Bone Health Breakthrough: Are YOU at Risk for Fracture (Even if Your Density is "Normal")? | Dr. John Neustadt Transcript

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Introduction to Bone Health and the Guest

You call osteoporosis a silent disease? At what point should people be screened? And are there red flags we should be looking for even before the Dexa scan?

Absolutely. So one of the things is that the US Preventive Services Task Force recommendation for osteoporosis screening, which is the, you know, official U. S.

government position, I think are too conservative. They're missing people. I like the recommendations by the Bone Health and Osteoporosis Foundation. And for full disclosure, I'm on their corporate advisory roundtable.

But they with that, the recommendation is practical, meaning that if you are a man or a woman 50 years or older and you break a bone, you should get a bone.

I also believe, or that any woman starting to go through perimenopause should get screened with a bone density test as a baseline. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health, uncovering groundwork and strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, welcome to the Functional Edge podcast. I'm your host, doctor Julia Ward, medical director and founder of Balanced Body Functional Medicine.

Today, we're honored to welcome Doctor John New Star to our show. In this in this episode, Doctor New Stat will be sharing insights on bone health, offering expert guidance to help you navigate your health journey with the latest advancements in functional medicine.

Stay tuned for an engaging conversation that promises to empower and inspire your path to wellness. Welcome, doctor. New start. Can you? Yeah, I just give us a little bit of background on yourself.

Sure. So I've been, in practice for almost 20 years now and in the bone health space and researching osteoporosis, writing books and articles and, advocating for better integrative care, in clinics for that time.

I originally got involved in this because I was seeing patients with osteoporosis, and I was doing, you know, what I was tired of, especially out of school.

So I was doing what I was taught there. Bone density was going up, which was great. And I was happy and they were happy. And my mother in law, though, had osteoporosis.

She was on fosamax her physician and prescribed that to her standard of care. Or some nutritional recommendations, exercise, lifestyle recommendations.

But you know her bone density was going up. So you know, she was happy, her physician was happy, I was happy.

Why Osteoporosis Is Often Missed

And then she tripped on a throw rug in her house and broke her him. Wow. And I thought to myself something is wrong with this picture. So I dove into the research and started to try and understand, this condition better.

And what I discovered shocked me that a bone density test only predicts 4% of women with osteoporosis who fracture in only 21% of men. And in fact, fracture risk depends on factors largely other than bone density.

So I just continued to to research, and I developed a line of products because I could not find things to help my patients that had the doses shown in clinical trials to work, not just to improve bone density, but most importantly, that have been shown in clinical trials to maintain strong bones, as indicated by, you know, reducing fractures.

And that's the most important thing that typically in a clinical encounter does not get discussed if at all. The number on that test, that bone mineral density test.

So like I said I've been researching writing for decades. I was recognized by Elsevier, the world's largest publisher, as a top ten cited author in the world of articles, in my work.

And I just love trying to move the needle on this because it is not only a mistreated disorder, but it is undertreated as well. It's under-recognized as a health. Right? Right.

And I think that's really, I think shocking or surprising for a lot of us, even in the health industry, that the bone density test is not a great predictor of what your fracture risk is.

So you've built a reputation not only as a researcher, but also as an entrepreneur. What inspired you to start Nutritional Biochemistry, Inc.? And, how did that evolve into MBI pharmaceuticals?

So ndVi, Nutritional Biochemistry Incorporated was started in 2006. And precisely out of that clinical need that I was having then I had I just mentioned previously, namely that I was trying out my patients and I could not find doses of nutrients shown in clinical trials to work in existing diets or supplement products on the market that I needed for my patients.

So I started to create, those solutions, which is how we're able to offer some guarantees that no other company, frankly, can match because we know that they work, they give reproducible results that not only do people feel better, but you can you can see on testing.

And my pharmaceuticals grew out of that research in terms of looking at clinical trials on natural products, natural substances that can help promote people's health and move their physiology, or powerfully in the right direction to make to give real changes.

And discovered that there are clinical trials have been published around the world on nutrients for some rare diseases. Like rare cancers, acute myeloid leukemia, myeloid syndrome, cellular carcinoma, and others.

And you know, by definition, a rare disease means it affects less than 200,000 people in the United States. So I went and published, or not published, but gathered the data and submitted to the research and the data to the US, FDA through their orphan, Office of Orphan Products development, which provides that what I called orphan drug designation to products that they think, given their analysis of the submitted data, have the potential to either prevent or treat rare diseases.

And there I've got multiple approvals, through them for multiple cancers and other conditions that they essentially agreed that, yes, there is potential here.

Now, the nutrients that I'm talking about that I mentioned before that form my dietary supplements, those some of those were, were, presented to the US, FDA.

But I want to be very clear that in dietary supplements in the United States, they're not approved by the US, FDA, their dietary supplements are not approved to.

Right, you know, disease.

Screening, Risk Factors, and Early Warning Signs

But what they can do is powerfully move the needle in the direction of health to correct the physiological dysfunction that may be going on the biochemistry in the right direction, to give real results.

That's great. Great. So how big of a public health issue is osteoporosis today? And do you think it's getting the attention it deserves from the conventional medical system?

It is not getting the attention that it deserves. It is huge. It is second globally only to cardiovascular disease as a health concern. In the US, it's estimated that about 50 million people have, osteoporosis or are at risk.

They've already lost some bone density globally. We're looking at about 200 million people. But I think that's an underestimate. I think that it's being missed a lot for for several reasons.

First of all, even in the United States, in that 5% of eligible Medicare patients, by definition, patients who are 65 years or older, who are really in that high risk category for getting osteoporosis, 95% of them are not getting tested with a bone density test for osteoporosis.

They're not getting screened. And then you have a whole list of medications cause osteoporosis. And the vast majority of those people on these medications or with other diseases that we know cause osteoporosis and fracture, they are not getting good grades.

So, people are on SSRI medications that increase serotonin, like Lexapro, Prozac, you know, those their serotonin receptors on bone. And now we know for every 19 women taking one of those drugs for more than one year, we expect one of them to fracture in about 25%.

People over 60 are going to be taking one of those medications. So that is really a recipe for disaster. And people are not getting screened for for bone loss with those medications and others like proton pump inhibitors, not a seizure medication.

The list just it's a very long list. And the consequences are deadly. Meaning that if you have osteoporosis and you're a woman and you fracture your hip, there's up to a 36% chance that you're going to be dead within a year.

And if you survive, about half of those patients never regain their pre fracture level of mobility. To enjoy the things they used to love, like, you know, gardening, going out with friends, playing with their grandchildren, any of those sorts of things.

And considerable number of them end up needing help with basic activities of daily life, like going to the bathroom or brushing their teeth, getting dressed, those sorts of things.

In fact, the, osteoporosis fractures accounts for, you know, more days spent in the hospital than other diseases like breast cancer, Parkinson's disease, heart attacks, diabetes and others.

And a woman's risk for an osteoporosis fracture is equal to her combined risk of breast, uterine, and ovarian cancer. And yet, despite all of the scary statistics and real numbers, there's no big campaigns out there like there is for Breast Cancer Awareness Month.

You really raising awareness about this issue to get more people screened. A lot of doctors are confused about, who should be screened and when, how to interpret the results and the test results to do about that.

It's it's an unknown, undertreated and mistreated condition that leaves patients struggling for answers and struggling to find actionable information, educate themselves so they can make better decisions.

And that's why I wrote my book, Fracture Proof Your Bones, because I wanted to walk people through the data, give them questions, ask their doctors a chapter by chapter.

Help them to understand what they can do, how they can create a holistic bone health program that makes sense for them, that not only can rebuild bone, most importantly, reduce their risk for fracture.

Right? Right. So you've been asked to speak internationally, to teach other physicians. In your experience, what are doctors most surprised to learn when it comes to bone health?

I think one of the surprising things is what you said early on is that the limitations of that bone density test, it's just not understood. And that's not that's not new data.

That's in the 1990s. We've known that a bone density test predicts less than half of people who are, well, fracture.

Root Causes and Functional Bone Health Strategies

And I think that, you know, another thing that they really are surprised to hear is when I review the data on the medications, just how ineffective they are at reducing and preventing fractures, especially in people who have not had a osteoporosis fracture before.

Let's call that, you know, primary fracture prevention. They haven't had one. And we're trying to prevent the first one. They're quite ineffective doing that.

Clinicians don't understand that. That's the it's the first line of therapy they're prescribing it. And without really understanding the efficacy data on it.

Yeah. Yeah. Because those those medications, those biologics, they increase bone but not strong bone. Is that correct? So biologics is a specific category that's not typically the first line therapy.

So the first line therapy or the anterior sort of medications like fosamax alendronate the best fascinate medications. Right. They they don't build up strong healthy new bone.

They do build up new bone. But part of the problem is, is they just don't work. I mean, several meta analyzes have been conducted, you know, reviewing the research and in the, in the real world, not in these controlled clinical trial environment medicine.

What has been documented is that they don't prevent fractures, primary fracture prime they're not good or effective for primary fracture prevention. Yeah.

Your first fracture. Yeah. The the other thing with them is the side effects are so horrible that most people don't end up taking them for as long as they need to, to even get any potential benefits.

You have to take a medication 70 to 80% of the time to get the benefits, the osteoporosis medications, and over half of patients who are prescribed them, stop taking them within a year because of the side effects and how inconvenient they are to take.

So a third, about 33%, never even fill the first prescription. They were they were given. Okay. Yeah, that's, you know, shocking. And in fact, the American Academy of Clinical Endocrinologists, their position statement is even if they were to take a medication and the bone density goes up, they will all increase bone density.

All the medications will do that. The position is that that change in bone density, it only accounts for less than 20% of even any potential reduction in fractures.

So a bone density change is not even a good indicator that the medications are are are working to prevent a fracture from happening. Got it. Yeah. You call osteoporosis a silent disease.

At what point should people be screened and are there red flags? We should be looking for even before the Dexa scan? Absolutely. So one of the things is that the US Preventive Services Task Force recommendation for osteoporosis screening, which is the, you know, official U. S.

government position, I think are too conservative. They're missing people. I like the recommendations by the Bone Health and Osteoporosis Foundation. And for full disclosure, I'm on their corporate advisory roundtable.

But the with that, the recommendation is practical, meaning that if you are a man or a woman 50 years or older and you break a bone, you should get a bullet.

I also believer that any woman starting to go through perimenopause should get screened with a density test as a baseline. So she understands where she's at, because during menopause and for the ten years after, that is the fastest rate of bone loss in women.

Having an understanding of where you're at, where your bones are going into that period of life is quite important. And in terms of, you know, any indicators that could precede the process, like, yeah, if you've got it, you know, often there's not often the first symptom of or sign of osteoporosis is somebody breaking a bone.

That's tragic that it gets to the point. Now there are so that people can identify earlier than that, that can let them know that, you know, either their behaviors, other diseases, they have medications they're taking, their lifestyle, their diet, their things that are putting them at risk.

And those a lot of times can be changed and modified to alter the trajectory that a person's on. So either to prevent them from getting osteoporosis or if they happen to have lost both ways to through an integrative, functional approach is to build that up.

Strong healthy bone back up. Great, great. So what are some of the biggest misconceptions that patients and even health care providers still have about osteoporosis?

Well, I think we've talked quite a bit about I think one of the biggest ones is and that's the value of the bone density test. The second is the value or the benefits from the medications I think are overrepresented a lot in conventional practice to to patients.

I also think that there's a misconception that if a woman is going through menopause or she's gone through menopause and she has a low bone density, when oftentimes when she goes in to get evaluated, the clinician will just chalk that up and conclude that, oh, it's because your estrogen has gone down, which is correct.

Estrogen declines. And and people women start losing bone and bone becomes weaker. But in up to 30% of cases of postmenopausal osteoporosis, it's due to something else.

There's something else going on as well. You know, there could be multiple things happening. It could be a chronic inflammatory state or disease. It could be a medication.

It could be, you know, poor diet, poor nutrition, you know, there there other things that that also can explain that. I think that's one of the fallacies that that unfortunately, a lot of people are misconception.

And that is well, if you're perimenopausal, it's just because you've lost estrogen. Yeah. Right. Right. From a functional and integrative perspective, what are the most overlooked root causes of bone health?

Are we missing the forest for the trees by focusing on calcium and Dexa scores? Absolutely. Yeah. And I think they're missing a lot of the trees. Also.

You know, they're they're there are many more trees than that. And the way that I like to frame this and the way that I've settled on how I evaluate the research and make my recommendations is I want to see data, I want to continue that, show that whatever we're recommending reduces fractures, not just changes a number on a test or what we call a surrogate marker or a number on a chest is not the most dangerous thing about this condition.

It's whether somebody breaks about, I already mentioned how dangerous. Yeah. And so with osteoporosis and bone loss, what is missing from the conventional approach. Yes.

Calcium and vitamin D is is recommended. But that only has been shown to reduce fractures by about 18 to 23%. There's another nutrient, a specific form of vitamin K2 called Mk4 for 45mg per day that has repeatedly in clinical trials showed not only to stop loss, but reverse it, improve bone density tests, but more importantly, to maintain strong bones, as indicated by over 70% fewer fractures in clinical trials.

And that's what I, you know, 20 years ago, first company to bring it in the United States in the clinical trial doses is still the first one, the only one, with a combined with vitamin D with the strong bones guarantee, with the research behind it showing that it actually works.

Guaranteed. And with that approach, what we're looking at is, is under standing the data in a way that gives the best results to to people, to patients, because there's another form of vitamin K2 on the market called Mk7.

And people are going to see that everywhere. It's more popular, it's quite cheap, to manufacture, but it also doesn't work. If you look at the marketing on that nutrient, they'll talk about it changing a molecular marker called under carboxylate in osteo Calcium, you know, helping to promote or support healthy, healthy bones.

Supplements, Vitamin K2, and What Actually Works

But what they will tell you is that there are clinical trials showing that it improves bone density and reduces fractures because it doesn't, there's clinical trials show with that form of vitamin K2 and all doses, it only slows down how how fast someone loses bone density, it doesn't improve bone density.

And more importantly, there are no data showing that it maintains strong bones, meaning that there are no clinical trials showing that it reduces fractures.

So I like to educate people on what questions to ask when they're evaluating what they've recommended or what they're reading on the internet. And hopefully this discussion helps them with that.

And the other thing that's really missing from the conventional approach, you know, other trees that are missing is that diet component. That's crucial.

What the research show is, is that following a mediterranean style diet, which is essentially a plant forward diet, is associated with a 20% reduction in, osteoporosis and a 21% reduction in hip fracture risk.

But within that recommendation, one of the things that also is often missed is ensuring that somebody is getting enough protein. So in my book and on my website and blogs, you know, I walk people through the three steps to evaluate and understand and change their diet into this healthier dietary pattern because it's not a diet, a fad diet to lose weight or, or somebody who's on short term.

And this is a dietary pattern that's been studied for over seven decades. And there's no negative clinical, no negative studies on it that I've ever seen.

And it's really a pattern and a way to eat to promote your health for the rest of your life. So one of the big missing components of that is getting enough protein.

That's yeah, highly protein dependent tissue. The bone density test only measures the amount of minerals in bone. And that's what gives bone its hardness.

But there's a lot more to bone than just the, the minerals the there's bone collagen which gives bone its ultimate flexibility and strength. And in fact, if you were to take a chicken bone, it's in vinegar for a week.

And, you know, keep refreshing that vinegar, what it'll do, it'll it'll pull out all the minerals and bone, and you're left with the collagen and the other proteins in bone and it's rubbery.

You can break, you can bend it, stomp on it, and against a wall, it will not break. It's like a rubber chicken bone. And that's the strength of the collagen that that extra cellular collagen, beyond just the minerals, is what gives bone its ultimate strength and quality.

But there are a lot of proteins in bone. There are 180 to 200 proteins in bone besides collagen. There's a European association looked at the data, concluded that the amount of protein somebody eats, just that alone can account for 2 to 3% of bone mineral density.

And so making sure based on your body weight, there's a calculation that people can make. If we take your body weight in pounds and multiply it by 0.6 based on the research, that's my recommendation as the minimum number of grams of protein per day that somebody should get and try to get it from food.

Food should always be first, but then dietary supplements, protein powders, protein drinks, you know, those can help bridge the gap, get you, you know, up to that minimum level.

So it's not just telling people to eat healthier, eat more fruits and vegetables. It's really what's missing from the conventional recommendations is that level of detail, the prescription, the prescriptive conversations.

This is how you transition and we're going to help you move into this healthy dietary pattern that really can carry you through the rest of your life, not just to help your bones, but it's been shown to reduce cardiovascular disease risk, obesity, diabetes, Alzheimer's, Parkinson's, cancer, death from cancer, all cause mortality.

I mean, the list just goes on and on and on. The health benefits. Yeah. The other thing that's missing from the conventional approach is, sleep. Sleep is really important.

If people have insomnia, they're they're a lot of people do, especially as they age. You're getting less than an average of six hours of sleep a night is associated with with osteoporosis, faster bone loss and helping to, you know, correct.

Your sleep is important. One of the challenges is the conventionally the the recommendations for sleep are also are often sleep medications like benzodiazepine.

You know, they're yes. Are non benzodiazepine medications knock people out but they also increase the person's risk for falling. 95% of fractures occur because somebody falls.

In fact 95%, elderly patients who are 65 and older are on a medication that increases their risk for falling. So getting a good medication review is really important to make sure the medications are safe.

And in terms of the, asleep, you know, correcting that through natural approaches, are possible. And so working with your doctor, you know, functional medicine doctor, integrative doctor, naturopathic doctor, whatever it is to try and improve that, or try my sleep relief product, that I created for, for patients, which is the only biphasic time release product on the market, you know, that's helping a lot of, people.

Sometimes you've just gotta experiment to see what works best for you. But there's some medications that actually cause insomnia, cause decreased sleep, like beta blockers.

So, you know, be aware of that. Have that medication review. Exercise is really important. Obviously that's a conventional common recommendation. And but I think that it's important to also understand that it's you don't necessarily have to go and pump iron a gym iron in a gym.

It's great if you want to do that. Building muscle is important, but you can do it with body weight. Or even just walking can be helpful if that's where you're at now.

Thousand to 7500 steps per day is associated with that 50 to 70% reduction in all cause mortality, which includes dying from from osteoporosis fractures.

So there's lots of options when it comes exercise. It's not a one size fits all. People can really customize to where they're at now in their life and what's safe and what they're going to do consistently over time.

The last thing that I think that the conventional system is missing is community. It's really important to be connected in community. The research shows that time and time again, having people that you call up and do things with is vitally important.

And the opposite that is is horrible. I mean, being socially isolated is associated with earlier mortality, depression and all sorts of problems. You know, even just having, you know, three people, three friends we do things with, you know, that is associated if you are to break a hip with recovering faster and it's associated with a lower risk of fractures.

So all of that, that holistic approach that's necessary to keep people safe, to give them greater health span, greater longevity, greater enjoyment in their life.

Those are the things that are missing from the conventional. Yeah. Wow. That's awesome. You've researched hundreds of studies. What dietary supplements have the strongest clinical evidence for supporting bone health?

And are there any that people assume are helpful but actually are not? So the ones that have the most evidence on them, frankly, are my line of products, my bone support products.

Osteo K, osteo K minis or osteo Mk4, because those have the nutrients in the doses used in clinical trials. And that gives repeatable, results that people can count on.

And that's the MK for 45mg per day, vitamin D3 and calcium or a calcium free version because not everybody needs calcium as a dietary supplement. And I think that's a misconception.

Also, people think that everybody should be on calcium and doctors are just, you know, prescribing to everybody. But you should get it from diet first if possible.

The USDA for calcium for a woman is 1200 milligrams per day. And the average American woman gets about 800mg of calcium in her diet.

Stress, Sleep, and Hormonal Effects on Bone

So getting a dietary supplement that gives you another 400mg per day will get somebody into that. You know, that range that recommended range without the risk of toxicity.

And they're like 100mg per day is better than bone. So a supplement that like my osteo K mini is it has 400mg of calcium. Could be a good choice for men, the US RDA for men is 1000mg of calcium per day, and the average American man gets 1000mg in his diet.

So after eating like the average American man, you know, you really don't need extra calcium as a dietary supplement. So that's where my Osteo Mk4 product comes in free.

And then there's the original formulation that has 1000mg of calcium for people who, you know, their doctor told them they need more or for whatever reason, they're not getting enough a diet. They do need more calcium.

It's really that Mk4 in the clinical trial notes. And the three that are really powerful nutrients combination in that

product. Okay. Respect to what doesn't work.

There are many things that don't work. There are only actually four nutrients shown in studies to reduce fractures. The rest are in products, whether it's boron, magnesium or steel, flavonoids, whatever those are.

It never been shown in any clinical trials to reduce fractures. And I just where I've said it on the research is I want to formulate products that are very targeted.

I'm a fan of magnesium. A lot of people have in their diet magnesium in a good milk like vitamin or if you're deficient, of course, supplement with a magnesium dietary supplement.

But I also believe that dietary supplements should be used as the FDA intended, and that is as a supplement to a healthy diet diet first, always, and then supplement with the with those nutrients in those doses that you just can't get enough of, through diet.

And there's another nutrient out there that you see a lot in clinical trials and studies come strontium, that has been shown to reduce fractures, but never in the form that's in supplements in the US market.

So in dietary supplements in the United States, strontium is in the form of strontium citrate. Every clinical trial on strontium was done in Europe on a form of strontium called strontium randomly.

That was that was approved as a medication in Europe for osteoporosis. And it has been shown to reduce fractures. Now, let me be clear, though, I like to be very honest, and I think everybody should be honest with you.

What data do we have? What do we know and what are we assuming to be true. So all we have are data for strontium randomly. We don't have any data for strontium citrate.

So if we assume and let's just make the assumption that the strontium citrate is equally as effective and equally safe as a strong team randomly. Here's what we know.

Strontium randomly has been shown in five of the six large clinical trials to only reduce vertebral fractures, not hip fractures, which are the most dangerous type of fracture and the spinal fracture risk reduction is no better than what people get from the bisphosphonates, like Fosamax with 45%.

It's a mineral, so it incorporates into bone like calcium. And so somebody gets a bone density test. It's false, inaccurate even with the limitation of the bone density test.

Clinically, I want my bone density test results. And I'm looking at to be as accurate as possible, because it is one piece of this puzzle that we we do want to track.

And then the third thing is a safety concern. Strontium randomly was taken off the market for a time in Europe because they discovered that for every one fracture that it was preventing, it was causing a blood clot in the patient that can create, blood clot in the lungs, called a pulmonary thromboembolism or a other blood clots elsewhere in the body that could cause heart attacks and strokes.

So for every, one fracture that was being prevented, it was potentially killing somebody else. Oh, that's not good. No. It's horrible. So if we assume that, you know, strontium randomly and strontium citrate is equivalent, well, that's the data we know.

And so I'm just not a fan of that. And plus with the MTA for 80% reduction, I don't know about okay. That's where I sort of land when it comes to the research when it comes to, guys who's got it?

Got it. So I think you touched on this a little bit with the sleep. But how do stress cortisol and sleep tie into bone the whole bone health picture? And do you see connections between adrenal function and osteoporosis in your patients?

Great question. And the answer is yes. Absolutely. So there's a study that was done years ago that showed that healthy adults who they tested their cortisol and those that were in the high end of normal.

So it's a serum cortisol test or blood test. And those that were still normal. So not abnormally high just towards the high end of normal have faster bone loss.

People who were lower that had lower serum cortisol. And what we know is that there's a disease called Cushing's disease, where it is your body's pumping out too much cortisol and that is destroys bone that causes osteoporosis.

And we do know that the medications like pregnancy baptism methods know those are, you know, powerful, you know, cortisol like drugs. They destroy. And so there is definitely that link.

And the research has shown that with insomnia, with insomnia, they can have their their cortisol goes up. And obviously if people are under chronic stress, that's a problem.

Future Therapies and Final Advice for Healthy Aging

Yeah, yeah. Are there any exciting new therapies or research on the horizon that you think will change how we approach bone loss over the next decade?

I do, I think there's some really exciting stuff coming up. One of them is potentially, you know, exosome therapy or stem cell therapy has, I think, a lot of a lot of potential.

I think it's important to mention that your bones are more than just, you know, minerals and proteins. It's more than structural. That allows us, you know, to stand up and to run and hug our loved ones and, and joke around and drive a car and all that stuff.

Our our bones also produce our red blood cells, our white blood cells and our platelets. And they're part of the hormone system. You know, they're serotonin receptors are found in melatonin receptors on bones, and they produce oxytocin, the bone cells.

And so there's all this crosstalk between bone and other parts of the of the body. And so there's this potential with, you know, stem cell therapy to take these these stem cells.

And there are research being done on animals right now, to rebuild bone. And I think that's really exciting area of research. Yeah. Yeah, that is exciting.

So as the host of the Delivering Health podcast, what conversations or trends are you seeing rise to the surface lately that intersect with bone health or aging in general?

So what I, what I love about being a podcast host, and you may find this as well, is I get to talk to brilliant people who can teach me about things that I'm really interested in.

So, you know, I've just had wide ranging conversations with, pharmacists that run, you know, compound pharmacies. And I'm able to learn about how medications for osteoporosis and other diseases can be customized to a person's, particular, their particular needs.

I've learned a lot about hormone replacement therapy in women and how to dial that in more precisely. So it's more customized, not a one size fits all, for, for women.

And it's just an example every time I go to a conference. And I was just in one, actually two conferences each of the last two weekends, you know, I see a speaker and I get excited about what they say, and I buy time on, and I get to learn more and, and share that with my listeners.

So it's it's a wonderful thing. That's awesome. That's great. If you could just give one piece of advice to someone

looking to age vibrantly and protect their bones from the long run, what would it be?

Read my book and follow the recommendations in my book. Okay. Distills 20 years, research, clinical practice, teaching, articles, questions I've gotten from from patients over the years, and in a very easily accessible language and format for people that understand chapter by chapter, what they could do and what they should do.

And then, you know, sign up for my newsletter because I'll be coming out with a second edition. I'm working on the second edition of the book now, and that's going to even have expanded information and helpful tips and tools.

That's awesome. That's great. And that's your book called Fracture Proof Your Bones. That's such an empowering title. And then finally, what do you want your readers to, take away from it the most?

That's a great question. What happens is when somebody comes to me with a low bone density test result, it's scary. And they're often very anxious. And I understand that because it is a serious condition and oftentimes they've had a discussion with their their primary care physician, or whoever diagnosed them.

And often the conversation involves pressure for them to start a medication right away. I've had patients report to me that their other doctor said, if you don't start taking this medication now, you're going to fracture, you're going to die. I won't work with you anymore.

I mean, that's that's been reported to me over and over again. And I what I do with patients, and I think one of the most important things to do is I have them take a breath.

I have them just calm down for a second. And I put that bone density test result in its proper perspective. Meaning, like I said before, that it only predicts about 44% of women with osteoporosis who are breaking bone and only 21% of men.

Yes, it's part of the puzzle, but it's by no means the most important part of this puzzle is a serious diagnosis that deserves an attention. But it's not an emergency.

There is time for you to educate yourself, to learn what you can do to create a holistic health bone health program for yourself. That makes sense. That's great.

Really excited and we will definitely put a link there. And what is your website that we can direct people to to get more information and buy health.com and be eye health.

Great. That's fantastic. Thank you so much today for your time and your expertise. Are really appreciate. It's been very enlightening. Thank you. It's fun I appreciate it.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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