Summit Introduction and Guest Background

Hi. Welcome to the freedom from Fibromyalgia summit. I'm doctor Roger Murphy. I'm your host, and I have Kellen Ellis here. He's the bone coach. Everything you want to know about osteoporosis, osteopenia.

You're going to learn about it today. This is going to be an in-depth interview about the connection between bone loss and fibromyalgia. Kevin has got quite the resume to share just a little bit about it.

But again, he's known as the bone coach. He's a Forbes featured integrative health coach, podcaster, YouTuber, and the founder of Bone coach.com. Through a unique three step process and a world class coaching program called the Stronger Bone Solution, he and his team have helped thousands of people around the world.

He's worked with over worked in over 1500 cities, so and growing is what I understand. So really excited to have you here, Kevin. Thanks so much for being part of the summit box.

Roger, this is great to be here and this is such an important topic. I'm happy to help out and share what I know well. So what is the connection between fibromyalgia and bone loss?

This whole thing called osteoporosis. Most people don't realize that 1 in 3 people, 1 in 3 women worldwide and 1 in 12 men worldwide have osteoporosis, bone weakening condition.

But there's a connection to this bone weakening condition in fibromyalgia, right? There absolutely is. And I think one of the biggest connections comes from the need for us to provide a stimulus for our bones to become stronger.

And we'll talk more in depth about this a little bit later. But I think one of the biggest connections to fibromyalgia is sometimes people might be a little less active, right, when they're experiencing pain.

That pain may, you know, prohibit them from doing certain movements or moving in a certain way. And we have to have that stimulus to help those bones maintain their their density and their strength.

And sometimes that's just not happening. So that's one of the biggest connections that I see in people that have, osteoporosis, that also have fibromyalgia, too.

So weight bearing exercise is probably the best way to build them. I mean, people hear about calcium and boron and K2 and vitamin D3 and all those are important.

They're really probably the most important thing is just weight bearing exercise. And you're and you're so correct.

How Fibromyalgia and Bone Loss Are Connected

When you have fibromyalgia, oftentimes you have become fairly sedentary just out of necessity trying to avoid fibro flares. This, this aggravation of your symptoms.

So this is a condition that I see quite frequently. Am I, frequently in my practice, but it's one that's oftentimes hidden. It goes unnoticed. Yeah, absolutely.

And I would say to, especially as it relates to exercise wise, you have to have multiple types of stimulus for that bone. The weight bearing exercise is so important because that's where your your body and your bones weight bearing exercise for your body and your bones are working against gravity to keep you up.

Right. So there are things you're doing on your feet, and that's placing a good kind of healthy stress on your bones.

But then there's another kind of exercise that you have to incorporate.

Also, you have to incorporate resistance training and muscle strengthening exercise. You got to do those two things because your bones need a couple different types of stimuli to maintain their strength and to become stronger, you have to have muscle pulling on bone, which is going to send a mechanical signal, is going to send a chemical signal to tell those bones to become stronger.

And then you also need to have impact. And the most effective interventions are going to use one or both of those things in combination. So most people when they're told they have osteoporosis or they're told, hey, you've got weak bones or brittle bones, you know, go for a walk.

That's like the standard recommendation. And if you're walking, great, continue to walk. It's great for your health. Get outside, get some steps in, but realize it's not going to be enough.

You have to incorporate the other kind of stuff. So our weight bearing exercises would be like, you're walking, you're running, you're jogging, you're gardening, playing with the kids or the grandkids outside.

All that can be considered weight bearing. What's also weight bearing would be Pilates or yoga or tai chi or qigong. Those kinds of things are also weight bearing.

But then there's also non weight bearing exercise. And a lot of people with fibromyalgia may be doing some of these non weight bearing exercises including swimming.

Yeah yeah yeah. Pool therapy is a big thing. Yeah. Exactly. Right. So with that it's it's when you're non weight bearing like you are with swimming and cycling and kayaking and those kinds of things.

You're not placing that good kind of healthy stress on the bones okay. So it's the same thing that astronauts work against in space when why they have bone loss.

When they go up into space is because there's not they're not working against gravity. They don't have that stimulus on their bones. So if swimming is a part of your plan, it's great to incorporate that, especially if it makes you happy, reduces your stress, makes you feel good.

That's all good. But just know you have to incorporate the next part, which is the muscle strengthening exercise too. And that's where you add in maybe some resistance bands or maybe there's some, some, machines at the gym, or maybe it's with dumbbells or barbells or something like that.

And you work with somebody to slowly help you progress up to where you can do some of these exercises that are going to be good for your bones. Well, I got to hear you speak at a conference that we were both out here recently, and I really enjoyed your presentation and your story. It's very inspiring.

Very touching, very moving. Can you share a little bit about how you became the bone coach? I mean, you know, it's an it's an interesting, name. Right.

The bone coach that you took on this challenge, that that, you know, we don't really hear a lot of people talking about bone health.

Exercise Types for Stronger Bones

Like like we need to. So tell us a little bit about your background. Yeah, I'm happy to. And because most of the time it's not the young male. Right. Talking about osteoporosis, and for me, like many people in the health space, it started out with my own personal health journey.

And I would say my, my health journey started out when I was much, much younger, when my mother was five months pregnant with me, my father was told he had cancer.

He was a marine in Vietnam. He did 22 months in Vietnam, and then he end up getting cancer from Agent Orange. And he passed away when I was about two months old.

And I had this fear as I was growing up, that I was going to follow down the path to an early grave, not be there for my kids, not experience the joys of being a father.

And after I left the Marine Corps a little bit later in life, I started having all these different health issues and I had high stress, poor sleep, low energy.

I could I could barely get out of bed some days. I had chronic digestive issues. I really thought I was at the end, I really did. And then I was diagnosed with celiac disease, and I was.

It's an autoimmune condition where you ingest gluten or proteins that mimic gluten, and they damage the villi in the small intestine. These tiny little nutrient absorption centers.

And what they do is they damage them to the point where they become blunted and they can't do their job. And for me, my villi were damaged and they weren't able to absorb nutrients, and my body still needed these nutrients to execute its daily functions.

So it went to the largest reserve of minerals I had to pull from which are my bones. And that is when I was subsequently diagnosed with osteoporosis. Right around 30 years old.

And, you know, I was when I got the letter was a letter in the mail. It wasn't even a call. It was a letter in the mail. And it was like, hey, you have osteoporosis, go on a gluten free diet.

And that was the extent of it. And I remember just looking up what is osteoporosis? And I was like, okay, fractures and medication dependance. That is my future.

And I was I was scared, I was worried, I was overwhelmed and I, I was like, I can't do this. I can't go down the path that my father did and not be there for my kids.

So I had a really strong, strong impetus for making some changes and doing the research and, making improvements. And I eventually said, you know what?

I can take the same energy and enthusiasm I had in the Marine Corps and apply it. To helping people with osteoporosis. So I became a health coach, and I built out a team of credentialed experts, and we grew our community to over 100,000 people and thousands of people have come through these programs to help build stronger bones and take, take back control. Their futures. Yeah.

So what fibromyalgia I always talk about it's a low pain threshold condition. It's a it's a it's a, a syndrome that is, associated with Allegheny a low pain threshold.

And because of that, all my strategies for the last 22 years specialize in fibromyalgia. I've been to raise that pain threshold, because if you can raise the pain threshold, no matter where that pain is coming from, you can dampen that pain.

But one of the pain, driving triggers for these folks is osteoporosis. And oftentimes they don't even know that they have it. They you know, I'll be doing a consult with him, and I'll be talking about going and getting a Dexa scan or or maybe I encourage them to go get a scan because I'm suspicious that we're missing something that comes back.

And sure enough, it shows that they have a positive score, that they get diagnosed with osteoporosis.

Kellen Ellisu2019 Personal Health Journey

That's an underlying trigger for some of the inflammation, some of the pain that these folks are having, they don't

even realize it. Yeah, absolutely.

And and you mentioned in a really important test and which is the bone density scan, which that is the thing that determines if a person has osteopenia is or what we would call low bone mass or osteoporosis.

So the bone density scan where that starts out is if you haven't gotten one, you probably you'll you'll want to go get one after we're talking about this.

But yeah it's a it's you lay down on the machine. The machine does a scan very low levels of radiation, and then that machine generates a score. And that score is called a T score.

And the T score is going to tell you how much your bone mass differs from the bone mass of a healthy, approximately 30 year old adult. And if you've got a score of plus 1 or -1, that's considered normal and healthy.

If you're -1 to -2.5, that would be considered osteopenia, which is what we would call low bone mass. And that's like a precursor to osteoporosis. And then osteoporosis is -2.5 or lower.

So -2.6 -2.7 and so on and so forth. The greater that negative number becomes, the more severe the osteoporosis is. Now, if you haven't had a bone density scan yet, go get one.

Understand where you're at. Don't just say, oh, I don't want to know. I don't want to know that because I don't have to address this thing to know that probably this is not one of those conditions.

You would want to do that with, but just know that when you get those results back, it's not the whole picture. It's not everything that's going on, especially if you only have one bone density scan.

There are some other things you don't know at that point in time. Most of the time, because your bone density scan tells you the mineral content of your bone.

How much bone you have, the bone quality tells you the structural integrity, the microarchitecture, how that bone is organized. Those two things combine to create bone strength.

So oftentimes you only have the bone density part of that picture. So you could have good quality or not so good quality. And that's going to help. That's going to also determine, you know, the likelihood of a fracture.

And the other thing that you're probably not going to understand at the time of diagnosis is, am I still actively losing bone right now? A single bone density scan will not tell you if you are still losing bone right now.

So there are some tests you can look at. There are things called bone turnover markers, and these are tests that look at the activity level of cells that are breaking down and building up your bones.

And there's one called the serum CT or a CT low peptide test. And that looks at the activity level of cells that are breaking down bone. And if that activity level is elevated or even really high, that can be an indicator of active bone loss and a root cause issue that needs to be addressed.

You know, doctor Roger just mentioned also there could be other contributors to inflammation too. And if that's fueling and contributing to that bone loss, we have to figure out what are the underlying contributors of that.

Yeah. So you mentioned a couple that is can you mentioned center or lifestyle number one and then your own challenge with the celiac. So absorption issues and in the fibromyalgia community, I like a lot of people who have a chronic illness.

One of the things that we see across the board, kind of a, a thread that kind of leads to chronic illness, is this whole thing called leaky gut and, and, and some GI dysfunction where they're not able to absorb their nutrients.

And this is very common. Maybe maybe you're taking Prilosec or Nexium or something that you told you got too much stomach acid. You're taking an acid blocker, but that's is a preventative.

If you're taking that, it prevents you from absorbing and utilizing calcium. You could have a problem with gluten or celiac. It's never been diagnosed.

Or you can have a, a sensitivity to it. So every time you eat, you flare up. And that prevents you from absorbing these nutrients. So there's all kind of things that can cause osteoporosis.

What are some of the other things that you see in your practice to kind of start to initiate this whole whole thing called osteoporosis? Yeah. Well it's your lifestyle and then and, and then nutrition issues, deficiencies.

But there's some other things as well. Right. Absolutely. And we could even go back to when we were kids, we could even start there because 90% of your bone mass is put on by the time you turn age 18, by the time you turn 30, approximately the remaining 10% is going to fill in there.

So if when you were younger, even two, we'll get to present day. But if when you were younger you had poor diet nutrition, you didn't get enough calcium and vitamin D and magnesium and K2 and all those other things.

When you were younger, you drank a lot of sugary soft drinks and sodas and pops and colas. Yeah. You ate a bunch of candy, you know, those kinds of things.

Bone Density Scans and Bone Turnover Markers

You didn't get proper nutrition that could be a contributor. If you led a sedentary lifestyle when you were younger, you weren't, working out or being active or playing sports or doing gymnastics, those kinds of things that's going to help support your bones at a young age.

If you weren't doing those things, it could prevent you from reaching peak bone mass if you took certain medications. Glucocorticoids. Those are medication that, we'll talk about in just a minute.

If you had an eating disorder, if you smoked or drank excessively, if you led a sedentary lifestyle, all of those things could have prevented you from achieving peak bone mass, or what I call a full bucket before you even turned 30 years of age.

So it's great to know and understand that that could have been part of your picture. But now we need to focus on present day and where we're currently at, and what are the things that could be contributing right now.

So I just mentioned medications. One of those medications is glucocorticoid. And these are steroid medications that are designed to suppress inflammation.

They mimic these natural steroid hormones in your body. And they're they're used to treat conditions like asthma, rheumatoid arthritis autoimmune conditions and prednisone cortisone.

Those are some of the the names of these. They will contribute to bone loss. And the reason for that is is kind of threefold. Number one, they reduce your GI absorption of calcium.

Number two they increase your urinary excretion of calcium. So that leads to a calcium deficit. Your bones the primary mineral constituent is calcium.

And then this is the biggest one. Those glucocorticoids they act directly on the cells that break down bone to increase their lifespan. And that's going to reduce your bone density.

So just know if you are taking them or have taken them or considering it. Bone loss will happen when you when that you take those medications and then doctor Roger, you mentioned one that is such a big one that I see, two

which are PPIs.

These are these drugs, if they should even ever be used at all, are used. They're only should be used for a very short period of time, weeks, if even at all.

Again, but I see people on them for ten, 20, 30 years time. Yeah. Lifetime. Right. You get on them and it just it just becomes something you stick with.

The reason that's a problem is for exactly what you just said. A lot of times people take them because they mistakenly think they have too much stomach acid, when in reality they have too little stomach acid.

And then you need stomach acid to properly break down and extract those nutrients from from your food, your calcium, your magnesium, your iron or B12, the amino acids, that are the building blocks of everything.

You you need to be able to break those down from protein and absorb those, and, and reuse them in your body. And you're gonna have a really hard time if you don't have adequate stomach acid.

So that's a big one. We touched on the the digestive health issues, Crohn's disease, all sort of colitis, celiac disease. That's that's such a big one.

If you don't know if you have celiac disease, you want to you want to rule that one out. Usually at some point you find that out, you know, after after after all the misery, you go through it. Right?

I mean, you finally get that diagnosis and it can be a game changer. Can you? Yeah. But, well, you mentioned sugar and you mentioned sodas, and I wrote an article years ago, and I remember parts of that article were that, teenage girls in particular, something between, or maybe it's pre-teen and early teens.

So ten and 14 or 15 year old, adolescent girls, they were three times more likely to have a fracture if they were the average, average adolescent having, six sodas a day is what it was some crazy number.

Yeah. And that that soda intake and the sugar causes an imbalance between the calcium and the phosphorus. And so calcium starts leaching out of the bone to buffer the, the bloodstream, the buffer, the, you know, the body.

And then they start to have bone weakening at an early age. And you see these kids who play in soccer, one minute they're running down the field. Next thing you see they've got a broken leg that blew me away.

And, and, and my kid will probably only have three kids and don't ever drink sodas in the house. But that was, you know, an impetus for us making sure that our kids didn't get hooked on sodas.

Yeah. So and so for us, we we don't even we don't even have that in the house. We're like, we don't even deal with that. But I am so glad we're talking about this.

Like, I, I'm big on prevention too. Like, what can we learn now? Not just for ourselves, but that we can be the shepherd for the younger generations, our kids and grandkids?

And it is so important for young kids as they're developing their skeletons to not be consuming all this sugar. Sugar damages bone by triggering an inflammatory response.

It reduces vitamin D levels. It depletes your bone.

Causes of Bone Loss and Medication Risks

Healthy minerals, your calcium, your chromium, your your copper, those kinds of things. And one of the biggest ones is that it blocks the absorption of vitamin C, and vitamin C is key for developing and maintaining a healthy skeleton.

And a lot of people don't know this, but your bones, the underlying structure of them, they're it's a collagen protein structure. And you need to have vitamin C to help support this structure.

Because vitamin C stimulates pro collagen. It enhances collagen synthesis. And it stimulates something called alkaline phosphatase activity, which is a marker for bone building cell formation.

Yeah. So if you're consuming a lot of sugar and blocking the absorption of vitamin C, that's a problem, right. And so that's a big problem. And when we're talking about sugar we're not just talking about drinking a bunch of soda.

Like that's an obvious one. But what's what are the not so obvious ones. That would be your, your white breads and your cakes and your crackers and your pizzas and your pasties and stuff.

And I know sometimes when people hear that, they're like, gosh, I don't know if I can get rid of that. I don't know if I can do that. But think about it this way.

What can you add in? What can you swap? What? How can we focus on abundance versus avoidance? What can we add in that could maybe crowd out those things that we're focused on right now that we just have to have?

Yeah. If I remember right, there's 18 different nutrients that are needed to make this bone building process happen correctly. And those 18 nutrients can be found in green leafy vegetables.

I mean, it's probably one of the best things you can do is to add these green leafy vegetables into your diet. That's one way to start building bone, right?

Right there. Yeah. And I love, some of my favorite leafy greens. I would say arugula is one of my absolute favorite leafy greens. I don't know if you if you like that one. It's such an easy.

We have a regular salad almost every night, and we and if it starts to go bad, I throw it in a stir fry or put it in something, you know, and a lot of times disguise it so my kids don't know what they're eating, you know.

But but regular is a big fan. I'm a big fan of arugula as well. It's a good one because it's so easy. You can you can use it. And the reason I like it is it's got, it's got bioavailable calcium in it.

It's got vitamin K, it's got vitamin C, and it's, it's it also contains a compound called Arison, which helps turn off the acne. It's a bioactive compound.

Helps turn off the activity level, the cells of breakdown bone. That's that's good. And then it also is a bitter. It's a bitter food. Our our diets today are largely devoid of bitter foods.

Yeah. And we need bitters to stimulate bile, which helps our digestion. Helps you. Absorb your fat soluble nutrients like your vitamins A, your D, your your K.

So you want to have these bitter foods in your diet and these dark, leafy greens, like a ruthless, ruler would be a great one to add to help support that, too.

Well, this is this is kind of sorry I interrupted you. Sorry. Go ahead. Sorry, I don't know. There was actually one other note about arugula that I wanted to make because I think this could be, an important note for people that just have joint pain and other kinds of pain in different areas of their body is sometimes these people are consuming high oxalate foods, too.

So spinach is a very high oxalate grain. And if somebody is having a lot of joint pain or kidney stones or a lot of digestive issues, those could be some indicators that you you might have a hard time breaking down and degrading that oxalate.

So in those situations you could swap spinach for a regular. That could be a good one. Yeah, I didn't mean to

interrupt you, but I've just thought about this is a very simple question.

It's kind of late in the interview, but what are some of the symptoms of also. Yeah I mean it's it's obviously pain obviously pain at the site. But I mean it's a silent condition, right?

It's a silent condition. You're, you're not going to sit here and know for the most part that you're still losing bone. The pain usually comes with a fracture, right?

When somebody fractures. And that's then maybe the point that they're that I come to or they come to see me is like they've already had a fracture, and now they're starting to figure out this process of what do I do?

What's going on? Is bone loss still taking place? What do we have to do to address those things? And yeah, it's a silent condition though, so it's unless you go and get this objective information, one of the best places to start is with that.

That bone, the bone turnover markers and understand, are you actively losing bone right now? Get the bone density scan. That's going to be another good marker to understand what to.

So one of the questions I get asked quite a bit, a lot of my patients and most of my patients are females, which makes sense for fibromyalgia. But and a number of them are on bioidentical hormone replacement therapy or synthetic hormone replacement therapy.

And a lot of times their question is, you know, this is something I need to be on. Is this going to benefit me? And that can be kind of a mixed question.

I'm not I'm not a big fan of synthetic hormone replacement. But there is a time and a place for bioidentical hormone replacement therapy. Sometimes they're prescribed these hormones because of osteoporosis.

But there's a lot of myths, misinformation about that whole process, right? Yeah. No. Absolutely. So and this is different for every single individual.

So obviously as you're listening to this consult your physician first. Make sure that it's the right thing for you to be doing or incorporating. Like if somebody has a risk for breast cancer or blood clotting or something like that, you really need to discuss with your physician because it might not be the right fit for you, too.

But it overall, yeah, it could be a helpful part of somebody's plan because, yeah, especially if we think about primary osteoporosis that is typically related to a decrease in estrogen in postmenopausal women.

Estrogen has a protective effect on bone. As estrogen levels decrease as they do during menopause, that causes an increase in the activity level of cells that break down bone.

So the years following menopause, a lot of women could have up to 20% of bone mass loss just in that five year window. Following menopause. So doing something a little bit more preventative estrogen can help with preventing bone loss.

Progesterone, testosterone and DHEA. Those are also other important hormones that can help with building, and maintaining your bones. So that's where you want to go and work with somebody, speak with them.

Figure out what's the right plan for your body, understand where your hormone levels are at, and then have a plan kind of created from there.

Hormones, Osteoporosis Drugs, and Natural Approaches

Well, correct me if I'm wrong, but looking back at, John Johnson writes work and, John Lee hooker. Hooker, what's your doctor want to say about menopause?

I've always, thought, yeah, estrogen slows down bone loss, but progesterone actually builds them. It actually has a bone building building ability to it.

Okay, good. Make sure I had that right. Let's talk a little bit about some of the medications that are out there. So there's medications and you know I'm not I'm not a fan of them.

And you know a lot of my patients are are on these medications. And I help them get off of them when we're working together. And the reason why is because those medications have potential side effects.

And sometimes the side effects are very apparent in some of these individuals they don't realize is coming from this medication. Yeah. And when I talk about osteoporosis, I can tell you that just about every single person that goes into their conventional physician that gets a diagnosis of osteopenia and osteoporosis, they will be presented with four things.

Take some calcium, take some vitamin D, go for a walk. Here's your bone drug. We'll see you in a year or two for your next bone density scan. Yeah, that is not enough, right.

And a lot of times it may not be the right approach for that person. And when we're talking about osteoporosis medications we have to understand these these drugs have a dramatic effect on bone physiology.

It's not like taking an aspirin. So there are different categories of these drugs. There are anti resort divs and anabolic anti resort divs are designed to slow down the activity level of cells to break down bone okay.

So this would be your bisphosphonates and your rank ligand inhibitors. Your bisphosphonates would be like fosamax recast bone Iva those kinds of medications.

Your rank like inhibitors would be like prolia. So for bisphosphonates the safety and efficacy of these drugs is not really well known beyond five years.

And as you and I are going about our daily lives, doing our daily activities, moving around, doing chores around the house, exercising, we're starting to get these tiny little micro cracks and micro damage in our bones.

That's normal for everybody. And then what happens is you have cells within the bone that sense that damage, and they say, hey, we need to become stronger.

And then they send out a signal to other cells in the bone. And those other cells are called osteoclasts. And they come in and they scoop out the damaged bone.

And then right behind it. It's a couple process. We have osteoblasts that come in and fill in stronger, healthier bone. You can slow down that process too much to where you start to accumulate old worn damage, weaken bone over time.

So if you're taking a medication like this, sometimes what can happen is even if your bone density shows as higher on a bone density scan, the bone quality, the structural integrity may not actually be.

The bone might not actually be stronger. So you have to be aware of that. And then for rank ligand inhibitors like prolia, just know that when you go on that medication and it says if right on Prolia.

Prolia website too is if you come off of it, it can increase the risk of vertebral fractures. So that's important to note from the anti resorption side.

And then there are a whole host of side effects and things like that that come with these two. And then on the other side are anabolic medications. And these are drugs that are designed to build bone, build better quality bone and build it faster.

Can they do that? Yes they can. Are there risks and side effects with their use and important considerations? Absolutely. You can only use them for a certain period of time.

And then this is the big one. After you finish their use you have to follow that drug with an anti resorption of just to not lose the bone you just gained.

So a lot of times you're not just committing to one medication. Now you're committing to maybe one medication over multiple years or maybe even multiple medications over a lifetime.

Yeah. Well, I think we both can agree there's a time and a place, and we certainly want to step by step and certainly no more scare anybody. No. Ideally, I think we would I think everyone watching this would, would agree that if we can do it in a more natural way and slow down that bone loss or build down, we certainly won't want to do that way.

Fox, a max and Beau neither an actor. Now, you know these medications can cause diffuse, achy bone pain. Yeah, and I've seen this time and time again, 22 years working with fibro patients.

They're on a medication and I seem to think it's doing me good I don't know, help them wean off of. And then they realize that one of their symptoms that they've been complaining with goes away.

And it can happen sometimes the medication. Another thing that I don't like about those medications is the risk of, osteo necrosis actually bone bone death.

And not, again, not to scare anybody, but those medications have been associated with the destruction of the jaw bone here, where it literally just eats away that and esophagitis, where it eats away this Ophiuchus.

And they're associated with visual problems. So again, not to scare anybody, but just, we want to get you thinking about what are some of the things you could do that would help you to do it more naturally?

And certainly the bone coach and his tour is this three step program is something you might want to think about, especially if you're taking these medications looking for a more natural option.

And I would add something else in there too, which is I'm so glad you brought up. Like, look, there is a time and a place. Yeah, absolutely. My approach to this is I am pro do everything you possibly can naturally first before ever considering medication as an option.

But I have seen situations where medication, these bone medications are necessary and life saving. I have seen those those situations. So yeah, there is a time and a place, but oftentimes there is so much more you can do first that hasn't even been taken into consideration.

And then also regardless of whether someone takes a medication or not, you still have to do all these other things over here. The diet, the lifestyle, the stress, the sleep, the exercise, the nutrition, the gut health, all of that.

Regardless of whether this is here or not, the medications you're not you still have to do all those things. So it's really important. And sometimes it's just little steps.

Right. It's just little steps. I think these are some things that you teach is this little bitty steps you can take. And then that builds like a snowball.

Nutrition, Supplements, and Bone-Building Foods

It just gets bigger and bigger as it goes down the mountain, you know. And then it can get quite, quite dangerous if you get in the way of it because it's got so much, so much, energy, you know, don't let this intimidate you.

I mean, so those of you, if I imagine we and, you know, we both know that exercise is probably a bit of a challenge

for you, but even just standing and walking around your house, just weight bearing something, weight bearing and then incorporating arugula or green leafy vegetables, putting those into your diet.

I mean, these are a couple things you do right away. Supplements we've mentioned, you know, a handful of supplements that I think people should be on anyway.

D3 is a big one. K2 more on magnesium. Just a good multivitamin should take care of a lot of that. Although I think, you know, probably 4000 5000. I use a vitamin.

D3 is something you're probably not going to get in a multivitamin unless you're taking something special. But, yeah. What are some of your go to, vitamins and supplements or nutrients that you really encourage your clients to be on when you start working with them?

I mean, vitamin D is that that's the standard recommendation for vitamin D and calcium. Yeah. Yes, they are important. Right. Like vitamin D, it's so important for not just your general health but also for your bones.

It's helping to increase your GI absorption of calcium, your gut health and, absorption absorption of calcium. It's going to reduce the urinary excretion of calcium.

It's going to help support your your bone health. So you want to incorporate vitamin D, but before you do start supplementing with vitamin D3, you want to get your levels tested.

First. You want to see where you're at. Yeah, yeah. Yep. The 25 hydroxy vitamin D test. That's the test your doctor is most likely going to order if you're ordering it, but just confirm.

And then once you know where your levels are at, that's when you can figure out how much you're you're taking in each day. Is it like a 2000 IU 3000 IU maintenance dose, or is it winter time.

And the sun's rays aren't strong enough to generate enough vitamin D production, and you're not eating any fatty fish or anything like that, then maybe you're upping your vitamin D.

Intake and supplementation to make sure you're you're maintaining a bit of a higher level. So, vitamin D can be really helpful. K and K2, those are also really helpful.

And your vitamin K1, this would be like the dark leafy greens that we were talking about. And this would be your your kale, your broccoli, your chard.

Those kinds of things have a lot of K1 in them. K1 can be converted to K2, but it's not an efficient process. So other sources of K2 that you can get the Mk4 version.

I don't want to get too too confusing here, but there are some different variations. Yeah, I can get. Yeah, yeah. Overwhelming. Yeah. But I'll keep it a high level.

So K2 Mk4 you can find in things like beef liver, grass fed ghee and butter, dark meat, chicken, pastured egg yolks. Those are sources of Mk4 and then Mk seven.

So K2 Mk seven. This would be like hard cheeses if dairy is a part of your plan, a lot of times it's not a part of people's plan. So fermented foods, sauerkraut, kimchi, natto that's a big one for a lot of people.

And, bacterial fermentation in our guts, our our gut can actually be a source of the production of nutrients. So it's pretty amazing that sometimes we can actually be creating the nutrients that we need to support our health also.

And then I mentioned vitamin C earlier how important that it is for developing and maintaining a healthy skeleton. But it's not just good for your bones.

I mean, we all know it's so good for so many other areas of our health, and there's so many good whole food sources like these are easy things that you can incorporate that don't require, you know, a lot of effort.

So it could be like steaming some broccoli or some brussel sprouts where you get some dino or lasagna or kale or something like that. Those could be great, like vegetable additions.

Also peppers, those are great sauce. But a lot of times people have autoimmune conditions and they're trying to avoid these things called nightshades.

Peppers are nightshade. So if you're if you've got an autoimmune condition and you can't incorporate the peppers, go with some broccoli and some Brussels sprouts and things like that.

And then also, fruits, berries, berries are such a good source to incorporate. They've got the rich in antioxidants and vitamin C, rich berries would be like your blueberries, strawberries, raspberries, blackberries those are all very accessible for most people.

You can find them somewhere near you, or at a farmer's market, too, and then try to get your berries organic if it meets your budget. Right. Because berries are known to get some pesticides and chemicals and things like that.

So if we go organic, though, we're going to avoid that altogether. But those are great sources of vitamin C. And then one of my other favorite foods, that is a great one to incorporate if you if you're open to trying it.

And I'm going to give you a tip on how to try it. So so it actually is palatable. But sardines and mackerel and I like the ones with the bones in them, maybe like in a little.

Can you want to get a BPA free can? But the reason I like the bones in these sardines and mackerel is for a few reasons. Number one, the sardines and the mackerel, they have protein.

And protein is what you need to build your muscles and to maintain your muscles and to build and maintain your bones. Okay. So sardines and mackerel have that.

They also have minerals. And because they have the bones in them for you, that's why you want to look for them. They have all the minerals that your own bones need in the right ratios that nature put them in.

So that's the second reason. And the third reason why is omega threes. These fish contain omega three fatty acids and omega three fatty acids are like the dampeners of inflammation.

So anything that contributes to inflammation, especially if it's chronic, especially if is a long term that will contribute to and fuel your health issues and bone loss.

So with one food you kind of get a three pronged approach there. So I love that. And the way the way you could incorporate this is you can open up one of these things.

I mean you could make we've got recipes around this stuff, but you can make like avocado, sardine cups, that you just got to test it out and try it. Like there are good ways to make that taste good.

You can make little patties, or you could just pour on something like Primal Kitchen dressing. If you're if you're familiar with that brand, that's a good brand.

That's like healthy avocado oil dressings. Pour a little bit on there and give it a little bit of flavor. And that's going to make it so much better. Great. Great tips, great chefs.

Not a big and showy fan, but I'm a big fish oil fan. I mean, fish oil supplements and definitely, I think that's a big part of, a healthy diet or healthy supplementation routine.

One thing we, I think you might mention, but I don't think I've mentioned having just as we close magnesium. So people talk about calcium, calcium, calcium.

But you got to have that magnesium. Without that magnesium you really the calcium really not going to do a whole lot. Those in the fibromyalgia community are already familiar how important magnesium is.

You know, that, probably heard people say numerous times in these summits, I know you probably heard me. If you've heard me speak before, talk about the importance of magnesium.

It's in 300 different body processes. It's a natural muscle relaxer, so relaxes those tight achy muscles and it relaxes those tight columns. So if you've got abs, which about 70% of those are fibro do So magnesium is when we don't want to leave out.

I just want to throw that out there. You have to have magnesium. And another reason for that is, in order to rebuild anything inside your body. So as you're taking in those sardines or the mackerel or the protein or whatever it is you're eating, and you're breaking that down into its smallest form, into these amino acids, and then you're absorbing those amino acids, and they need to be rebuilt inside your body into other things, into other tissues.

And your muscles and your bones. In order to rebuild anything, you have to have magnesium as part of that process. It is so, so important. And as your vitamin D and your calcium intake increases, so too does your need for magnesium.

So it's a really, really important part. Yeah. Having this been great I've learned a lot. You've shared some things that got me thinking, maybe make some changes in when I'm recommending.

But they they I know everybody wants to know more about this and they need to go to bone coach.com. Is that correct. Bone coach.com. You can always find me there.

And that's just we walk people through step by step how to formulate a stronger bones plan. And we've got easy recipes and you know easy step by step tips that that can just start helping you get some small wins to Kevin, thanks so much for being part of this seminar.

I enjoyed this interview. Thoroughly enjoyed it. Thank you so much. Great information, and thanks for tuning in.