Think about as I'm talking, think about the lens of your kids and your grandkids too, and where they're at right now in their development. Because if they're in that 0 to 18 range or 0 to 30 range, this is a prime window to build good quality bone structure and microarchitecture.

Because if we do that right from a young age, even if you just apply some basic principles that we're going to talk about here, you can help extend their life or make them better years for ten, 20, 30 years.

So that 100 year heart is living inside of a strong 100 year skeleton, right? So that's what we want. So when we're when we're thinking about this from a young age, we want to be paying attention to, are we leading a sedentary lifestyle?

Are we letting our kids and our grandkids just sit on their tablets and play and take care of themselves? Or are we getting them up and getting them active and getting them out and moving their body in their bones in these short,

sharp, dynamic movements?

Playing sports, doing gymnastics, getting out in the yard and doing some good old yard work. I worked on a farm as my first job, when I was growing up, and I absolutely loved it.

Baling hay, digging post holes, doing all that kind of stuff. And I think it not only builds character and work ethic, but it also is helping build that bone structure, build your muscles.

So getting up and doing some physical activity is really important. Or just playing sports or gymnastics. I think those are great to be doing from a young age, making sure we don't have.

And we all hear this. The package, the processed foods, being conscious of the the sugar intake, the added sugars on the back of the label, focusing on whole foods.

And it doesn't have to be this daunting process that you do with your family. Have a discussion. Hey, what meals do we? What meals sound exciting? What meals sound good?

And then find healthier versions for those meals. Do it together. Co-create that experience so we can get all the minerals and nutrients that we need from a young age the protein, the vitamin D, calcium, magnesium, vitamin K2, all of those.

We want to be getting those from a young age.

Assessing Bone Health with Scans and Biomarkers

And then also paying attention to not smoking and drinking excessively, if we have any eating disorders or, anorexia, bulimia, those kinds of things, those can also contribute to, to issues with your bones down the road and then just taking any medications like prednisone or, or things that can contribute to bone loss.

We got to pay attention to that stuff from a young age, and that just continues forward, even if even when you're beyond 30, that just continues forward.

So we got to preserve that structure and start building a healthy one from a young age. And then the second part of your question was, how do you actually know what the status of your bone health is?

So right around 30 is when I would love to see most people aren't getting a test to to evaluate the status of their bones until they're 50, 60, 65, right?

65 is when insurance will cover a bone density scan. I would encourage people get the objective data earlier so you can monitor future changes. So you have a baseline at least.

So get that as early as you possibly can. If you're listening to this you don't have a bone density scan yet. Go get one. It's a painless test, kind of like an X-ray, very low levels of radiation, but it does.

A scan tells you your bone mineral density, and then it generates a score. That score helps you understand if you have normal osteopenia, osteoporosis.

Personally, Dexa is it's an important tool, but it's not 100%. It's not the best tool you can use because oftentimes it's missing another really important part of the picture, which is bone quality.

So bone density is the actual mineral content of the bone. Bone quality is the structural integrity of the bone, the microarchitecture, how the bone is organized.

Those two things combined to create bone strength. So when you get a bone density scan, you can ask if the facility has TBS capability, trabecular bone score capability.

That's going to give you bone density and bone quality. At the same time. You can also look for a REM scan, which can give you bone density, bone quality at the same time.

So those two things give you the current status of at least your bone density of bone quality. Now I'm going to tie this up one with one other important measurement that we want to look at for the status of our bones, which is even when we have the picture of our bone density, bone quality.

You don't know what's going on inside your bones right now, especially if you only have one scan. So we need to go a layer deeper and look at different biomarkers that look at the activity level of cells that are breaking down and building up your bone.

That tells you, am I actively losing bone right now? Present day. If I am, what's causing that? Now we get curious what's the root cause issue behind that active bone loss?

So those tests, those two tests, serum CT, CT, low peptide tests, that is an active bone loss test. So it's the most sensitive marker for bone resorption if that's off or elevated or not where it needs to be.

There's a root cause issue that needs to be addressed. Could be hormones, could be multiple other things that are taking place. So we need to go to work and figure out what those are.

Then the next part is if you look at active bone loss, you want to look at active bone formation at the same time. And this would be P1NP that's pro collagen type one and Terminal Pro peptide.

And this looks at the activity level of cells that are building up your bone. And what we want to see instead of just looking at a lagging indicator of success which is your bone density, your bone quality.

We would look at near term indicators of success, which would be, these bone turnover markers, and you can see improvements in them and 3 to 6 month periods.

Okay. That was I think that's what we'll call maybe like the money shot on that one right there. Like that was that was the goal that everybody needed to pay attention to right there.

And in my opinion, because, you know, it's kind of like we equate that to a coronary artery calcium scan. When people get those, like it'll tell you a situation, it'll tell you your risk.

But it's kind of tough to monitor those things from time to time. Right. So it's like changes on a bone density Dexa scan, all these different, you know, the REM scan, you talked about.

But really you can see these quick changes, with these serum biomarkers, which, actually I first heard about through you and just so excited about that kind of, technology to dive into that. And, do you find that those tend to be very accurate, like some tests?

Again, they're, they're they're new. They may not be quite as accurate. Do you find the accuracy of those. Good. And then a follow up on that, you know, presumably those two blood parameters along with, as you mentioned before, the high sensitivity, you know, sensitivity, CRP, markers of oxidative stress, all these things that would kind of say, hey, your body is, is on fire.

And and, you know, we need to do something about it. Therefore you're at risk for heart attack, stroke and obviously, osteopenia, osteoporosis. But obviously and reiterating again that those are very unique markers.

My, my guess is also to continue on this thread is that those abnormal markers that you mentioned, they also would show a link directly to increased risk of cardiovascular disease, which, you know, is certainly interesting.

Yeah. So, yeah, I remember our conversation about this. This was what, probably nine, maybe nine months ago or something where we were talking about this.

And, these markers are so important that, but most, most of us only are aware of bone density. Bone quality. It's not our fault. That's just what we're educated on, where we go.

You know, we don't get training on these specific markers. So you kind of have to go outside of the conventional model and the way that it's structured to learn about them, but they are great markers.

There is research behind them, that supports their use. At the same time, a lot of physicians that if you're in your conventional appointment and you sit down, you got 15 minute conversation.

The goal of the tool at the end of that conversation is oftentimes a pharmaceutical. Right. So the the you get told you have osteoporosis after you get your bone density scan, then you get told take calcium, take vitamin D, here's your bone drug.

Go do some walking. Don't lift heavy and we'll see you in two years for your next bone density scan. Right. That happens in a 15 minute conversation. The conventional model does not have time or does not.

It delays the person starting that medication. If they then say I need to get my bone markers, let me go get this test. Now I get the results back. Oh, now I see that my bone resorption.

I'm not actively losing bone. Oh wait, I don't need the medication necessarily right? So then it just slows and stops and prevents the normal process from actually happening.

So I always encourage people if you have the right as the educated, empowered advocate for your health, to say, I'm not saying no, I'm just saying I'd like a little more information.

So can you help me? Then we get these tests ordered and you can go outside of your doctor's to, you know, doctor Jack has them. We have them. You know, you can go through whoever to get these tests and get the objective data.

Now, I will say you want to get these these fasted. So get them first thing in the morning. If you're getting them later in the day or you've already consumed food, that will affect these markers a little bit. So get them early, get it fast and but yeah, in general they're great markers.

And again, they're near-term targets.

Nutrition, Dairy, Calcium, and K2

Nobody wants to do something for a year or two and hope that you're doing the right things. Hope is not a strategy. We want to look at objective data.

Look three months out. Did you did you implement something and see that serum come down? If you did, then that's a good sign. You're moving in the right direction, right?

That you're going to have dampened that bone loss. Did you see that bone formation come up? Did you see the ratio between the two of those improving? Those are near-term objective improvements that we want to look at because that's going to help you hit that outcome.

You know, 12 months, 24 months from now. I love that. Regarding circling back to nutrition real quick, what is your, thoughts on milk? Right. And milk, there's a body good.

Milk is, you know, for a strong bones. I'll just leave that up for you. What do you think about milk? I think very. I think, yeah, dairy as a whole, I don't think is a bad thing for everyone.

I think it actually gets a bad rap. Right? I think drinking a bunch of milk is not the right strategy, because there are studies. There are some studies out there that show just if you're drinking a lot of milk, that it's not going to be good

for your bones.

But I would say that for most people, as long as you tolerate it raw, cultured, fermented dairy, those are great additions to your plant. If you can tolerate it shouldn't be the only thing, shouldn't be the only source of calcium that you focus on.

But when I say cultured in fermented dairy, I'm talking about kiefer's yogurts. Yeah, if raw milk that could be a part of your plan too. But it shouldn't be the only source of calcium that you have, because it does have really good components.

I think from a conventional dairy perspective, when you go to conventional dairy. So in the store you're looking at the pasteurization, the homogenization that that alters the dairies natural structure.

And that's going to reduce some of the enzyme and nutrient content, too. So and there's also concerns about hormone, the additions of hormones. You've got high sugar content, all that kind of stuff.

But I don't think dairy is bad for everybody. Because we've got protein. Your bones are 50% protein by volume. You need you need protein. So, dairy can be a great source of that.

It's also a source of whey. It's also a source of lactoferrin. Lactoferrin? That's a bioactive protein that's in dairy that can stimulate osteoblasts activity.

So osteoblasts are the cells that build bone. So that can actually help with that. It can also suppress osteoblasts activity as the class of the cells will break down bone.

So lactoferrin is a great component that that is can be found in cultured fermented raw dairy calcium. Again, that's the primary mineral constituent of your bones.

That's what we're told from a young age. Hey, drink milk to get your calcium. Well, maybe it's not just drink milk. Maybe there's other parts of dairy that we can incorporate.

Vitamin K2 can be found in fermented dairy. And just there's other nutrients in there that I think could be really supportive. So I don't tell people, just completely avoid it.

If you tolerate it, consider adding it to your plan. But also consider if you don't tolerate it, then don't add it to your plan and focus on things like arugula.

Arugula as a plant based bioavailable source of calcium. And it's a cruciferous, cruciferous green. It's great. So you can incorporate a regular and it's easy, grab a handful, do a side salad, grab a handful sauteed some olive oil something or some ghee or whatever.

And that can be a great addition. Or get some some sardines or some mackerel in a can that's BPA free. That has the bones in, you know, go to go to one of the companies that does that really well.

And that can be a good dose for 300 and 400mg of calcium, some protein and some omega threes, which we all know are good for heart health too. So there are ways to get calcium outside of that.

And the last note I'll make, which is, about supplementation. Right. Because this is I think the other concern when it comes to cardiovascular health is, okay, well, if I'm not eating dairy, I've got an autoimmune condition trying to put this into remission.

And, I'm falling short in terms of calcium. And I want to be very clear. You need calcium, you have to have calcium. It is the primary mineral constituent of your bones.

So if you want to maintain that structure, you have to have calcium. But you also have to understand calcium is not

just used for your bones in the body.

It's used for muscle contractions and nerve impulses and a whole host of other things. So if you're not taking it in, especially if you're not absorbing it to your body is going to go to the bones and pull from there.

So this happens with people with chronic digestive issues, celiac disease, who are not absorbing those nutrients. The body will still pull from the bones and you can have bone loss in those situations.

But in order to make sure you're getting enough, let's say you look at your diet nutrition plan first. This is my guidance around this is start with diet nutrition first.

Close the gap. Specifically with calcium supplementation. Close the gaps with supplementation if and when necessary. Sometimes it is necessary for some people.

So we want to go with absorbable forms. But you don't just supplement with calcium alone. You have to have the other minerals, nutrients, co-factors that go with it, specifically magnesium.

Vitamin D, vitamin D helps increase the absorption of, of calcium, magnesium, and vitamin K2. So vitamin K2 is important because that's going to help make sure that the calcium you just took in is not going to go to the kidneys, the soft tissues, the arteries where we don't want it to go, it's going to go to the bones and help support building that stronger, healthier bone structure.

So, that's kind of my guidance around that. Fantastic. Okay, then that's one of the things I tell people, of course. Right. Is, you know, you know, keep the calcium in your bones and out of the arteries.

And those are the exact same strategies that I, you know, tell my patients about as well. I guess real quick on this. I mean, what if I want to consume bone broth, right?

So healthy bone broth, you know, like, supports, like, so bone broth, you would think, maybe even some supplements that contain, bone in there. I certainly love what you said about the, wild salmon and sardines.

Mackerel. And show that. Do you know, make sure on the label it says it contains the bone. That's, you know, like, supports, like, bone broth. Talk about bone broth.

And then, what about the Japanese fermented superfood natto? As a source of K2? Yeah. So bone broth. There are no studies that show bone broth. Like, kind of like a lot of natural foods. Right?

There's not a lot of money in running studies on natural foods to see that their impact. The studies are in where the pharma companies can make money off of them.

So, we don't have a lot of studies that show bone broth specifically is going to help your bones. But if you think about it, it can help your bones in a variety of different ways.

It's a great source of protein. It's soothing to the gut. It's got a lot of amino acids and nutrients that are really good for us. It's got collagen in there, too.

So a lot of good supportive things for for your bones inside bone broth. So I just as a general note, you don't have to have studies or randomized controlled trials to to show that something could possibly be beneficial for you.

So I know some people want that, but, that's not always the case. But, and then Nano, that's, that's a great source of vitamin K2. It's actually probably a higher source.

Most people aren't going to eat that because it's fermented soy. But I, I would say also it's got a pretty nasty taste to it. Personally, I don't know how many people are going to actually sit there and eat that, but if you like it, great.

If not, find it in other sources too. And you could find that and, you can find it in smaller amounts in Oregon Meats, you can find it in Mk4 and EMU oil.

You can find it in pasture raised eggs. Again, these are smaller amounts. Amy was probably a higher source for vitamin K. Vitamin K2 Mk4, but then also bacterial fermentation in our gut.

So if we've got good gut health, your gut bacteria can actually help produce some of these nutrients, too. So, and then if you just want to make sure you can incorporate supplementation with K2 Mk for K2 Mk seven.

So yeah, the I'm one of those weird people. I like the taste of natto. And the only time I would eat it, there is a company out of New York that does it in glass and it's organic.

But, I have concerns about it. So I like, most men and women, frankly, should. So it's not something that I do very often. And I agree with the emu oil.

I think that's a great strategy. Easy enough to do. I wonder if, if there is a lower incidence of, osteoporosis and fracture amongst the Asian, populations who eat those foods?

Are you aware of any data? No. Good. Because I would say, listen, the Japanese lived longer, even though the majority of them smoke. They live longer than we do in the United States.

And maybe one of those reasons is because they're eating a lot of that fermented soy. But I wonder if there's any data about osteoporotic fracture.

Bone Broth, Natto, and Other K2 Sources

Yeah, I, I would say, I don't have the specific studies with me, but I would say that I think lifestyle also has a factor that plays into that too. I think the lifestyle that people are living, there might be a little bit well, just depends, I guess, where you're at, if you're in the major city centers, in Japan, then it's probably going to be close to some of the things that we do here.

But I think lifestyle definitely plays into that. But there's a focus much more on whole natural foods there. Fermentation consumption of natto, I'm sure is one of the contributing factors there too. So, I would bet I don't have the studies with me, but I would bet there's there's probably some kind of connection there now.

Good points. For sure. Now, if someone's listening in, they are the 65 year old woman who does have osteo, ferocious, She's seen family members friends suffer with fractures and be really debilitated.

So what can what are the some strategies you guys recommend over at Bone Coach to prevent these fractures? We can save the pharmaceutical conversation for another time.

And they can ensure, you know, they can get a lot more information at bone coach about opinions, you know, regarding pharma, but, you know, some simple strategies that people can do when they're sitting there right now.

They're watching as they're on the computer, tablet, phone. They're watching us right now. What can things people do immediately to avoid fractures? Yeah.

I mean, look, we teach a natural approach to building stronger bones. It's not that medication doesn't have a place. Sometimes it does. Just because I see a spectrum of people, I see people that have no fractures to 15 or more fractures.

And look, if somebody has 15 fractures or 12 fractures, there's probably an immediate intervention that's necessary. But for the majority of people that we see, there is so much more you could do before you ever even get to that point.

And you probably don't even need to get to that point. Right. So that's the big focus that we have is how do we build bone strength naturally. And we help a lot of people do that.

So some of the most important strategies that we use is, number one, are you actively losing bone if you are figuring out the root causes, addressing it and seeing improvements in those near term bone turnover markers, that's one of the most important things we can do early on.

The next part of this would be dialing in the diet, the digestion, the absorption taken in the right nutrients in the right amounts, making sure you're actually absorbing those nutrients, making sure those nutrients make it to the cell level.

All three of those things, we want it to line up, but you can be eating healthy and still not be hitting that layer one where you're getting the right nutrients in the right amount.

So I just we do an evaluation of that and make sure people know how do we do? How do we support our bones the best we possibly can. And then the last part, this is where we're actually building strength of body, mind and bone in a way that prevents fracture and injury.

So a lot of the stuff you and I talk about, that's important for a lot of different health areas, not just your bones, not just your heart, but reducing your stress, not just ASI.

You know, while you're in the car on the way to wherever. Actually cultivating a healthy practice around that, I think is really important. And if you were to ask me this 15 years ago, you know, tough marine Kevin probably would have laughed at you, you know, for mentioning stress reduction or meditation or any of that.

But I think it's such an important practice for people to bring into their lives. Or maybe it's maybe it's cultivating a healthy prayer practice, you know, something like that I think could be really healthy.

Improving your sleep. It's pretty well documented that poor sleep is going to reduce your bone quality. So, we need to make sure we're prioritizing sleep.

Preventing Fractures with Lifestyle and Exercise

Set the stage for, a good bedtime an hour or two before. Don't be on your devices, staring at your screens right before bed. Set all that stuff down, get prepped.

You know, and maybe I like to listen to some, some calming music and and breathe in some, lavender essential oil before I. Before I drift off to bed. So.

And then I track my sleep with an aura ring. And then the the stimulus. We can do all of the things we just talked about. But if you do not provide the stimulus, your bones need to become stronger.

They're not going to become stronger. So this is where the exercise comes in. Most people, when they're told they have osteopenia, osteoporosis, or if they're trying to build stronger bones, they might think, oh, walking is enough.

I will tell you right now, walking is not enough. It's good. Don't get me wrong. It's good for your heart, good for your bones, good for your body. You should do it.

But that can't be the only thing that you do. Same thing with swimming, right? Swimming, I think, is another one. You can't just get in the pool, do your laps.

Five days out of the week and say, I'm good, I'm done. I did my exercise. You're not because you didn't provide enough of a stimulus for your skeleton, right?

So we have to do that. So we want to incorporate both weight bearing exercise and resistance training and muscle

strengthening exercise. So weight bearing exercise that is where your body and your bones work against gravity to keep you upright.

There things you're doing on your feet. And they place good healthy stress on the bones. So this would be walking, jogging, hiking, gardening, playing pickleball, playing with the kids or the grandkids out in the yard.

Right. Notice not all those are formal exercise. They don't have to be. That could be play to, and then yoga, Pilates, Tai chi, qigong, those are all weight bearing.

So if you're doing those and you got good form and you feel confident the way that you're doing those, keep doing it. But we also have to incorporate, so this is probably one of the most important components of this muscle strengthening resistance training.

This is where we bring in the barbells, the dumbbells, the maybe it's in the machines of the gym if that's where your comfort level is at. Or I really like variable resistance bands.

So you bring those in, to and then some of the most important exercise movements you could do squats, deadlifts, overhead presses. As long as you don't have a fracture already or multiple fractures.

I think those are all great. Incorporate to incorporate into your plan. If you listen to that and you're like, whoa, that sounds like intense for me. I'm not familiar with those exercises. That's okay.

You don't have to be and you don't have to start lifting really heavy from that from the get go. And in fact, I would not encourage that. I would encourage you to start with good form, first and foremost at a lower weight, get confident with the form, build up the intensity with good form.

And if you can't do an exercise with good form, you can't. You shouldn't do the exercise at all because that's just going to lead to fracture and injury, and it's going to set you back a long time.

So if you want to preserve and strengthen that bone structure, it's going to carry you to an active future. You got to do all those things. And that's what's great about working with you guys over at Bone Coaches that you meet the people where they're at, you know, through their intake, through this information.

Right? You're not taking the 82 year old grandma and telling you to do squats and deadlifts and, you know, the clean and jerk here, you know, you're kind of meeting them where they're at and really supporting them, which is so fantastic, you know, for different people at different levels.

And, I don't know, maybe the 82 year old woman, I'm not going to put it past her that she can't learn those activities. But, for a lot of people, it'll take time.

What about simple strategies around the house? You know, I think a lot of these are spontaneous fractures that we don't even know. There was no obvious injury, but, you know, kind of like that stereotypical example of, like, the woman who, you know, trips on her carpet or the man who's getting into the car and he kind of these, I mean, and do you find them beneficial?

Do you find that these things, do actually prevent these significant fractures? Yeah, absolutely. Anything that we're doing to prevent additional bone, to prevent bone loss, to build that bone strength, all that's going to do is help you prevent fractures down the road, or even right now to, because, you know, I, I know when people go to their doctor's, oftentimes there is some fear mongering that takes place.

And, you know, they might get told they have a diagnosis and immediately feel like, you know, their future is in question. Sometimes it is, but usually there's there's just more that you can do before you get to that point.

And I will tell you, we want to prevent fracture if we can. I have seen the the spectrum of people that have ten, 15 fractures. I will tell you, every single one of those people will say, I wish, I wish I would have known sooner what to

do.

I wish I would have done something sooner. So if you're at a point where you want to, you want to make sure you're doing the right things to support a healthy bone structure.

That's a big part of what we do. A bone coach, absolutely fantastic. Great information. And I think, you know, people who work with you, the 250,000 plus people, Kevin also mentioned that he is a marine.

And therefore, you will get the Marine Lake training program, which is only going to lead to success. This guy's not messing around. He's out. This is a passion project for you, Kevin.

I know as well, you know, and everybody go check out bone coach. Dot com. Any other last minute words or any other places where, again, you know, provide information about where people can learn more about what you're doing over there.

Yeah. Thanks so much Jack and bone coach.com. That's the best place. We got stronger bones programs there. We have a full credentialed team. We have about 35 people on our team over bone coach.

Bone Coach Programs and Closing Remarks

A lot of these people have been in their fields. 1020 3040 years. We got our most senior team members have been in their fields about 40 years. And we've just helped over 10,000 people have come through our programs, our stronger bones programs at this point.

And we have a lot of people just, we even have medical practitioners come through these programs as participants. Now. And here's an interesting thing.

I just got an email from, one of the medical doctors who came through our program. She's a medical doctor who has access to prescription medication. She wanted a natural approach to building stronger bonds.

So she came in. Our program, actually, just over a year ago. Was, like, 15 months ago. Sent me an email a couple months ago. And not only did she reverse osteoporosis, she did it without medication.

And now she's referring her patients and her colleagues. To us. And like, I love seeing that. We see that all the time. But when it comes from a medical practitioner who's in the field, actively practicing, I love seeing that. So, yeah, I would just take action.

That's the that's the important thing. Well, that's obviously it's so needed because it's still so commonplace, despite all the different pharmaceuticals that are out there and all the medical push, in the industry, you know, for that, we're still seeing so many people struggle.

So what you guys are doing over there, bunker, which is fantastic. Everyone, thank you so much to Kevin Ellis for this episode of the Heart Attack and Stroke Prevention, summit.

You prevent fractures, you prevent heart attacks. It's all part of the same process. And again, thank you, Kevin, for being on this episode. We'll see you all back with another exciting guest.

In order to help you prevent, treat, and reverse cardiovascular disease. Prevent heart attacks and strokes. See you next time.