How To Protect Your Bones From Osteoporosis Transcript

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Introduction to Bone Health and Menopause

Hello, ladies. Welcome back to Mastering The Meno(Pause) Transition 3.0. Our third year doing this, bringing you cutting edge information about everything you need to know for your hormonal journey.

I am still your host, Dr. Sharon Stills And today. I know this is going to be a fan favorite because I'm talking with Kevin Ellis, the Bone Coach, and we're talking about osteoporosis.

And I know in my office, when I have a new patient come in and they have like the five lines I give them, you know, what are your chief complaints in this age group?

And women who are perimenopausal and menopausal beyond bone health, osteopenia, osteoporosis. It's like, you know, talk about fan favorites. It always makes the list.

It's something we're all concerned about. We all want to be doing the right thing and supporting our bones to help carry us into our sacred second act.

So I got the expert here for you all today. So welcome, Kevin, to this Summit. Dr. Sharon, thank you so much for having me. I'm looking forward to this conversation.

So important to take care of. My pleasure. So I have to just to me, like I have to ask this obvious question, like, you're not a menopausal woman. And so how did menopausal women's bones become your expertise?

Yeah. Great question because that's what a lot of people ask. But for me, my own health journey is really what led me here. So I had I was diagnosed with celiac disease, which is an autoimmune condition where when you ingest gluten, it damages the villi, the tiny little nutrient absorption centers in your small intestine.

I call them like roots in your soil. And my roots effectively became damaged and I wasn't able to absorb my nutrients that I needed, especially a really important nutrient for our bones, calcium.

That's the primary mineral constituent of your bone. So I was having a hard time absorbing it. So my body was going to the largest reserve of minerals that had and it was pulling from there.

So it was pulling from my bones to get the calcium it needed to execute its daily functions. And that led to bone loss. And that led to a diagnosis of osteoporosis right around 30 years old.

So normally for a younger male, you're not going to hear them talking about bones or osteoporosis or have a passion around it or be helping people with that.

How Celiac Disease Led to Bone Loss

But for me, it was very personal and I had to figure out how to do that. And I not only got the right plan in place and was improving my health in my own bones, but I realized there are a group of people, mostly women, right?

Menopausal, postmenopausal women that have challenges with their bone health. They get this diagnosis that oftentimes at that time of diagnosis is scary for them.

You have osteoporosis, you look it up and it says fractures and dependance on medication for the rest of your life. But there is so much more that you can do.

And, you know, that's really why I'm I'm on this path. And we've helped a lot of people at this point, and we've got

programs completely built around helping people build stronger bones.

Yeah. And your work is amazing. So let's, let's I'm going to just start firing questions at you, just, you know, the things that I hear most frequently, you know, osteopenia.

is this a real diagnosis? Is this something that I need to be concerned about? How, like, what's the percentage of osteopenia that's going to actually progress to osteoporosis?

So why don't we just start with that and then we'll we'll progress along the way. Great. Great question. Yeah. So when someone is if they're focused on their bone health or they're thinking about their bone health, and if you're on this summit you should be thinking about your bone health.

Because and part of the reason for that is that right around the time you hit menopause, there's this decrease in estrogen. And that happens. And that can lead to bone loss.

Estrogen has a protective effect on bone when those levels decrease, as they do during menopause, that causes an increase in the cells that break down bone.

So you have to be aware of it. And then you also have to know if you have any conditions related to bone health. So you go you get a bone density scan.

You ask your doctor and you just say, hey, I'd like to get a bone density scan. And this scan is a painless test. You lay down, I'm looking at scans your body, and it gives you a score.

And that score helps determine what the classification is, whether you have normal bones, whether you have osteopenia, whether you have osteoporosis. Osteopenia is a precursor to osteoporosis.

We would call that low bone mass okay. And then osteoporosis is considered porous bone. So if you have a score a bone density score of -2.5 or lower, that means you've got osteoporosis.

Now the question that you asked about, what's the percentage of people that are going to progress from osteopenia to osteoporosis? It really depends on a few things.

When you get a bone density scan, especially if you only have one, one thing it tells you your bone density. It tells you the mineral content of your bone.

What it doesn't tell you is your bone quality, the structural integrity of the bone, the microarchitecture and bone density. Bone quality combined to create bone strength.

So you only have part of the picture. And the other part of the picture that you don't have is you don't know if you're actively losing bone right now.

Present day. So there are tests that you can use to look at that and really determine what's going on in your bones. Am I losing bone?

Osteopenia, Osteoporosis, and Bone Density Basics

And if I am losing bone, what do I need to do to stop it so it doesn't progress to osteoporosis? You set me up for the next question I was going to ask anyway.

So let let's talk about that because there is a lot of confusion about is irregular bone scan that the general doctor is going to give me enough or is there special ones?

What are the blood levels? So maybe you you know, I just want to make this really practical and useful. So get your pens, ladies. Yeah of course. So let's start asking for.

Yeah. Let's start with the first test which is the bone density scan or Dexa scan, dual energy X-ray absorption geometry. That's the test that most doctors are going to be familiar with.

And they'll probably they'll either tell you, oh, we're not going to do that test for you till you're 65, or you should push for it. You should push them a little bit or go to an external radiology group or something and go, go pay for that test, separately.

But you can go get this test, get your baseline. And what it's going to tell you is your bone density, the mineral content of your bone. The other piece that's important, though, is the bone quality, the structural integrity of the bone.

Now there is when you go to get your bone density scan, you can call the facility ahead of time and ask them, do you have trabecular bone score capability?

TBS capability? If they say yes, this is like an add on software to the bone density scan. It means that you can get the bone quality part of the picture at the same time that you get your bone density scan done, so you can get a really good idea of what bone strength looks like at the same time.

So that's one tool that you can use. There is another technology that is it's more prevalent in Europe. Not surprising. And it's starting to make its way in in the US right now.

But it's called a Rems. And that's found in a device called Echo Lite. Now, Rems is an ultrasound technology that gives you a measure of bone density, bone quality, and a five year predictor of fracture.

So that can be really helpful when you're trying to determine what are the what's the state that my bones are in right now. And then the last part of this is there are other ways to really assess the quality of bone, but some of them are a little invasive too.

And we don't necessarily let's we'll focus just on the ones that are a little bit easier or more practical to get. And then the last piece is am I still actively losing bone right now?

Okay, great. I got this scan. It says I have osteopenia. It says I have osteoporosis, but am I losing bone. You can go and look at these tests called bone turnover markers.

Now these are blood tests or urine tests. And these tests look at the activity level of cells that are building up and breaking down bone. And if that activity level is elevated or really high 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 the first bone turnover marker is looking at bone resorption or breakdown. And this marker is called serum CT or a CT low peptide test. And that is the most sensitive marker for bone resorption.

And if that is really high you know, if you're looking at 600, 700, 809 hundred or even above that, that could be an indicator of something there that needs to be addressed right now.

The if you're looking at bone resorption, you also need to be looking at the other side of the picture. Bone formation.

Advanced Testing: TBS, REMS, and Bone Turnover Markers

And the most sensitive marker for bone formation is called P1NP that is pro collagen type one and terminal Pro peptide. And that helps you really understand what's going on inside your bones.

And finally, one of the other important tests that you can look at is 24 hour urine. Now this is not a bone turnover marker. It's not looking at the activity level of cells that are breaking down bone, but it is looking at calcium.

And if you're paying out a lot of calcium, that can be another indicator of active bone loss that's taking place. So really important some really important tests there.

One thing I will say is that if you go to your general practitioner and you just say, hey, can I get some bone turnover markers? If you position like that, they're probably going to say no, right?

But you get your bone because they don't want to order a test for which they don't understand the interpretation. So which kind of makes sense. So they may refer you out to an endocrinologist or a rheumatology or a specialist to look at that.

Or you could go to an integrative doctor or a naturopathic physician or somebody on the functional medicine medicine side who's going to be more familiar with that. So, there are ways to get the answers that you seek.

So I just want to go back and say something and clarify something and ask you something. so I just want to, you know, echo like the TBS is so important because you can be so misled if you have, you know, you think you have bone mass, but it's porous and it's not healthy bone.

So it's really, really important. You know, it's like quality and quantity. Right. So quantity is important. But quality really makes it to what that quantity is going to do for you.

So make sure you, you know, advocate for yourself, push for that. It's important. And then you said with the serum, you know, you don't want it to be high, right?

And when it's getting above 600 and so forth, you're concerned, for the people listening, because I know they're going to ask with the p one and P, what kind of levels are you looking for there?

It just it just depends like, you know, you want your levels to be. I'd have to go back and look at, some of the specific ones that I would look at and what the levels I want them to be at.

But you want a good ratio between the two of them, too. So you want to see that bone resorption coming down. You want to see the bone formation coming up.

And you want to see that ratio improving over time as you're monitoring that. So that that's an important test. You want to make sure you get that test.

the other note that I would make too is you touched on the the bone quality piece, the TBS, not all facilities are going to have that. There is this place called meta maps that you can actually go plug in and, ask if there's a location near you.

Not everyone's going to have it. So you got to call ahead of time and you got to find out if they have a location here. Yeah, yeah, unfortunately, I know I have patients who call around and they can't find it. And it's very frustrating.

And then you said 24 hour urine. Is that just 24 hour calcium. Yeah. You can look at if you look at 24 hour urine calcium, the levels need to be I mean 300 is even a bit high.

For that you need to be down below that. so even if you're in the 100 to 250 or so range, that's probably somewhere that you want to be. And then what about just like, are you running calcium in blood or magnesium or vitamin D?

What about those? Yeah, there are some other foundational tests that I would say are pretty important that you want to get. one of them I talked about this at the beginning is the celiac panel.

So celiac disease damages those villi, and the small intestine prevents you from absorbing the nutrients. You can ask for a celiac panel that has all the tests.

And at the IGA, the total serum IGA, the IGA antibodies. And you look at those and that can help really paint the picture of, do I possibly have celiac disease?

Now then you can go confirm with an upper endoscopy. But oftentimes those other tests can be a pretty solid indicator too. Yeah. And even just gluten, if you're gluten sensitive and you're eating gluten, what would you say to that.

Yeah. So if you are if you're gluten sensitive, like, you know, you have some kind of reaction to it just understand that anything that's stimulating the immune system too, is speaking in the same language as the cells that break down bone.

So the cells that break down bone, there are a form of white blood cell. The associate class are. So anything that's speaking in that language is speaking in that's is is communicating.

Hey, what tear down bone tear down faster. And we don't want that to happen. So if you have those things that you're introducing into your body that are causing those issues, it's probably a good idea to pull those out.

now, one of the other things that I, I encourage people to get, you're probably already getting this test. Get a complete blood count, get a comprehensive metabolic panel, and the comprehensive metabolic panel that's looking at electrolytes, kidney function, all that kind of stuff.

It's going to look at your serum calcium. You want to get your vitamin D the 25 hydroxy vitamin D test. But you also want to look at the parathyroid hormone.

And the reason you want to look at parathyroid hormone is that you could have a condition. If it's elevated, you could have a condition called primary hyper parathyroid ism.

And that is where you have a benign tumor or adenoma on one of your, parathyroid glands. And these parathyroid glands are tiny little right sized glands that are responsible for regulating the calcium levels in your and your body.

Key Labs: Calcium, Vitamin D, Parathyroid, and Thyroid

And if you have a tumor on one of these glands, it can cause that calcium to to be elevated in the blood. It can cause, calcium to come and be pulled from the bones, and it can lead to osteoporosis if it's not checked.

So you want to get a serum calcium and ionized calcium, a vitamin D and a pH. You get all those in the same drawer. And that can help really understand if you, have that condition.

And sometimes if it let's say your PTA is elevated or this is actually a big one. So if you go and look at your lab results over time and this is for us measurements, if you have levels that are persistently over ten over time, you need to go look and investigate.

If you have a potential parathyroid tumor. So, some of the best parathyroid surgeons in the world, I've interviewed them. We refer patients to them all the time, and I've gone to their facilities and spoken extensively with them about this.

And that is one thing they will tell you if you got calcium levels persistently over ten over time, that's a risk factor for bone loss. Is that ionized calcium or serum serum?

Serum calcium. Yeah. And one of the other, a couple other ones. TSH thyroid stimulating hormone and just, GFR there are other ones that you want to look at, but those are some what I would call foundational labs that you can look at.

Well, I'd like to say thank you for calling out parathyroid hormone, because I feel like no one thinks that parathyroid. You know, we all talk about thyroid hormone, but no one ever talks about parathyroid hormone.

And I've run that on my patients. And you'll be surprised what you see. Right. And it's like just something that I don't know. You know, certain organs seem to be sexier than others and get paid more attention.

So I'm glad you brought that up. So it's really important that all of you listening advocate and ask your physicians to run those levels for you. the difference between serum calcium and ionized calcium.

That's just that's just giving you a better measure of calcium. Right? So a more full picture of, of that calcium level. So I would just encourage you, I always learn from the parathyroid experts, if you're going to get it, you could get away with just doing the vitamin D, the serum calcium and the.

But if you want to go an extra level, you could do the serum ionized calcium too. I always run ionized calcium, and sometimes I feel like it's a different level.

So I was asking for a friend, you know, I'm just like, sure thing I'm missing. Because I was taught a long time ago to run ionized calcium levels, and they do seem a little more accurate sometimes than what you just see in the com metabolic panel.

And then the only other thing I just want to say is because you mentioned running the metabolic panel, and in there is the globulin. And that has to do with hydrochloric acid.

And so do you want to speak to hydrochloric acid. Because I think that's such an important piece. It's such a fundamental easy piece. But it's often so overlooked.

It absolutely is. So you need a lot of times when people are taking proton pump inhibitors or things to suppress their what they think is really high stomach acid, they usually have low stomach acid.

And I know it seems counterintuitive, but that's kind of the that's just kind of the way that it is. And you need stomach acid to properly break down and extract nutrients from your food.

Amino acids, calcium, magnesium, iron, B12. You need adequate stomach acid in order to be able to take in those nutrients and absorb them. If you don't have that, your body, your bones are going to be starved of those things. So, understanding if you if you have low stomach acid levels and addressing that and remedying that is really important.

And if you're on PPI for long periods of time, that is a risk factor also for for reduced bone density and increased fracture risk over time. So most people like if they were going to take those medications at all, they're only supposed to be used for a very short period of time, right?

Very short term intervention, if even at all. I see people that are on these medications for ten, 20, 30 years of consistent use and, it's just not you're not going to be getting the nutrients that you need.

Yeah, super, super important easy fix and can make a world of difference in because it's not just, you know, what you're doing. You want to make sure you're absorbing it.

If you're doing all the right things, you want to make sure your body is utilizing it. So make sure, I mean, I've been practicing for 23 years and I don't know if I've ever seen anyone who actually has elevated hydrochloric acid.

Like, we think it's always hypo. And if you respond or react in a negative way to try to take like some betaine or bitters or apple cider vinegar or something, it's usually because your mucosal tissue is irritated and you just need to heal that up, and then you'll be able to tolerate it.

So speaking of, diet, I'm sure the ladies want to know, like, what do I eat? And they are the better foods. Are there dangerous foods I should stay away from?

What's the what's your dietary recommendations for bone health? Well, generally speaking, probably what

everyone would want to share, which would be anti-inflammatory diet.

But what does that really mean? we need to focus on good, healthy proteins. Yeah, you can incorporate vegetable. You don't. You're not carnivore, right? You can incorporate vegetables.

You can incorporate berries and other healthy fruits.

Digestion, Stomach Acid, and Nutrient Absorption

you can incorporate healthy fats, extra virgin olive oils. Great. virgin coconut oil is fantastic. Ghee butter. You can incorporate these things into your plan.

One of my favorite proteins. I love incorporating fish. I love the small fish. I talk about these little guys all the time. But the sardines, the mackerel, the salmon, the ones with the bones in and the can.

If you get a good BPA free can, you got the bones in. They contain all the minerals in the right ratios that nature we put them in. So you can absolutely be getting the minerals and nutrients that you need.

You'll get a little boost of protein and you'll get some omega three fatty acids at the same time, which are going to help dampen inflammation. berries.

I'm a I love incorporating berries into plans, whether they're blueberries, whether they're, huckleberries or any of those kind of berries you can incorporate.

They've got great antioxidants. And those things can be helpful for, for reducing oxidative damage in the body. So incorporate those into your plan. Vitamin C is also an important nutrient that can come from those too.

So vitamin C is important because it stimulates pro collagen, enhances collagen synthesis. And your bones are this collagen protein structure. So you need to take care of that that protein matrix and structure.

Vitamin C is great to help support that. and I, I love arugula. That's another leafy green that I love. Avocados are great. Arugula is great. but arugula is fantastic because it's easy to add.

It's tolerated by most people. It's a low oxalate grain. You can add it as a salad raw. You can sauté it a little bit, and it doesn't need too much to be a great side dish, too.

So, it's also got bioavailable calcium. It's a great plant source of bioavailable calcium. And it tastes so good. I love arugula, major regular man. I know it's got that peppery, but it's also got that bitter.

The bitter. Yeah. And the bitter. You mentioned bitters when we were talking about digestion and stomach acid. Bitters are really important because, they, they stimulate bile, which bile production, which is going to help with, and stomach acid production, which is going to be, really helpful for breaking down and extracting nutrients from your food. So.

and what about on the fluids side of things? Is coffee bad? What about alcohol? What about being hydrated? Take us through a little bit of what we should or shouldn't be drinking.

Yeah. So some of the biggest questions I get when it comes to, what can I drink is can I drink coffee? Coffee is not really the the issue. It's more that the caffeine and caffeine only vary slightly.

It very slightly increases calcium excretion and it very slightly decreases GI calcium absorption. So most people do not need to completely avoid coffee.

I typically would highlight this as drink less. And I think what the most important thing is here is if you're you've got caffeine intakes greater than 300mg a day.

So like a cup of coffee usually has about 100 to 250mg. That's going to increase the amount of calcium excreted in the urine and increase the risk of fractures.

But only if the people that were, incorporating that they weren't meeting adequate daily calcium intake. So that means as long as you're getting enough calcium in your diet, you don't have to completely eliminate coffee.

But when people say, oh, I drink a cup of coffee a day, and then you look at the cup and it's the big Stanley mug. No, it's the Stanley.

Diet and Hydration for Stronger Bones

You don't want the Stanley, you want the actual cup size is that. And that's that's what you're doing. So, you know, you don't I would say drink less.

That is what that would what that would fall under. And then, carbonated beverages I get that question a lot. can I actually drink carbonated beverages?

Those have not been shown to be bad for bone. If it's like a carbonated mineral water and you're doing that a couple times a week, like a general Steiner type of mineral water, that's a great source of minerals and nutrients.

The issue comes when you've got a lot of sugary soft drinks, or you got the phosphoric acid that comes with sodas. That's not going to be good, right?

That's going to pull from bones. So you don't want to be incorporating. Most people watching this probably already know you shouldn't be drinking soda.

There's nothing really good or healthful in that. So I wouldn't incorporate that into the plan. And then water. Water is so important. You got to stay hydrated.

I know some people have a really hard time just drinking plain water or filtered water or reverse osmosis water. Number one add the mineral. You can add the minerals back into your water.

Number two, you can flavor water with different fruits and vegetables too. If you have a hard time drinking regular water, slice up some cucumber, slice up some, some fruit, or add some berries or something like that.

That's going to give your water a little bit of flavor. And you don't have to add all this extra stuff that they put in it at the grocery store. So separately.

Yeah. Awesome. All right. So just be honest with yourselves about your coffee cup size. Right. I learned that a long time ago. Like, you have to be really specific.

Well, what do you know? What do you not know what? I do want to make one other note about this. Because when people say, coffee, I'm going to I'm getting a coffee and they go to Starbucks and they get this massive, sugary drink that is a whatever, a latte or, you know, whatever it is, it's got a ton of stuff.

You can tell I don't order them, but I see them and I'm like, gosh, there's so much sugar. And just one of those drinks and it's like a dessert in the morning to start your day. So really think about that.

What are the inputs that you're putting into your body on a daily basis? And is that really helping move in the right direction or the wrong direction?

Yeah. Coffee means coffee like a book or coffee. Organic black coffee with maybe some healthy fat in it, or maybe a little bit of collagen or something like that.

Yeah, I know those drinks. I don't drink those drinks at Starbucks either, but I think they are like filled with dairy and

artificial things and sugar.

And yeah, it is, it's like a like a ice cream sundae. Coffee with, with caffeine thrown in it. So yeah. Exactly. Good point. I'm glad you brought that up.

So I guess one of my last, if not my last questions would be, if someone's listening and they have a diagnosis of osteoporosis, is that like, can you turn this around?

Is there hope or, you know, because I think women are just, you know, gaslit so much at this time. And, you know, just in general, often we're told this is a lifetime condition.

This is this is forever. There's nothing you can do about it except take these injections that are going to cause osteo necrosis of your jaw or something like that.

So what would you say to the women listening to give them hope? Yeah. You can improve your bone density. You can improve your bone quality. You can improve your bone strength without medication.

We see this all the time now. You also have to set realistic expectations for yourself. Bone remodeling is a slow process. It doesn't happen overnight.

There are no magic fixes or or cures or anything like that that just make the problem go away overnight. But if you take a, logic roll step by step approach to figuring out exactly what you need to do for your situation, you can absolutely make progress.

So what I always encourage people to do is you got to start with figuring out if number one, if you have bone loss, it's already taking place. Do you have osteopenia, osteoporosis?

Get the objective information. What is your bone density? What is your bone quality? Are you still actively losing bone? If yes, what's causing that bone loss?

Then you go in and objectively address those things. So your lab tests, working with practitioners, figuring those things out is going to be really important for you to start moving in the right direction.

Hope, Recovery, and Building Bone Strength

I always tell people you can't start going up and improving if you're still going down and losing, which makes sense, right? So you can do all the the great things, the exercise you get, all your arugula and, all that kind of stuff in.

But if you are not, if you still have something working against you, then it's going to your efforts are going to be shortened or you're still going to lose bone.

So that's the kind of the first part you have to address. You have to focus on the diet, the digestion, the absorption of nutrients and making sure you're taking in the right nutrients, in the right amounts.

You're actually absorbing the nutrients. I mentioned celiac disease, but really anybody who's got chronic digestive issues for long periods of time, there's probably some kind of absorption issues going on there.

Right? So you want to get that investigated. You want to address that. And then focusing on then we're shifting into more of the building side. So we're providing these inputs and minerals and nutrients, the key building blocks that your bones need to become stronger.

But then you've got to provide the stimulus that you need. You got to create the right conditions, the right healthy environment for that. So, I'm I'm sure, Sharon, you've talked about this a lot is you got to bring that stress down.

It's not just like one single deep breath in and out at the, you know, the the stoplight. You have to cultivate a healthy

practice every day of of learning how to, regulate your stress.

And you have to improve your sleep. Sleep is so important. I mean, that that, I think we all know this, but that's where your body's resting, repairing, getting ready for the next day, rebuilding things stronger and healthier.

So prioritizing that sleep is so important. Optimizing hormones, getting the right exercise plan in place, providing that good healthy stimulus, moving the body and the bones, and dynamic movements that are going to help it become stronger.

All of those things are really, really important. So you just kind of have to zoom out and understand it's not just about a pill. It's not just about drinking less coffee.

It's not just about eating there regular. There are multiple things that play into it, and you just want to make sure that you yeah, you're not missing important pieces.

yeah. As in all of health. So I actually do have one more just quick question because I thought women are going to want to know this. Do you recommend because there's like two camps.

Do you recommend taking calcium supplements or not? I always encourage people first start with their diet, nutrition. How can you maximize getting the calcium that you need from diet, nutrition first, and only closing the gaps with supplementation if and when necessary?

So if you can get it from your diet, that's great. If you and I would I would encourage people actually monitor look at your food intake for a given period of time a week, two weeks, see.

What are you actually taking in? Are you getting even even close? If not, figure out how to close those gaps and then supplement if you need to. Right. Okay.

So everyone when we're done watching this interview now we're all going to go buy organic sardines with the bones. And then we're all going to eat that because they actually are tasty.

I know some people like oh sardines. But it's such a great way. BPA free cans. Right. But yes. you know, check Costco. They often have them. Yeah. And we, I would make, we teach people how to make, sardine salad cups.

That's a good one. and you can do, you can do, like, little fish. you could do, like, a zesty sardine patty. So where you kind of blend it up, but, Gosh, I'm not really making the case right there, but, yeah, you know, you where you've got some herbs and spices and things like that and actually brings more flavor, and that can be good.

you can also you can do, like, little fish cake type things, too. So there are multiple ways you don't just have to eat it like the can out of a can, you know, like like the marine would you would, you can figure out how to do that in other ways with recipes.

So when there's a will there's a way.

Where to Learn More About Bone Coach

So the Dr. Stills and Kevin Ellis Sardines challenge. Find your favorite way to eat it and let us know okay. I know right. So and speaking of you know you teach people.

So where can the ladies learn more about you. Well, you can always find us at bonecoach.com. We got lots of free resources over there. Stronger bones programs that you can apply for.

And yeah, bonecoach.com is the best place. We're also on all the social channels. We're on the pod. We got the podcast Bone Coach podcast Instagram Facebook all over the place.

So you go to those and, you'll be able to get the help that you need. well thank you. Thank you for supporting and sponsoring the Summit. Thank you for all the work you do, helping all these women, you know, be, you know, strong and healthy and having healthy bones.

It's so needed and so important. So we appreciate your knowledge. you know, this was just chock full of what you need. So go back less and take more notes, and then go to your doctor and demand that they do the right testing on you so you can find out what's actually going on in your bones.

Yes, yes. All right. We'll be back with another conversation. So thank you all for being here. And thank you, Kevin.