Hashimoto's & Thyroid Disease: The Hidden Osteoporosis Connection & Solution Transcript

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Introduction and Kevin Ellisu2019s Bone Health Story

My guest today is a dear friend and a colleague, Kevin Ellis, the bone coach, and he is really known nationwide, worldwide at being a top expert when it comes to bone loss, osteopenia, osteoporosis.

And you may have heard his story. I've had him on the podcast before, but I want you, Kevin, because we have a whole new listening audience right now.

Your story is so impactful. We have to start there, and then we're going to tie this all together with a bow and how it relates to thyroid, what you can do about it.

So welcome, Kevin. I'm super happy to have you back on Amia. So good to see you again. Always love chatting with you. And yeah, for everybody listening, I mean, there is a major connection between your thyroid health, between your bone health, bone loss, osteoporosis, stronger bones, the things that are going to actually carry you to an active future.

So if you're listening to this and you're concerned about your thyroid health and your bones, you need to pay attention because we're going to cover some really, really important stuff.

And yeah, so most of the time you're not thinking about a younger male when you're thinking about bone health or osteoporosis. You're thinking about somebody who's later in life.

Maybe you're thinking about your mother, your grandmother, your grandparents who had a fracture or an injury or something like that. And it impacted their quality of life significantly later on.

And for me, being a younger male who was told I had osteoporosis right around 30 years old, I was shocked at that time because before that I was in the Marine Corps, I was tough, I was leading Marines, I was in the infantry.

And, you know, I, I thought I was I was identified as somebody who was tough and who could endure. And then I was told I had celiac disease. So for those who aren't familiar, that's a different autoimmune condition than than Hashimoto's.

But it's one where when you ingest gluten, it damages the villi in the small intestine, these tiny little nutrient absorption centers, it blunts them.

It prevents them from doing their job. It's almost like if you were a plant, your body and your bones were like a plant. Your villi are like roots in the soil, taking in those nutrients that are really going to help support life and stronger health and bones and mine were damaged, so they couldn't take in some really important minerals and nutrients, calcium being one of them.

The primary mineral constituent of your bones. And my body still needed calcium to execute its daily functions for muscle contractions and nerve impulses.

And because I wasn't able to absorb it, my body went to the bones pulled from there. I had bone loss at a young age, and that led to a diagnosis of osteoporosis right around 30 years old.

And I was shocked, absolutely shocked, and, I was given just basically told that fractures and medication dependance were likely going to be my future.

So even with being in the Marines for a long period of time and being a pretty tough person, I was pretty scared and I wanted to be there for my kids.

My father had passed away at a really young age at 35, so I felt like I was just going right down that same path to follow in his footsteps to an early grave.

And I, I was really at rock bottom, and that was my impetus for change and making improvements and, not only did I get the right plan in place for me and my health and my bones, but I wanted to take the energy, effort, enthusiasm I had and share it with everybody else.

That is mostly women 50 plus that get told they have issues with their bones and they need help and support with that.

Why Bone Health Matters at Any Age

So we grew our community, to over 250,000 people at this point and have just helped them, helped over 10,000 people have come through these stronger bones programs.

And, it's just great. It's great to to be able to help people when, I know that place of getting told you have a condition for which you have little understanding and trying to fight your way out.

Well, and those numbers actually reflect the amount of people who are who who get hit with this, just like you did, who are affected by bone loss. And you're right, I think the average person let's take myself, for example, I'm not I'm not affected by bone loss.

Not yet at least. I want to do all the things that you tell me to do to prevent that. But in my mind, I think the exact same way as what you said before.

Oh, it's just my grandma and my mom. It's those old people that have bone loss. But to your point, with the amount of people that you've helped this and your own experience, this can start affecting people at any age, even in their 30s and 40s.

So this is something that we need to be aware of right now to prevent it. Yeah. So we actually, one of our team members, she's been an osteoporosis exercise expert for about 20 years.

She's been on our team for about five years. One of the things she says is osteoporosis, which means porous bone. It's a geriatric condition with pediatric, our pediatric condition with geriatric manifestation.

Right. So it's the things that we're doing when we're younger in life, because 90% of your bone mass is put on by the time you turn age 18, and the remaining 10% fills in by the time you turn 30.

That's when we would you would achieve peak bone mass or what I call a full bucket, right? So if you are listening to this, not only do you need to pay attention for you, if you have got kids or grandkids, also you should be paying attention for them because the things that you do in that 0 to 18 year window, when you're younger or 0 to 30 window, those are the things that can actually help add an extra ten, 20, 30 years of good quality to the end of your life.

So if you are doing things like making sure you're getting good diet, nutrition from a young age, getting vitamins D, C, K, magnesium, calcium, not drinking a lot of sugary soft drinks and eating a lot of candy and things like that.

Because that's just going to deplete vitamin C, it's going to cause inflammation. It's going to not support a healthy bone structure from a young age.

If you are getting those kids up and being active and moving their body and their bones in these short, sharp, dynamic movements to stimulate that good, healthy bone microarchitecture from a young age, that's what we want,

because that quality of bone is really developed at that point in time, and we want to keep developing that in the future.

So, it's not to say that you can't build bone strength at any age. You can. It's just as you get older and time continues to go on, there are fewer cells involved in the process and it becomes less efficient.

So the more we can do sooner, even if you're in your 30s or 40s or 50s 60s whenever, the more you can do, sooner the better. And that's why this is so relevant.

Yeah, it's never too late to start. Absolutely. It's never too late. So what is that connection between hypothyroidism and bone loss?

How Thyroid Hormones Affect Bone Turnover

Is there one. So there's absolutely a connection between bone health osteoporosis and thyroid health too. And hypothyroidism. So thyroid hormones and and bone cells are actually connected.

So T3 and T4 stimulate what's called bone turnover. And bone turnover is this full process of remodeling that takes place throughout our lives. So remodeling is where you have old bone being broken down and new bone being formed.

And that's why every 7 to 10 years you're going to end up with a new skeleton because of this natural modeling process, which is pretty cool, right? This is happening every day inside you.

So as you're going about your your lives, doing your daily activities, doing exercises in the gym, you're getting these tiny little micro cracks, micro fractures in your bones.

That's normal for every single person. And then what happens is you have cells within the bone called osteocytes that sense that damage. And they say, hey, they send out a signal and say, hey, we need to become stronger.

And these other cells pick up that signal. They're called osteoclasts. Class, come and chew up that old damaged bone. They scoop it out and then right behind it.

It's a coupled process. You have these other cells called osteoblasts that come and build, blast, build. They come and build stronger, healthier, new newborn.

So this is a normal process. Well, your thyroid hormones T3 and T4, they help stimulate this process or actually play a role in this process. So just know that's one of the major connections between bone health and your thyroid health to another one is another one is when we have hypothyroidism and we have reduced levels of thyroid hormones that can lead to this slower rate of bone turnover.

And you would think, well, why wouldn't we want to slow down this process? Well, you want to have this healthy remodeling that's taking place. So if you have issues with your thyroid that can absolutely affect this process and it could eventually, over time, lead to issues with your your bone density, your bone quality, your bone strength.

So that's one of the major connections between the two. Okay. Now thank you for that. Because many people, many people have been told by their doctor that once they start on thyroid hormone replacement, T4, T3, combination of medication, whatever it is, it's going to directly affect the age.

And when that TSH goes down, which I see it every day in my practice, I don't have a problem with suppressed TSH because I understand the mechanism of taking that thyroid hormone in the negative feedback loop that occurs.

But conventional medicine scares people into saying, oh, you know what? That low TSH is going to cause bone loss, or what I'm hearing from you is it's you're worse off being hypothyroid and being under treated, under

medicated or totally dismissed and not even diagnosed.

Then you are being properly medicated. And yeah, maybe the TSR drops a little bit. Did I say that right. Do you agree with that? Yeah. And also it could be it could go the other way too.

So if you have hypothyroidism, that can actually be a cause and contributed to bone loss too. So you do want this healthy balance, that takes place. And the good thing is that you can actually look at just like you can monitor the level of what's taking place with your thyroid hormones.

You can also look at the activity level of cells that are taking place with your bones to. So if bone turnover is off, you can actually spot that early.

We don't just have to wait a year, year and a half, two years down the road to know if you really have issues with your bones. You can actually see right now, present day, if there are issues, and we can look at these leading indicators and help make adjustments based on that.

So if you do have, let's say that is the only health issue you're dealing with is a Hashimoto's or hypothyroidism or something like that. We can go and look at the activity level of your cells, your bone cells, and say, is this leading to bone resorption?

And are in a really high level. And if it is, then what we do is we look and we try to adjust those root cause issues, see if we're addressing them, and then see if that bone resorption is coming down.

So I'm happy to talk about go a little deeper on those tests and what those look like to. Oh gosh, please.

Bone Turnover Markers and Advanced Testing

Because when you and I were talking like a month ago, you were telling me that you developed these new tests because the only tests I know of for bone density is a Dexa or your you know, I think there's another just bone density scan, but that's it.

That's all I'm privy to. So I cannot wait to hear about the deep testing that's available. Yeah. So these tests, I'll start with the, the conventional model, because most people that are listening to this have had some kind of experience with the conventional model, most likely for thyroid health or some of the other health conditions surrounding that.

And it can be really frustrating to make progress because you're looking at limited markers and you're getting these ranges that may not actually be optimal ranges.

And it's it's really hard to look at leading indicators that you're moving in the right direction. So these are called bone turnover markers. They look at the activity level of cells that are breaking down and building up bone.

The most sensitive marker for bone resorption or breakdown is called CTCs serum CT. It's a blood test. It looks at the activity level of cells that are breaking down bone.

And if that activity level is off or elevated or not, where it needs to be, that can be an indicator of active bone loss and a root cause issue that needs to be addressed.

So again it's a blood test. You go you get this test. Now you could try to go through your doctor to get the test. Chances are they're not going to order it.

And because if a doctor doesn't understand the interpretation of a test, they're they're probably not going to order it because it's going to create a liability or a situation that they're not gonna be able to address to. Yep.

So they may then refer you out to a specialist and it could be an endocrinologist or rheumatologist, but those people might not actually order the tests either, because when you're a more educated, informed patient, you're

less likely to want to make a decision to jump right into a pharmaceutical to.

So that's one potential reason. The other is it just slows down the process that they typically have where it's 15 minutes. So I always encourage people, you can go outside just like you had just shared.

I actually saw this over the past 5 or 6 years of running programs and bringing thousands of clients through these that we needed to shortcut the past to get access to these tests.

And that's exactly why I created this. I created this company called osteo IQ, where people can just go get the tests, the bone turnover marker test, the active bone loss, the bone formation tests very quickly, very easily get the results back, understand what the results mean.

And we could just make targeted faster, more objective decisions for your bone health. And just make sure that the lagging indicators of success, the bone density scan are where they need to be. So, yeah, I talked about the bone resorption test.

If you look at bone resorption with your serum CT, you also want to look at bone formation. So bone formation marker the most sensitive marker for that is P1 and P Pro collagen type one and terminal Pro peptide.

So what we want to see when we look at these markers is we want to see CTCs come down, P1 and P come up. And the ratio between the two of those things improve.

These are leading indicators that you can look at every 3 to 6 months, to know that your bones are moving in the right direction, and then the lagging indicators of success that most people are only only looking at, that you're only going to look at when you go to your conventional physician would be every year, year and a half, two years, you're looking at bone density, bone quality, bone strength.

So you can see why it'd be really hard to just put all your hope and and praying that you're doing the right things in, you know, for a year and a half, two years, you might not actually be doing the right things.

You don't want to have to wait that long to know. So that's why we use these bone turnover markers. Oh my gosh, that's amazing. So walk me through the process.

If someone wants to get tested, do they have to be in your program. Can they just go and order the tests themselves? How does that work? Yeah, you can easily just go.

You don't have to be in our program to do this. We actually made it accessible to everybody, whether they're in our programs or not. You can go directly to osteo iq.com, and you can go and get either the it's an active monitoring test, or you can just get the active bone loss test itself.

So active monitoring would look at both CF and P1 and P. That's what I encourage people to do. If you only have the budget for one, get the active bone loss test because that's the one that tells you if your bone loss is really high and if it is, we need to bring that down.

So that's amazing. So let's say someone gets the information from these tests and they just like you said earlier, they didn't want to do a pharmaceutical.

They don't want to do another drug that has a boatload of side effects. Let's face it, most bone loss drugs do. What can they do next? Is that where they could jump into your program?

Do you have resources for them that obviously we'll we'll send the audience to as well to just start to learn this process of what they need to do to protect their bones.

Yeah. Thank you. Thanks for asking. Because most people, when they are told them osteopenia or osteoporosis. So the process is you go in, you get a bone density scan.

The bone density scan gives you a score.

What to Do After a Bone Loss Diagnosis

The score determines whether you have normal osteopenia, osteoporotic bone. The doctor is going to look at that and say, okay, you have osteopenia. You have osteoporosis.

Take calcium, take vitamin D, go for a walk, don't lift anything heavy. We'll see you in two years. For your next bone density scan. Not enough. Don't lift everything heavy. What happened?

The weight bearing exercise. You know that that advice to is, I would say some of the most harmful, advice actually could be more harmful than telling someone to lift heavy.

The only time I tell people not to be lifting super heavy is if you if you have really poor quality bone and you've already had some fractures. Right.

If that's the case, then yeah, proceed with caution and don't be lifting heavy. But if you're somebody who has good bone quality or decent bone quality, maybe you've got low bone density.

Still want to address it. So don't just want to ignore it, but avoiding lifting heavy is not what you want to do because you have to have the stimulus.

You have to have that that stimulus that then tells the bones to become stronger. That's how we actually build bone strength. It's one of the most important components of it.

So you got to first figure out do you have any root cause issues? Obviously, one of the things you're learning here on this summit with you and you're the expert for this is addressing these underlying thyroid issues is so important.

So this is a foundational root cause issue contributing to your bones. You have to address this. So stuff you learned from Doctor Amy. Now you need to be following and walking along with it.

Then what we need to do is actually addresses root cause issues. We get into diet, digestion, absorption. You're probably learning some of that stuff here, right?

So you get into some of those things making sure you're taking in the right nutrients, in the right amounts, making sure you're actually absorbing those nutrients, making sure the nutrients make it to the cell level.

Then we have to provide the stimulus, exercise, exercise. You want to be making sure you're doing weight bearing exercise and muscle strengthening and resistance training, exercise, weight bearing exercise is where your body, your bones, they work against gravity to keep you upright.

You're doing the things on your feet. They're placing good, healthy stress on the bones. So walking, walking is not enough by itself. So don't let anybody tell you that.

Not enough by yourself for your bone density. It's good. You should be doing it every day. But you also need to incorporate things like, you can incorporate jogging, hiking, gardening, playing pickleball, playing with the kids or the grandkids out in the yard.

Yoga, Pilates, Tai chi, qigong. Not all of those have to be formal exercise. They can be fun and play, but those are weight bearing. Be mindful of non weight bearing exercises.

Things that don't place good, healthy stress on the bones. So if you're swimming every day and maybe you've got, you know joint pain. And that's the reason why you swim.

So you go in your swim laps five days out of the week. You can't just get out of the pool and say, oh, I've done my

exercise. I'm good. You you haven't.

You have to be able to apply the stimulus and you have to have muscle strengthening and resistance training exercise. It comes in so this is where we bring in variable resistance bands barbells, dumbbells, kettlebells.

Maybe it's the machines at the gym if that's where your comfort level is at. And then we start to add in different types of exercises that are like the the biggest bang for the buck kind of movements that you can do, but you want to do them safely.

So squats and deadlifts and overhead presses, again, proceed with caution if you already have a fracture. But those are some of the best movements that you can be incorporating.

And you don't have to do them really heavy weight to start. In fact, I would advise against that. Start with form and good body mechanics first, and then slowly progress up to where you're providing the stimulus in a safe way.

Because if you can't provide the stimulus in a safe way, you shouldn't provide a stimulus at all. So that that is really, you know, my whole my whole philosophy around exercise and what we know works and helps support people for a stronger bones is you just want to do things the right way, don't want to do the wrong exercise, and you want to do it safely because injuries and setbacks, you know, you don't want those.

I love that you cover all of those topics and what fascinates me. You really are one of the only experts out there that have developed a program and now a testing protocol that a program as well, to walk people through, how to stay off of the pharmaceuticals and how to just like you said in the very beginning, rebuild themselves because it is possible to reverse, I guess.

Would you call it a disease? Is osteoporosis osteopenia a disease, or is it just kind of a state? But whatever it is, it's not leading you down a good path for longevity and enjoyment of life.

So it's reversible. Is the bottom line. And you have built a program. And like you said, you've sent tens of thousands of people through this program successfully to rebuild their bone and stay off medication.

Yeah. You can't you can slow, stop, prevent bone loss from happening. That's the first thing that has to happen. A lot of times people come to us and they're like, I want to reverse osteoporosis.

I want to have these big numbers. That's great. We have a lot of people that go on to do that. The first place you really have to start is if you're losing bone right now, getting go to a sitcom, you get that test.

You understand if you're actively losing bone, if you are, and let's say the root cause issue is thyroid, right. Addressing those thyroid issues, rechecking that seat.

Did that come down. Did we see improvement there. That means that's a good sign for your bones right. So figuring out those root cause issues, addressing them, that's the place you got to start.

And then we actually start doing the right things with making sure that nutrition is where it needs to be. If let's say you have Hashimoto's, you're following autoimmune protocol.

You're not incorporating things like dairy into your plan, potentially. And that's a really calcium rich food, even if it's cultured and fermented and kefir and and all that stuff.

Programs, Resources, and Where to Learn More

If you're not incorporating into your plan, you're missing out on a lot of great source of potential nutrients there. So you want to be incorporating things like, you know, if sardines with the bones in or mackerel with the bones, and if you're able to incorporate those, that's great.

Arugula if you can incorporate that, that's a bioavailable source of calcium there. But you got to find those non calcium. Nondairy sources of calcium too.

But squaring away the diet nutrition piece and then actually getting the exercise components down. So that's that's what we do. Right. We have we actually at this point we have a team of about 43 people and we just a lot of these people are just top, top experts in their fields that just walk you through exactly what you're supposed to do in all these areas.

And we look through the lens of bone health to, so, that's really important. And all that stuff is at bone coach.com to where people can find that. Amazing.

Well, that was going to be my next question is so we know where to find the the osteo IQ the testing go to bone coach.com. And where else can they find you. Come in. Yeah.

So the testing osteo Icom is where people can find that that bone turnover testing. So active bone loss test bone builder tests. You find those at osteo Icom bone coach.com is where the stronger bones programs are.

So if you know you have osteopenia or osteoporosis and you're focused on building stronger bones and you want to preserve and strengthen the structure that's going to carry you to an active future, or if you know somebody, yes, maybe it's a friend, family member, sister, aunt, grandmother, whoever that has osteoporosis.

Tell them to go to bone coach.com. And even if you don't do the programs with our team, there's lots of free resources there where you can get information to start making progress immediately.

So, that's probably the best place is bone coach.com. Amazing amazing. Well, thank you so much for your time today. I greatly appreciate it. And I know this information is going to be invaluable for everyone listening.

Thanks so much.