Introduction + overview of the approach

Hi, this is Marcy. Hi, this is Marcy. Today we Today we answer a answer a question that I am question that I am asked all the time. Is it asked all the time. Is it possible to reverse possible to reverse osteoporosis osteoporosis osteoporosis naturally? But naturally? But before we get started, before we get started, don't forget to grab my osteoporosis exercise guide. It osteoporosis exercise guide. It has tons of has tons of exercise videos that exercise videos that will help strengthen will help strengthen bones, improve bones, improve posture, and prevent posture, and prevent falls and fractures.

falls and fractures. And it's completely And it's completely free. Just free. Just follow the follow the link link link tinyurl.com/osteoporosisexercises. I will tinyurl.com/osteoporosisexercises. I will also add this also add this link in the description of the link in the description of the video. So, can video. So, can osteoporosis be cured osteoporosis be cured naturally? Dr.

naturally? Dr. Kim Millman and I Kim Millman and I will tell you exactly what we have seen in we have seen in clinical practice, clinical practice, what produces real what produces real results, and what you results, and what you should realistically should realistically expect. But before expect. But before we get to we get to the point, I want the point, I want to share something that is to share something that is important to both of us.

important to both of us. Dr. Millman and I Dr. Millman and I are convinced that are convinced that drug drug drug treatment has a treatment has a real and important real and important place in the treatment of place in the treatment of osteoporosis. For osteoporosis. For some women and some women and men, this is the men, this is the right choice, and right choice, and sometimes even sometimes even necessary. This necessary. This episode is not about episode is not about being "for" or "against" being "for" or "against" medication. It's about what research and our research and our clinical experience show is clinical experience show is possible possible possible with natural with natural methods, whether you use them you use them alone or in conjunction with alone or in conjunction with medication. So, medication. So, let me let me tell you a little about tell you a little about Dr. Kim Millman Dr. Kim Millman for those who don't for those who don't know her. She is an know her. She is an integrative integrative integrative medicine physician and research medicine physician and research scientist who scientist who trained at trained at Stanford, the Stanford, the University of California, San Francisco, and Francisco, and the University of the University of the University of Southern California, and, and has specialized in an has specialized in an integrative integrative integrative approach to approach to osteoporosis treatment for 18 years. Together, osteoporosis treatment for 18 years. Together, Dr. Millman and I Dr. Millman and I founded the founded the Bone Health Academy and the Bone Health Academy and the Integrative Integrative Bone Health Practitioner Certification Program.

Bone Health Practitioner Certification Program. So, this episode is So, this episode is full of great full of great information. information. information.

Stay with us. Welcome, Welcome, Dr. Millman. I'm Dr. Millman. I'm so glad you're here, and so glad you're here, and this is a topic I get this is a topic I get asked about all the time.

So I'm excited that So I'm excited that we're going to we're going to discuss this using discuss this using real- real- real- life examples, what life examples, what we've both seen, and what you've observed you've observed in your 18 years of in your 18 years of practice. This will really practice. This will really answer the answer the question for question for anyone interested. So anyone interested. So many people many people got confused. Do you know got confused. Do you know if I need medication, is it really possible to, is it really possible to reverse osteoporosis reverse osteoporosis? So we're going to? So we're going to shed a lot of shed a lot of light on this, and I'm really light on this, and I'm really glad you're glad you're joining me.

joining me. So, congratulations. So, congratulations. Thank you very much. I also Thank you very much. I also think

this is a great think this is a great topic. Um, I want to topic. Um, I want to really really really dive deep into this topic dive deep into this topic and provide as much and provide as much information as possible so that people information as possible so that people get a clear get a clear idea of ??what idea of ??what they can and can't they can and can't do do do naturally.

naturally. And I think that's very And I think that's very important because you important because you can read different things, can read different things, and there's so much and there's so much misinformation around. So, misinformation around. So, let's really let's really talk about what talk about what we've seen all these years we've seen all these years and what's possible.

So I'll pass the word on to So I'll pass the word on to you. I know you you. I know you have prepared a slideshow with some slideshow with some information. So why don't information. So why don't you start now?

you start now? So, the topic of our So, the topic of our discussion today is: can osteoporosis really be cured osteoporosis really be cured naturally? And the simple naturally? And the simple answer is—yes, in answer is—yes, in many cases it is many cases it is possible. And from my possible. And from my perspective, it's important perspective, it's important to have realistic to have realistic expectations about expectations about what can and cannot be what can and cannot be achieved achieved achieved with different with different types of natural types of natural therapies. It is also therapies. It is also important to know the time important to know the time frame.

Extent, timeline, and monitoring results of various therapies

Um, so when do results usually appear and how do I results usually appear and how do I track them? So, track them? So, let's delve let's delve into the timing and into the timing and learn how learn how to track to track to track improvement with improvement with natural therapy. At natural therapy. At best, I best, I usually see an usually see an achievable T -score improvement of 0.8–1 -score improvement of 0.8–1 standard standard standard deviation over deviation over about 3–4 years.

Here are some examples of what Here are some examples of what you might you might see. Is it possible see. Is it possible to go from severe to go from severe osteopenia to mild osteopenia to mild osteopenia? To osteopenia? To give examples of T- scores, this could scores, this could look like -2.2 look like -2.2 to -1.4. And as you can see, that's to -1.4. And as you can see, that's about the same difference about the same difference of 0.8 standard of 0.8 standard deviations. Yes, you deviations. Yes, you can observe this kind of can observe this kind of regression.

regression. regression. What about the transition from What about the transition from severe osteoporosis severe osteoporosis to mild to mild osteoporosis? This could osteoporosis? This could look like -3.7 look like -3.7 to -2.9. In fact, to -2.9. In fact, I have a case of a I have a case of a patient who patient who took bioidentical took bioidentical hormones and achieved exactly hormones and achieved exactly that. Is it possible that. Is it possible to see an improvement to see an improvement from mild from mild osteopenia to normal?

osteopenia to normal? With a T-criterion from -1.6 With a T-criterion from -1.6 to -0.8. Yes, you can to -0.8. Yes, you can observe this kind of observe this kind of regression. Is it regression. Is it possible to see possible to see regression from severe regression from severe osteoporosis to normal?

osteoporosis to normal? Something like -3.7 Something like -3.7 to -0.9. This is to -0.9. This is unlikely because unlikely because it is well beyond it is well beyond one one one standard standard standard deviation. From deviation. From mild osteoporosis mild osteoporosis to normal. For example, to normal. For example, from -2.9 to -0.9. Again from -2.9 to -0.9. Again, this is also, this is also unlikely. That's two unlikely. That's two standard standard standard deviations, and deviations, and we don't usually see we don't usually see that kind of improvement that kind of improvement with natural with natural therapies. So, in therapies. So, in percentage terms per year, I percentage terms per year, I usually see usually see an improvement of 3–5%, and an improvement of 3–5%, and sometimes 6–8% per year sometimes 6–8% per year with the therapy that gives the with the therapy that gives the greatest results. And how do you. And how do you track that? So, you have to you have to control everything that is used for therapy.

For example, you For example, you look at look at hormone levels, or PTH, hormone levels, or PTH, or whatever you're or whatever you're looking to looking to monitor those monitor those numbers for during a numbers for during a particular therapy.

Of course, you should Of course, you should look at look at bone bone bone metabolism markers and metabolism markers and do serial DEXA scans. Hi, scans. Hi, this is Margie.

this is Margie. High-quality supplements High-quality supplements are an important part of a are an important part of a comprehensive comprehensive comprehensive osteoporosis treatment program. To osteoporosis treatment program. To help you out, I'm help you out, I'm giving away a substantial discount every day giving away a substantial discount every day in my in my supplement store supplement store through Fullscript. Fullscript has the through Fullscript. Fullscript has the most extensive catalog of most extensive catalog of professional supplements professional supplements and and and health products I have ever seen. So, seen. So, all you need to all you need to do is go do is go to tinyurl.com. This is t i n y u r to tinyurl.com. This is t i n y u r l.com/supplementsforlife and it will l.com/supplementsforlife and it will take you to my take you to my Fullscript store. There you Fullscript store. There you will see my will see my favorite favorite favorite bone-strengthening supplements. So be bone-strengthening supplements. So be sure to sure to sure to check it out, check it out, the link will also be the link will also be in the release description.

in the release description. Now let's get back Now let's get back to the show. So, Dr. to the show. So, Dr. Melnik, let's Melnik, let's figure out what figure out what really gives the really gives the greatest results.

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Three pillars of natural bone building therapies

Yes, of course. There are three Yes, of course. There are three main categories of main categories of natural therapies natural therapies that I believe that I believe significantly improve bone mineral density to the extent bone mineral density to the extent we just discussed. These include bioidentical bioidentical hormone replacement therapy. Hormones are a real breakthrough are a real breakthrough for women, and it's worth for women, and it's worth knowing that all knowing that all estradiol estradiol estradiol patches are FDA-approved patches are FDA-approved for for for fracture prevention. The second is fracture prevention. The second is strength training, strength training, in particular the in particular the OsteoNero exercise program. With a OsteoNero exercise program. With a caveat: to caveat: to see progress, there see progress, there must be must be enough protein in the diet. And enough protein in the diet. And third—diagnosis third—diagnosis third—diagnosis and treatment of and treatment of hyperparathyroidism.

hyperparathyroidism. Without treatment for Without treatment for hyperparathyroidism, hyperparathyroidism, it is impossible to build bone tissue. it is impossible to build bone tissue.

And after surgery, the And after surgery, the body body body recovers on recovers on recovers on its own. There are also its own. There are also less significant less significant improvements, improvements, improvements, including including including stabilization, stabilization, stabilization, with basic with basic therapy for the underlying causes.

Okay, I see that too. I've worked with I've worked with many women many women over the over the years, and it's great that we're years, and it's great that we're discussing this and discussing this and showing people what showing people what exactly gets exactly gets results. Even results. Even if if if bone density does not increase, but bone density does not increase, but simply simply simply stabilizes stabilizes stabilizes thanks to these methods, it is already a victory. It's it is already a victory. It's very inspiring that we very inspiring that we both strive to give both strive to give people actionable people actionable tools, and they tools, and they really work. So really work. So why don't you why don't you share some share some practical examples?

Case study: hormone therapy and spine improvement

Yes, the first story is Yes, the first story is about hormones. Many of my Many of my patients choose patients choose bioidentical bioidentical hormone therapy because hormone therapy because it produces significant it produces significant progress. This case is a 63-year-old woman who has 63-year-old woman who has been postmenopausal for over 10 years been postmenopausal for over 10 years with with with severe osteoporosis of the severe osteoporosis of the lumbar spine lumbar spine and hips.

and hips. She had a hereditary She had a hereditary predisposition to predisposition to osteoporosis. Her osteoporosis. Her mother mother mother was diagnosed with osteoporosis at was diagnosed with osteoporosis at age 70, and during age 70, and during surgery at age 79, surgery at age 79, the surgeon said her the surgeon said her bones were literally bones were literally crumbling. Then, at crumbling. Then, at age 94, her mother fell, age 94, her mother fell, ended up in a ended up in a nursing home, and nursing home, and never never never left. So, of course, left. So, of course, my patient was my patient was worried that the worried that the same fate awaited her same fate awaited her. So she. So she wanted to start wanted to start hormone therapy, hormone therapy, but very carefully and but very carefully and slowly. So this slowly. So this slide shows you what slide shows you what her path looked like.

When I had my When I had my saliva tested for hormones. We saliva tested for hormones. We tested estradiol, progesterone, DHEA, and, progesterone, DHEA, and testosterone. They testosterone. They were all at the very were all at the very bottom of the bottom of the postmenopausal postmenopausal postmenopausal range. You can see range. You can see that she has severe that she has severe osteoporosis of the osteoporosis of the osteoporosis of the lumbar lumbar lumbar spine—3.7, and the overall spine—3.7, and the overall score of the left score of the left hip—2.3. So, this is hip—2.3. So, this is osteopenia. And the osteopenia. And the left femoral neck was at left femoral neck was at -3.1, which -3.1, which corresponds to moderate corresponds to moderate osteoporosis. So in osteoporosis. So in 2022 I prescribed her 2022 I prescribed her low doses of Biest. This is low doses of Biest. This is estrogen cream, estrogen cream, progesterone, and DHEA.

This brought her This brought her hormone levels into the mid- hormone levels into the mid- postmenopausal postmenopausal postmenopausal range according to range according to saliva analysis. And you saliva analysis. And you see, it was a see, it was a year later. You see a year later. You see a 3.3% increase in the 3.3% increase in the lumbar spine lumbar spine, and her hips, and her hips are stabilizing. They are stabilizing. They don't change very much don't change very much, but they, but they stabilize. I am stabilize. I am increasing hormones, this is the increasing hormones, this is the period from 2021 to 2023, period from 2021 to 2023, so we are so we are increasing the dosage very slowly. Right now, I'm. Right now, I'm checking my hormones in my checking my hormones in my blood, and my blood, and my estradiol level is estradiol level is 12. You really need to 12. You really need to get to get to about 15 to start about 15 to start seeing a bone- specific specific specific estradiol target, where you really see estradiol target, where you really see improvements in improvements in bone health. So she was a little short bone health. So she was a little short of that of that level. You can see that level. You can see that her CTX was 552, and the her CTX was 552, and the optimal level is between 250 and 350, so her CTX between 250 and 350, so her CTX was high. This is a was high. This is a marker of marker of bone destruction.

Estradiol is an Estradiol is an antiresorptive antiresorptive antiresorptive hormone. It helps hormone. It helps reduce reduce reduce bone destruction. So, due to bone destruction. So, due to low low low estradiol levels, she estradiol levels, she was experiencing was experiencing was experiencing intense intense intense bone destruction.

But even though my But even though my estradiol levels estradiol levels weren't quite what weren't quite what I wanted, my I wanted, my spine densitometry results spine densitometry results improved by another 4.4%, improved by another 4.4%, and once again, my and once again, my hips hips hips stabilized. At stabilized. At this point, we did a this point, we did a TBS and it fell TBS and it fell into the into the partial degradation category, which is actually a bit, which is actually a bit better than the better than the -3.3 score suggested. So in -3.3 score suggested. So in 2024, I 2024, I increased my increased my hormone dose a little again. Her hormone dose a little again. Her CTX dropped to 332. A little CTX dropped to 332. A little later, I don't even later, I don't even know why this happened, know why this happened, but her estradiol levels dropped significantly. We thought dropped significantly. We thought maybe it was the maybe it was the absorption of the cream and absorption of the cream and her CTX went up again. You her CTX went up again. You can see this can see this direct relationship direct relationship between CTX and between CTX and estradiol levels. Then, um, estradiol levels. Then, um, we, um,

her we, um, her estradiol levels improved a little bit estradiol levels improved a little bit, but not, but not to the range that to the range that I was I was hoping for hoping for her to see the her to see the best results.

So, in 2024, I So, in 2024, I switched her to the patch switched her to the patch instead of the cream, and her instead of the cream, and her CTX level was, uh, 309.

CTX level was, uh, 309. So that was a great So that was a great number. A little number. A little later, we saw later, we saw that her estradiol levels that her estradiol levels were in a great were in a great range for her.

My target My target range for range for older women, um, to be older women, um, to be safe safe safe because of the timing hypothesis because of the timing hypothesis and the Elite study, is an estradiol level is an estradiol level of 20 to 35. And here she is at of 20 to 35. And here she is at 31.9. She has fully 31.9. She has fully achieved her goal.

achieved her goal. We completely We completely regulated her regulated her hormones. We went hormones. We went very slowly, and we very slowly, and we just got her just got her exactly where she, um, exactly where she, um, needed to be. And she needed to be. And she got another 5.3% improvement in her improvement in her lumbar spine lumbar spine. Again,. Again, her hips are quite her hips are quite stable and her TBS score has partially deteriorated. So, over has partially deteriorated. So, over this 4-year period, her this 4-year period, her lumbar lumbar lumbar spine strengthened by 13%.

And we were simultaneously And we were simultaneously working on the working on the fundamental fundamental fundamental root causes. So root causes. So her symptoms of constipation and her symptoms of constipation and dizziness dizziness dizziness decreased. And we decreased. And we worked on her worked on her high high high stress levels, elevated stress levels, elevated homocysteine, homocysteine, homocysteine, food sensitivities, food sensitivities, and prediabetes. All and prediabetes. All these issues these issues were resolved were resolved were resolved in parallel with in parallel with taking hormones. And taking hormones. And what I want to what I want to emphasize here is that emphasize here is that an improvement in an improvement in CTX, or C- telopeptide, in telopeptide, in the range of 200 to 350 is something I consistently something I consistently see when see when taking hormones. And taking hormones. And sometimes when I've done a sometimes when I've done a lot of work with lot of work with someone at the root someone at the root cause level, we've cause level, we've worked with their worked with their gut, with their gut, with their blood sugar, with their blood sugar, with their inflammation, and they're inflammation, and they're feeling pretty feeling pretty good, sleeping well, and good, sleeping well, and someone's CTX level is still someone's CTX level is still around 500-600, and they're around 500-600, and they're not taking hormones, not taking hormones, I can almost always I can almost always tell that it's the tell that it's the hormones that are lacking. Not everyone hormones that are lacking. Not everyone wants to wants to wants to use use use hormone therapy, hormone therapy, but since I know but since I know that that that hormones alone can hormones alone can raise CTX to the raise CTX to the 500-600 range, I can 500-600 range, I can confidently tell confidently tell the patient that it's the patient that it's probably probably probably just the just the hormones that are causing it. And I think I hormones that are causing it. And I think I would also like to would also like to point out that even point out that even those low those low estradiol levels, 9 and 12, estradiol levels, 9 and 12, still produced results.

And she was able to And she was able to move very move very slowly and slowly and get steady get steady improvement. And, um, here's something else improvement. And, um, here's something else I'm seeing: I'm I'm seeing: I'm mostly seeing mostly seeing improvement in the improvement in the lumbar spine lumbar spine on the on the DEXA, and I'm DEXA, and I'm only seeing only seeing stabilization in the hips. But, um, stabilization in the hips. But, um, I actually believe that I actually believe that the quality of the hip bones, the quality of the hip bones, um, has improved, um, has improved, we just don't see we just don't see it on DEXA.

You know, before you You know, before you go on, I think go on, I think it's so fascinating that, you it's so fascinating that, you know, when we know, when we work with work with root causes, which root causes, which I see is so often I see is so often lacking in conventional lacking in conventional medicine, so many medicine, so many other things get other things get better. So your better. So your bone density bone density improves, but improves, but all these other things that people think they have to people think they have to live with also get better.

live with also get better. I just wanted you to I just wanted you to explain because I don't think explain because I don't think everyone knows what everyone knows what TBS, trabecular TBS, trabecular bone index, is. So bone index, is.

Trabecular bone score (bone quality vs density)

So briefly tell briefly tell people what it is, just in people what it is, just in case case case they are not familiar with they are not familiar with this terminology.

this terminology. Yes. So, Yes. So, trabecular trabecular trabecular bone index is bone index is actually a actually a actually a statistical analysis statistical analysis performed on performed on DEXA data. TBS is a quality indicator. And is a quality indicator. And that's why you are classified into that's why you are classified into three different three different categories: normal, categories: normal, partially reduced, and partially reduced, and reduced. And so, um, I reduced. And so, um, I always take always take normal as the equivalent of a normal as the equivalent of a normal DEXA, a normal DEXA, a normal T- score, partially score, partially depressed as the equivalent of depressed as the equivalent of osteopenia by T- score, and score, and completely depressed as the equivalent of as the equivalent of osteoporosis. This is just a osteoporosis. This is just a rough rough rough classification, um, but that's how classification, um, but that's how I perceive I perceive TBS scores.

Thank you. Yes, and it's Thank you. Yes, and it's just really helpful just really helpful because we get because we get a lot more a lot more information. So, information. So, thank you. Okay, you thank you. Okay, you can continue can continue with all these wonderful with all these wonderful cases.

Case study: weight training + hormone synergy

cases. So the second case is a woman, um, who is is a woman, um, who is basically, um, she's a basically, um, she's a 66-year-old woman who's 66-year-old woman who's been been been postmenopausal for over postmenopausal for over 10 years, who started 10 years, who started strength training with the strength training with the OsteoNero exercise program. She started this in. She started this in April 2025 and April 2025 and then started then started taking hormones in taking hormones in July 2025. So I'd July 2025. So I'd like to show you how her bone how her bone turnover markers turnover markers,,, hormone levels, and bone hormone levels, and bone mineral density changed mineral density changed in just one year. This is in just one year. This is right after right after she started strength she started strength training, and before she training, and before she started taking started taking hormones, her hormones, her bone destruction marker CTX bone destruction marker CTX was 634. So was 634. So remember, this is a remember, this is a high number, and high number, and we haven't even talked about P1NP yet we haven't even talked about P1NP yet. So, this is. So, this is bone formation.

bone formation. It should be It should be at least 1/10 of CTX. at least 1/10 of CTX. So in this case So in this case it should be 63 or it should be 63 or higher and you see it's higher and you see it's only 49.2. So her only 49.2. So her osteoblasts are osteoblasts are osteoblasts are not really not really keeping up with her keeping up with her osteoclasts. She osteoclasts. She starts starts starts hormones in July hormones in July 2025 and in January 2026 her estradiol level is estradiol level is almost 15. So I was almost 15. So I was pretty happy with pretty happy with that as a start and that's that as a start and that's about 5-6 about 5-6 months away. Her CTX months away. Her CTX has dropped almost, um, has dropped almost, um, halved to 295.

halved to 295. So, it's been a year and 3 So, it's been a year and 3 months since starting months since starting hormone therapy. Take a look at the. Take a look at the difference between CTX and P1NP.

difference between CTX and P1NP. All this time, she All this time, she was also doing was also doing strength strength strength training. So, training. So, this P1NP should have this P1NP should have been higher than 29.5, and been higher than 29.5, and now it is.

now it is. In fact, even In fact, even better. Because strength better. Because strength training and exercises training and exercises help increase help increase bone formation bone formation. Hormones, in. Hormones, in turn, reduce turn, reduce the level of CTX. So we can already the level of CTX. So we can already see that this see

that this ratio has ratio has ratio has shifted significantly shifted significantly towards anabolism.

towards anabolism. Additionally, we checked Additionally, we checked her estradiol levels her estradiol levels in June. And here in June. And here her estradiol level her estradiol level is 33. This is exactly the is 33. This is exactly the target target target I was I was aiming for. I wanted it to be aiming for. I wanted it to be between 20–35 pg/ml. In addition, pg/ml. In addition, she began to she began to sleep much better, and sleep much better, and hot flashes disappeared after hot flashes disappeared after starting starting starting hormone therapy hormone therapy hormone therapy. We also. We also worked on worked on her sleep quality with her sleep quality with Cortisol Relief and Cortisol Relief and Herba Tonin herbal melatonin, Herba Tonin herbal melatonin, so she sleeps so she sleeps much better. This is against much better. This is against the background of using a the background of using a patch with patch with estradiol 0.05 mg and estradiol 0.05 mg and progesterone 200 mg.

progesterone 200 mg. According to the According to the DEXA results, DEXA results, it was about 7 and it was about 7 and a half months a half months after starting Onero and after starting Onero and only 4 and a half only 4 and a half months after starting months after starting hormones. It usually usually takes a few takes a few months for hormones to months for hormones to stabilize, so I stabilize, so I believe that the biggest believe that the biggest impact here is due to impact here is due to strength strength strength training. I don't training. I don't think the hormones have had think the hormones have had enough time to work enough time to work to significantly to significantly increase bone increase bone tissue. But tissue. But the results are very the results are very impressive. This was impressive. This was shortly after shortly after starting both types of starting both types of therapy. In the therapy. In the lumbar spine, lumbar spine, she she she improved her performance improved her performance by 5.6%, and in the left hip by 1.5%. The right hip by 1.5%. The right hip improved by improved by improved by about one about one percent. And the left percent. And the left forearm—almost forearm—almost forearm—almost 3%. I also want to 3%. I also want to point out that certain point out that certain changes are not changes are not statistically statistically statistically significant, while significant, while others are. Typically, changes of 3% or changes of 3% or more are considered significant. So we can more are considered significant. So we can consider the consider the left and right left and right hip indicators to be stable.

This is my specialty, This is my specialty, I see this all the time. I have been using the I have been using the Onero program for two Onero program for two years now, and everyone has seen years now, and everyone has seen improvements. And it's not improvements. And it's not just thanks to Onero, but just thanks to Onero, but it proves that it proves that exercises like strength exercises like strength training and training and full- full- full- body resistance work produce body resistance work produce incredible incredible incredible results. Dr.

results. Dr. Claudia Thomas was the Claudia Thomas was the first person in the first person in the United States to United States to start start start using Onero.

using Onero. She is one of the She is one of the practicing practicing practicing specialists in our specialists in our program, she is program, she is a physical therapist. She is a physical therapist. She is also a nurse.

also a nurse. She did so many She did so many wonderful things. But, wonderful things. But, in the end, I talked in the end, I talked to Claudia and really to Claudia and really wanted to know what wanted to know what she was seeing, because she was seeing, because, you know, she asks, you know, she asks everyone to bring in their everyone to bring in their results, and she results, and she keeps track of the tests, keeps track of the tests, because she's been doing this because she's been doing this Onero program for Onero program for several years. And she several years. And she said that usually, said that usually, just thanks to Onero, just thanks to Onero, she sees a she sees a 5 to 10% increase in both her hips and back. You know, every person is different. So, she different. So, she was telling us that was telling us that her very first her very first patient had an patient had an 8.7% increase in her hips and 8.7% increase in her hips and spine, and that was…oh, in spine, and that was…oh, in her hips, and her back her hips, and her back remained the same remained the same. And before meeting. And before meeting her, she was constantly her, she was constantly losing bone losing bone mass. She told mass. She told me about another person me about another person who has been doing it for 3 who has been doing it for 3 years, and the first year years, and the first year she took AlgaeCal and her she took AlgaeCal and her condition just condition just stabilized. She stabilized. She gained 3% gained 3% in the second year and 5% in the in the second year and 5% in the spine in the third year, spine in the third year, but her hips but her hips remained stable.

And she did. And she did say that people who say that people who take hormones take hormones get even higher get even higher DEXA readings, similar DEXA readings, similar to what you see, to what you see, Dr. Millman. Now, interestingly, someone in, interestingly, someone in my class who is 57 my class who is 57 years old recently gave years old recently gave me her me her DEXA results, and her spine DEXA results, and her spine was originally minus 2.8 was originally minus 2.8 and her total and her total hip score was minus 2.1. This hip score was minus 2.1. This was in November 1923 was in November 1923. And then in December. And then in December 19…26th, no, not 1923, but 19…26th, no, not 1923, but 2023. Uh, yeah, so 2023. Uh, yeah, so it's already 3 years later.

it's already 3 years later. Her spine is minus 2.2. So, it was an So, it was an 8.6% increase, and, you know, 8.6% increase, and, you know, in the end, she was in the end, she was very happy.

Now it's interesting that the condition of Now it's interesting that the condition of the hips has hardly the hips has hardly changed. But when I changed. But when I interviewed interviewed interviewed Dr. Belinda Beck, Dr. Belinda Beck, who led the who led the Lift More study and Lift More study and actually created the actually created the Osteo program, she Osteo program, she shared why — because shared why — because she wondered why hip bone density often hip bone density often doesn't have that much of an doesn't have that much of an increase. And increase. And she saw it on a she saw it on a regular basis. And regular basis. And she said that when she said that when we do a we do a bone density scan, bone density scan, what's missing is…

you know, mineral you know, mineral composition—that's composition—that's composition—that's mostly calcium, mostly calcium, but there's one thing that it but there's one thing that it doesn't measure is the overall doesn't measure is the overall strength of the bone. But strength of the bone. But what it measures is what it measures is strength, but what it strength, but what it lacks is lacks is form. And she made form. And she made an analogy, it's like a an analogy, it's like a stick. If one stick. If one is wider than the other and the weight is is wider than the other and the weight is the same, the narrower one the same, the narrower one will bend easier. It's the will bend easier. It's the same with bone: a same with bone: a narrow femoral neck is the area is the area most prone to most prone to fractures, it's at the fractures, it's at the greatest risk, and greatest risk, and it will bend or it will bend or break more easily than a break more easily than a wider one. So what they wider one. So what they saw in the saw in the Liftmore study—an Liftmore study—an increase in increase in spine density but little spine density but little change in the change in the hip region—was pretty hip region—was pretty puzzling. But puzzling. But then they then they used a used a 3D analysis program of the hip 3D analysis program of the hip joint, and everything became joint, and everything became clear. Because what clear. Because what they saw was that the they saw was that the cortical layer, the cortical layer, the outer wall of the femoral outer wall of the femoral neck, neck, neck, actually actually actually thickened. So, thickened. So, the architecture the architecture the architecture has changed, and this is exactly the has changed, and this is exactly the part where the part where the most fractures occur.

most fractures occur. According to Belinda According to Belinda Beck, she became 30% thicker. It turns out thicker. It turns out that the body is strengthening that the body is strengthening the hip, but it just the hip, but it just doesn't show up on the doesn't show up on the DEXA DEXA scan results. So I scan results. So I thought that was very thought that was very interesting, and it explains interesting, and it explains why some people didn't have didn't have significant progress in the significant progress in the hip area even during the study.

hip area even during the study. Anyway, I'm Anyway, I'm constantly constantly constantly watching this, and when I interviewed Belinda recently, interviewed Belinda recently, she said that she said that people's numbers people's numbers continued to continued to continued to increase. So, increase. So, even those who even those who only exercised on the only exercised on the Onero program, Onero program, instead of instead of losing bone losing bone mass as mass as the trajectory predicted, the trajectory predicted, continued to continued to gain it. That's why I gain it. That's why I believe that strength believe that strength training, the training, the exercises that involve strength and exercises that involve strength and load, are very load, are very important. Again important. Again, it doesn't have to, it doesn't have to be be be Onero, there are many ways Onero, there are many ways to achieve the result, and to achieve the result, and even for people who even for people who can't work with can't work with heavy weights, there is a heavy weights, there is a method of restricting method of restricting blood flow that blood flow that you can talk to you can talk to a physiotherapist about; a physiotherapist about; There are various There are various ways to improve ways to improve bone density bone density through exercise.

Okay, let's Okay, let's continue with the continue with the cases. cases. cases. Yes, and I'll just say Yes, and I'll just say that, in my suspicion, this that, in my suspicion, this also happens with also happens with hormone therapy. I consistently see. I consistently see improvements in my improvements in my lumbar spine lumbar spine and and and hip stabilization, hip stabilization, and while my and while my hip bone density is hip bone density is not significantly increasing, I not significantly increasing, I suspect that the suspect that the bone quality in bone quality in this area is this area is actually actually actually improving. With improving.

Hyperparathyroidism: a hidden driver of bone loss

With hormones too. So our third case is a 66-year-old woman is a 66-year-old woman who had severe who had severe hyperparathyroidism, and hyperparathyroidism, and she had an elevated she had an elevated calcium level, you calcium level, you can see here, 10.6. This is. This is Virgo Boone's hyperparathyroidism calculator, and I would Virgo Boone's hyperparathyroidism calculator, and I would recommend it to recommend it to anyone who wants to anyone who wants to check their own check their own readings and readings and understand if understand if they might have a problem with their they might have a problem with their parathyroid parathyroid parathyroid gland. So, she gland. So, she had a high had a high calcium level—10.6. Her calcium level—10.6. Her PTH level was at PTH level was at the upper limit of normal—67. Her CTX, a measure of. Her CTX, a measure of bone destruction, bone destruction, was 985. This is very was 985. This is very abnormal.

abnormal. abnormal. Remember, 350 is Remember, 350 is optimal. P1NP, i.e. optimal. P1NP, i.e. your P1NP, should be in a your P1NP, should be in a natural natural natural ratio of 10:1 to ratio of 10:1 to CTX. So, the CTX. So, the calcium level in the 24-hour calcium level in the 24-hour urine was 462. Anything above 250 above 250 is, um, abnormal.

So that's almost twice the amount of So that's almost twice the amount of calcium calcium calcium excreted in the urine. This is because This is because so so so much calcium is leached from the bones due to the much calcium is leached from the bones due to the activity of activity of activity of overactive overactive overactive parathyroid parathyroid parathyroid glands. So, calcium glands. So, calcium enters the blood. There is so much of it there so much of it there that the kidneys simply that the kidneys simply excrete it without excrete it without reabsorbing it. So, reabsorbing it. So, here are some of its here are some of its indicators. As we can see, her CTX scores were, her CTX scores were constantly increasing.

Here are 651, 884, and 1087. At that Here are 651, 884, and 1087. At that time, she time, she was being monitored by was being monitored by a rheumatologist, and they a rheumatologist, and they simply told her, " You know, you just have to You know, you just have to wait and wait and see." see." Like, your PTH isn't that Like, your PTH isn't that high. And high. And I'm not sure why I'm not sure why they ignored the they ignored the calcium level of 10.6, which calcium level of 10.6, which is very abnormal to me is very abnormal to me. The. The PTH level was very abnormal for me PTH level was very abnormal for me because because because with such high with such high calcium levels, the calcium levels, the natural activity of natural activity of PTH should be significantly PTH should be significantly reduced.

reduced. Because the Because the parathyroid parathyroid parathyroid glands are glands are calcium sensors, they don't calcium sensors, they don't want to over- want to over- saturate the blood with saturate the blood with calcium. They are very calcium. They are very depressed. So, depressed. So, the combination of high the combination of high PTH with high PTH with high calcium levels is exactly what calcium levels is exactly what we look for we look for in in in hyperparathyroidism. You hyperparathyroidism. You also look at also look at vitamin D levels, but vitamin D levels, but just low just low vitamin D levels can vitamin D levels can cause cause cause elevated PTH.

High High vitamin D levels could vitamin D levels could cause high cause high calcium levels, but calcium levels, but this would result in this would result in low PTH levels.

So, this is the only model So, this is the only model that explains that explains our results. And that our results. And that was obvious when was obvious when you looked at CTX in you looked at CTX in addition to calcium and addition to calcium and PTH. And when you PTH. And when you looked at the looked at the calcium levels in the

daily calcium levels in the daily urine, the diagnosis was urine, the diagnosis was pretty pretty pretty easy. So I advised easy. So I advised her to go to the her to go to the Norman Parathyroid Center in Norman Parathyroid Center in Tampa. They have Tampa. They have vast experience.

She went there. In She went there. In April 2024, she April 2024, she underwent surgery on her underwent surgery on her parathyroid parathyroid parathyroid gland. And by July, gland. And by July, her CTX had normalized.

her CTX had normalized. So, she has normal So, she has normal markers of markers of bone metabolism. I bone metabolism. I didn't show it, but her didn't show it, but her PTH returned to normal and her PTH returned to normal and her calcium also calcium also returned to normal. She returned to normal. She had a very good had a very good treatment outcome.

So, these were her So, these were her DEXA results in DEXA results in 2023 before her parathyroid surgery : she lost : she lost 1.5% in her lumbar 1.5% in her lumbar spine, -7.4% in her spine, -7.4% in her left hip, and -6.7% in her left hip, and -6.7% in her right hip. Then right hip. Then in April she had in April she had surgery on her surgery on her parathyroid parathyroid parathyroid gland, and about a gland, and about a year later, a little year later, a little over a year later, over a year later, her bone mass her bone mass started started started to recover, which is a to recover, which is a wonderful result.

So, in the lumbar So, in the lumbar spine, it has spine, it has completely recovered. She even. She even made back a little made back a little more than she lost.

In the left hip, it In the left hip, it almost completely almost completely recovered with a good recovered with a good gain of 6.4%, and in the gain of 6.4%, and in the right hip, the same thing right hip, the same thing happened. It happened. It had a very good had a very good gain of 5.3%, which gain of 5.3%, which meant an almost complete meant an almost complete recovery. So you recovery. So you see how this parathyroid surgery parathyroid surgery can truly can truly change lives and change lives and reverse the effects of reverse the effects of hyperparathyroidism.

hyperparathyroidism. That's why it's so important that That's why it's so important that people get the people get the correct diagnosis. And correct diagnosis. And I know, Margie, you have a I know, Margie, you have a case where, in my case where, in my opinion, it was opinion, it was quite quite quite difficult to diagnose.

difficult to diagnose. This case is a 56-year-old This case is a 56-year-old woman who woman who experienced early menopause at experienced early menopause at age 44. She age 44. She was seen by was seen by an endocrinologist, and an endocrinologist, and previously she already had previously she already had elevated elevated elevated blood calcium levels. And blood calcium levels. And then the endocrinologist, then the endocrinologist, during a 4-minute during a 4-minute appointment, told her, " I want you to start I want you to start taking Prolia." This taking Prolia." This was someone who was someone who was in my was in my community, had learned a lot, community, had learned a lot, and and and had read a 300- page book by page book by Dr. Keith Dr. Keith McCormick. So, McCormick. So, she was very she was very knowledgeable. She also knowledgeable. She also played sports and, played sports and, by the way, is a patient of by the way, is a patient of my husband. So my husband. So she came to my she came to my husband and told him husband and told him about the situation, about the situation, noting that she noting that she was very surprised by was very surprised by this decision. When this decision. When he looked at her he looked at her numbers, he said, numbers, he said, "Why don't you get "Why don't you get tested for CTX and P1NP?" tested for CTX and P1NP?" When she When she returned to returned to the endocrinologist, she the endocrinologist, she said, “I don’t believe in said, “I don’t believe in P1NP, but I’ll order a P1NP, but I’ll order a CTX test.” During the CTX test.” During the last visit, the last visit, the calcium level prescribed by calcium level prescribed by the endocrinologist the endocrinologist was 10.3, and PTH was 20.

was 10.3, and PTH was 20. And her CTX level was 936. And And her CTX level was 936. And essentially, the endocrinologist essentially, the endocrinologist insisted again, "You insisted again, "You have to start have to start taking Prolia." At that taking Prolia." At that point, my husband, point, my husband, who was also working with who was also working with her, said, "You her, said, "You have to understand, this have to understand, this looks like…"

He looks like…" He entered the data into entered the data into Dr.

Dr. Dr. Deva Bone's calculator, and it did Deva Bone's calculator, and it did indeed look like indeed look like hyperparathyroidism. hyperparathyroidism.

So, she actually So, she actually went to went to Dr. Deva Bone in Dr. Deva Bone in Arizona, and Arizona, and she actually had a large she actually had a large tumor. So then tumor. So then she had parathyroid surgery on 7/23/25. Now parathyroid surgery on 7/23/25. Now let's take a look.

let's take a look. It's only, you know, It's only, you know, a few months a few months later. So now her later. So now her calcium level is calcium level is normal, 9.1. Her normal, 9.1. Her CTX score has dropped significantly, to CTX score has dropped significantly, to 192. And her P level, MP, has 192. And her P level, MP, has gone up a lot, gone up a lot, showing that showing that she is really she is really working hard working hard on on on bone repair, 73.5. So after bone repair, 73.5. So after the surgery, there were the surgery, there were huge changes. And huge changes. And one more thing that one more thing that happens immediately happens immediately after the surgery. She suffered for many years from fatigue suffered for many years from fatigue and many other and many other symptoms that everyone symptoms that everyone simply attributed to simply attributed to aging. You know, aging. You know, people just people just ignore these ignore these symptoms. So she symptoms. So she never felt never felt better. Now let better. Now let 's look at 's look at her bone density.

her bone density. You know, her You know, her bone density. Her bone density. Her bone density, okay. So, bone density, okay. So, if we go back if we go back to April 20, the indicator was to April 20, the indicator was minus 2.5. We have little minus 2.5. We have little data because she data because she was not was not my husband's patient all my husband's patient all this time, so he was this time, so he was only able to get the only able to get the values ??that were in the values ??that were in the chart. But then it chart. But then it dropped significantly on 04/28/25, dropped significantly on 04/28/25, this was before the surgery, minus this was before the surgery, minus 3.2. And now, a year 3.2. And now, a year after the surgery, after the surgery, look at this. By look at this. By the way, one more thing, did the way, one more thing, did n't he tell you? My n't he tell you? My husband also husband also prescribed her hormones.

prescribed her hormones. So, after the surgery, So, after the surgery, she also started she also started taking taking taking bioidentical hormones. And thanks to this. And thanks to this combination, the indicator combination, the indicator increased to minus 2.3, which increased to minus 2.3, which is an increase is an increase of 14.8% in the lumbar of 14.8% in the lumbar spine. And in the spine. And in the left hip left hip bone, the indicator bone, the indicator reached minus 1.5, reached minus 1.5, an increase of 4.5%. I an increase of 4.5%. I think this is very think this is very important because it is often important because it is often overlooked. This is overlooked. This is too often too often overlooked, and I've overlooked, and I've seen at every seen at every summit I've attended where summit I've attended where Dr.

Dr. Dr. Diva Bone has spoken, people Diva Bone has spoken, people learn about the learn about the parathyroid parathyroid parathyroid gland and the need to gland and the need to monitor monitor monitor their their their calcium levels. And every time 20 calcium levels. And every time 20 people said, "Oh, people said, "Oh, wait, my wait, my calcium level is high." calcium level is high." "We need to check this out." This is something that makes a." This is something that makes a world of difference world of difference, and the good, and the good news is that it is news is that it is treatable, bone density does improve, and it is a improve, and it is a real cure. So this is something you. So this is something you can't miss, because no matter what can't miss, because no matter what you do—this you do—this woman was woman was exercising, exercising, exercising, eating right.

eating right. No matter No matter what you do, if what you do, if you have a tumor, you know, and you have a tumor, you know, and your parathyroid your parathyroid gland is working at its limit, and you have this, and you have this problem, you're going to problem, you're going to lose bone lose bone tissue. We've seen this tissue. We've seen this in the community: people in the community: people are doing everything are doing everything right, but they still right, but they still continue to continue to lose bone lose bone mass. That's why it's so mass. That's why it's so important to get your important to get your calcium levels checked, and calcium levels checked, and if you're seeing a parathyroid surgeon parathyroid surgeon like Dr.

like Dr. Deva Boone or Deva Boone or Norman Parathyroid Specialists, or Norman Parathyroid Specialists, or other doctors in other doctors in your area, it your area, it should be someone who should be someone who specializes in this area. So, that's all I. So, that's all I wanted to share wanted to share about this case. I about this case.

Root causes of bone loss

I just want to point out just want to point out that in all the cases that in all the cases I I I have demonstrated, and I am have demonstrated, and I am sure in sure in Margie's cases as well. We Margie's cases as well. We have also done significant have also done significant work to work to stabilize the stabilize the stabilize the root causes. In addition to root causes. In addition to working with hormones and working with hormones and exercise, exercise, exercise, we look at we look at inflammation and inflammation and toxicity, toxicity, toxicity, gut dysbiosis and gut dysbiosis and leaky leaky leaky gut syndrome, high gut syndrome, high cortisol levels and cortisol levels and sleep disturbances, sleep disturbances, poor poor poor blood sugar control, blood sugar control, nutrient deficiencies nutrient deficiencies, acidic foods that cause the kidneys to that cause the kidneys to excrete excess excrete excess calcium, food calcium, food sensitivities, and an sensitivities, and an unhealthy diet.

Working on these Working on these causes helps causes helps stabilize stabilize stabilize the environment in which the environment in which your bones are located your bones are located. This is. This is fundamental fundamental fundamental work, and it work, and it definitely contributes to definitely contributes to the improvement and the improvement and stability of stability of stability of bone mineral density. In bone mineral density.

When medication becomes necessary in an integrative plan

In our common opinion, our common opinion, these factors cannot be these factors cannot be neglected under any neglected under any circumstances. There are circumstances. There are situations when bones situations when bones become so become so fragile that a person fragile that a person really needs really needs drug drug drug therapy. These therapy. These include cases of include cases of severe osteoporosis, severe osteoporosis, where T-scores are very low.

When markers of When markers of bone turnover, bone turnover, especially markers of especially markers of bone destruction, bone destruction, CTX, have particularly CTX, have particularly high values. When there high values. When there is a history of fractures, or when, or when pathological conditions have been diagnosed, such as the hyperparathyroidism we have presented, as well as renal, as well as renal calcium loss, calcium loss, which we have not yet which we have not yet mentioned. The advantage is mentioned. The advantage is that anabolic that anabolic drugs can drugs can increase bone increase bone mass by one mass by one standard standard standard deviation at the deviation at the lumbar spine lumbar spine and, depending on and, depending on the drug, by about the drug, by about a quarter to a quarter to half a half a half a standard standard standard deviation at the deviation at the hips in just one hips in just one year. In most year. In most cases, this may cases, this may be enough for the be enough for the patient's condition patient's condition to improve significantly and to improve significantly and avoid a serious avoid a serious fracture. Another fracture. Another advantage is that advantage is that we we we view medication as a view medication as a short-term " bridge." This may be a bridge." This may be a short course of short course of anabolic anabolic anabolic drugs drugs drugs followed by followed by another remedy that another remedy that will help consolidate the will help consolidate the results results results and prevent the and prevent the opposite effect.

So, it can last So, it can last from 2 to 2.5–3 years, and from 2 to 2.5–3 years, and it is absolutely not for it is absolutely not for life. And the fact that it's life. And the fact that it's not lifelong not lifelong is explained by the fact that is explained by the fact that you you you are simultaneously working on are simultaneously working on eliminating eliminating eliminating the root causes. So the root causes. So after finishing after finishing the medication, the condition of the the medication, the condition of the bones should be bones should be quite stable.

quite stable. A person can A person can continue to continue to continue to exercise, exercise, exercise, eat right, and eat right, and keep underlying causes under keep underlying causes under control control control to to to keep bones keep bones strong. This prevents a strong. This prevents a spiral spiral spiral of inactivity, so of inactivity, so the person can the person can stay active stay active and do what they love. Therefore, I fully. Therefore, I fully

support support support medical medical medical treatment when it is treatment when it is truly necessary.

And I want to add something, And I want to add something, because many people say: "I will not take medication under any circumstances. " And then they—well, " And then they—well, they never they never break bones. So there break bones. So there really is a place for this really is a place for this, and the great thing is that, and the great thing is that these anabolics are these anabolics are actually building actually building bone tissue now.

bone tissue now. They don't just They don't just stop stop stop bone loss. It bone loss. It puts people in a puts people in a completely different completely different position, and as you position, and as you said, the main thing—and I said, the main thing—and I often hear, "Oh, I'll often hear, "Oh, I'll just start just start taking medication." This doesn't taking medication." This doesn't mean you can mean you can do this and forget do this and forget about everything else. You about everything else. You still need to do still need to do everything you can to everything you can to address address address the root causes if you the root causes if you want to improve want to improve your situation in the your situation in the long long long run. In run. In short, we both believe short, we both believe that there is a that there is a time and time and place for this in an integrative approach. But place for this in an integrative approach. But this doesn't have to last this doesn't have to last forever, and you need to forever, and you need to follow all the follow all the steps without exception. You steps without exception. You mentioned that you have mentioned that you have good results with good results with patients, right, patients, right, Dr. Milman, with Dr. Milman, with people who…

people who… Great results. Great results. I had absolutely I had absolutely fantastic fantastic fantastic results with Evenity. My last patient My last patient had an had an 18% improvement in a year, which was 18% improvement in a year, which was simply incredible.

Typically, with Evenity, I Typically, with Evenity, I see results in the see results in the range of 13–15% in the range of 13–15% in the lumbar spine lumbar spine. In the thighs,. In the thighs, the results are not as the results are not as significant. It is usually significant. It is usually somewhere between a quarter and 0.3 somewhere between a quarter and 0.3 standard standard standard deviations in the hips.

There were a few There were a few patients on Evenit patients on Evenit who who who only had an 8% rate, and they were only had an 8% rate, and they were a little disappointed with a little disappointed with that 8%. As for that 8%. As for Timlos, he's not Timlos, he's not that powerful.

Typically, with Timlos in the Typically, with Timlos in the lumbar spine, it lumbar spine, it comes out to be somewhere between comes out to be somewhere between 8–12%. So, yes, I 8–12%. So, yes, I got really got really good feedback, but I good feedback, but I think you can't think you can't underestimate the underestimate the fact that it's not a fact that it's not a life sentence. That's life sentence. That's why we call it why we call it short-term, short-term, short-term, but the only reason it's short-term is short-term is because it because it takes takes takes root causes and root causes and lifestyle elements into account lifestyle elements into account. Because without it, the. Because without it, the bones have nothing to bones have nothing to hold on to, right?

So you're constantly, you're So you're constantly, you're constantly, um, constantly, um, struggling with the struggling with the blood sugar problem. You are blood sugar problem. You are constantly fighting constantly fighting inflammation that inflammation that has reached a fever pitch has reached a fever pitch. And this is the. And this is the most important point, which is why we, which is why we value the integrated value the integrated approach so much. Um, because approach so much. Um, because it's so powerful.

You know, we really You know, we really believe in an believe in an individual plan individual plan for each person for each person that looks at their that looks at their root causes and root causes and takes into account their current takes into account their current state. They, um, they state. They, um, they choose choose choose lifestyle elements. They either lifestyle elements. They either take take take hormones or they don't. Um, they, um, you know, we we encourage everyone to we encourage everyone to exercise, but there are exercise, but there are people who really, you people who really, you know, may be in a know, may be in a situation where they situation where they can't can't can't exercise much. But we exercise much. But we combine it, and we combine it, and we recommend, um, recommend, um, medication, and that's not in medication, and that's not in most cases.

In fact, it's In fact, it's usually a very usually a very small percentage of small percentage of cases, but we cases, but we recommend them when recommend them when we feel that a person we feel that a person is at such a is at such a high risk of high risk of fracture that we don't fracture that we don't want it to want it to happen to them.

Yeah, and if it's about you, Yeah, and if it's about you, sometimes people, you know, it's sometimes people, you know, it's really normal. You really normal. You use them use them to not…because the point to not…because the point here is not to have all here is not to have all your your your bone density increase.

bone density increase. The main thing is that you don't have a The main thing is that you don't have a fracture. And if fracture. And if it helps, that's the it helps, that's the most important thing, because we most important thing, because we all want to live a all want to live a full life. We full life. We want to have life want to have life energy. We want to energy. We want to be able to be able to do different things.

do different things. So, So, So, there are certainly situations there are certainly situations where medication can be where medication can be very helpful, as you very helpful, as you said.

said. said. Yes, in parallel. Yes, in parallel. In parallel with In parallel with lifestyle and lifestyle and root cause analysis. I completely agree.

And why don't you And why don't you tell everyone about tell everyone about your R and R course, because it's your R and R course, because it's really really really unusual and you unusual and you really give people really give people the opportunity the opportunity the opportunity to look at all these to look at all these root causes and root causes and work with you in a way that work with you in a way that they really they really can. So, why don't can. So, why don't you tell you tell everyone about it?

Restore & Rebuild program and practical next steps

Yes, I have a private Yes, I have a private practice in Los Gatos, California, and I can, California, and I can only work with only work with people from California, people from California, and the waiting list for me and the waiting list for me is about 6 is about 6 months. And so, Margie months. And so, Margie asked, actually, I asked, actually, I don't know, it was about don't know, it was about 4 years ago, right, Margie?

Yeah, I was the one who said, Yeah, I was the one who said, you know, after the summit, you know, after the summit, everyone who heard you everyone who heard you asked, "How do I get to see asked, "How do I get to see her her her?" And as you know,?" And as you know, she couldn't she couldn't accept them. It accept them. It only accepts people in only accepts people in California. So I California. So I said, "We said, "We need need need ten more like you, but ten more like you, but I have an idea.

I have an idea. Could you create an online program and program and help people with help people with this method?" That's this method?" That's it. it.

Yes, I really Yes, I really couldn't say no to couldn't say no to Margie, and obviously there Margie, and obviously there was a need and a demand, and it was hard for me too,, and it was hard for me too, because I knew because I knew that a lot of people that a lot of people really needed really needed this approach, and I this approach, and I knew that there weren't knew that there weren't many of us who many of us who specialized in specialized in bone loss bone loss and had such a and had such a subtle approach to subtle approach to treatment. So I treatment. So I created the program "

Recovery: 100 Days

Recovery: 100 Days to Healthier Bones." This is a 14-week." This is a 14-week program. It program. It consists of a consists of a curriculum curriculum curriculum that includes 11 weeks of that includes 11 weeks of pre- pre- pre-recorded content, recorded content, and then there are three or and then there are three or four weeks four weeks of integration, when of integration, when you have time to you have time to catch up on the material catch up on the material or just relax or just relax if you wish.

We are hosting live We are hosting live question and question and answer sessions for 11 weeks answer sessions for 11 weeks. Honestly,. Honestly, we get asked very we get asked very difficult questions, we difficult questions, we dive deep dive deep into topics, and I answer into topics, and I answer your questions your questions that interest you. These are, that interest you. These are, in fact, truly in fact, truly epic sessions. We not epic sessions. We not only get only get answers to your answers to your questions, but we also questions, but we also build a community where build a community where we hear about we hear about other people's struggles. We hear other people's struggles. We hear about people's fears, about people's fears, their disappointments, and their disappointments, and also their also their victories. So this is a victories. So this is a really great time.

We always have the best We always have the best community and no one community and no one ever wants to leave. I ever wants to leave. I have to say this.

have to say this. My last group My last group had 75 graduates, and it is a had 75 graduates, and it is a great honor great honor to support people to support people for a long for a long time. There are people who have been time. There are people who have been with me all these 4 years.

with me all these 4 years. And it is a great honor for me to And it is a great honor for me to do this. There are do this. There are handouts handouts, self-assessments, and, self-assessments, and progress trackers.

progress trackers. We have interactive We have interactive lab lab lab tools. You have tools. You have protocol generators. This protocol generators. This essentially takes my essentially takes my root cause analysis and root cause analysis and breaks it down into breaks it down into chunks, topics that are chunks, topics that are easy to digest. So easy to digest. So you get a you get a curriculum, curriculum, curriculum, then self-assessments, then self-assessments, then you learn how then you learn how to test, and what to test, and what supplements to supplements to supplements to use to use to reduce these reduce these risk factors. If someone has risk factors. If someone has problems with their problems with their blood sugar levels, they blood sugar levels, they check their glucose, check their glucose, insulin, and insulin, and glycated glycated glycated hemoglobin, and I give them hemoglobin, and I give them optimal ranges ; if the indicators ; if the indicators are out of their range, are out of their range, they know that I they know that I will talk about will talk about minerals: zinc, minerals: zinc, magnesium, chromium, gymnema magnesium, chromium, gymnema and other natural and other natural ways to maintain ways to maintain sugar levels, CGM, sugar levels, CGM, eating fiber eating fiber and other life hacks.

So, it's all included. So, it's all included. This is a complete system. And I This is a complete system. And I help you help you every step of the way, being there every step of the way, being there during during during question and question and answer sessions. Our new answer sessions. Our new group starts group starts training on August 15th. I want you to know: want you to know: you have lifetime access you have lifetime access to the materials. So to the materials. So even if you even if you fall behind, you can fall behind, you can go back and go back and watch everything again watch everything again or for the first time. Our or for the first time. Our Q& Q& Q& A sessions are held A sessions are held on Thursdays at 3:00 PM on Thursdays at 3:00 PM Pacific Time. Link to. Link to learn learn learn more: themilmanclinic.com/rnr.

There is a special There is a special offer: offer: offer: $797 until August 1, $797 until August 1, after which the price after which the price will increase. Especially will increase. Especially for Margie's community for Margie's community and this podcast, we and this podcast, we have a have a $100 off coupon—happyf26100.

I hope you I hope you will join us. We have a really warm and We have a really warm and friendly atmosphere. People give me such People give me such great feedback great feedback at the end. Everyone really at the end. Everyone really likes to likes to likes to communicate with each communicate with each other. It's a really other. It's a really warm and supportive warm and supportive atmosphere that I atmosphere that I think you'll think you'll enjoy. And I enjoy. And I think you'll think you'll enjoy this enjoy this course. And if not, there is a 30- day day day money-back guarantee, money-back guarantee, although most people although most people don't take advantage of it.

As I always say: As I always say: knowledge is power. So knowledge is power. So you will become truly you will become truly knowledgeable. I knowledgeable. I mean, people are becoming mean, people are becoming more

knowledgeable about more knowledgeable about their doctors, and that's a their doctors, and that's a good thing, because then you good thing, because then you can make can make informed decisions informed decisions based on a based on a true true true understanding of the situation.

understanding of the situation. That's when people That's when people achieve the best achieve the best results in results in bone health—that's what bone health—that's what I've seen. By I've seen. By the way, I teach two of the way, I teach two of these courses. I teach a these courses. I teach a module on module on exercise, and my exercise, and my favorite is the module favorite is the module on stress, happiness, and on stress, happiness, and bone health. So, bone health. So, thank you for always thank you for always giving everyone a discount, giving everyone a discount, we'll add it to the we'll add it to the release notes as well.

Maybe we should stop the Maybe we should stop the slide show now? slide show now? Dr. Milan, this Dr. Milan, this was extremely was extremely helpful, and it's very helpful, and it's very inspiring that people inspiring that people can can can do so much for their do so much for their health while seeing health while seeing real results.

real results. This is truly fascinating. Is This is truly fascinating. Is there anything else you there anything else you would like to share would like to share before we wrap up?

before we wrap up? Yes, I want people to Yes, I want people to feel confident feel confident in their abilities after in their abilities after this conversation. You this conversation. You can really can really do a lot.

do a lot. Just take one Just take one small step and small step and build your success build your success further. And then further. And then see where see where it leads you.

Margie and I are always here to support you. Certainly. That's exactly what Certainly. That's exactly what works. You know, you works. You know, you shouldn't try to shouldn't try to do everything at once, do everything at once, because that can make you because that can make you confused and confused and stop. One step, the next step—and, the next step—and suddenly you see that you suddenly you see that you 've changed your lifestyle, 've changed your lifestyle, your bones have become your bones have become stronger, everything stronger, everything has improved, and this has improved, and this diagnosis has turned out to be diagnosis has turned out to be a blessing.

a blessing. Thank you very much for joining Thank you very much for joining me today and me today and answering this very, answering this very, very important question.

I know I see I know I see you all the time. you all the time. See you soon. See you soon. That was nice. That was nice. I hope you I hope you enjoyed my enjoyed my interview with Dr.

interview with Dr. Melman as much as Melman as much as I did, and now you have a better I did, and now you have a better understanding of your understanding of your options. All of the options. All of the links links links Dr.

Dr. Dr. Melman mentioned will be in the Melman mentioned will be in the release notes, release notes, including a link including a link to her R&R program and to her R&R program and our our our specialist directory. Thanks specialist directory. Thanks for joining us, and I for joining us, and I look forward to seeing you look forward to seeing you in the next in the next episode.