Menopause and Bone Loss: What Women Should Know | RoxAnne Eli with Debi Robinson Transcript

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Introduction to Debbie Robinson

All right, welcome Debbie. I'm so glad that you could join us today. I'm so excited to present to you, my audience, Miss Debbie Robinson. She's amazing. She is a functional bone health expert. Uh she's also a certified yoga therapist, which I thought was fascinating when you and I first talked. Um and she's also a podcast host and an educator. and she helps women naturally build stronger, more fracture resistant bones. And this is going to really important conversation, Debbie, for our audience, those high performing females 45 and above kind of going through those hormonal changes. Um, and so what's interesting about Debbie is after undergoing total hip replacement therapy, bless your heart, at age 51, she later discovered their her own bone loss because of this process, because of this journey she went through. And she became passionate about uncovering the root causes of bone loss for females in this age and really empowering women.

That's really their her mission is to empower women, give them simple things they can do to take back control of their bones and their health. Um, and really long-term strength and confidence and healthy aging. So, welcome Debbie.

Glad to have you. Um, so just to kick things off a little bit, I know, you know, obviously you've gone through your own bone loss journey and had to rebuild it back, but tell us tell us a little bit about how how bone loss or what did you call it the um dissolving, I think you said bone dissolving, how that how the pmenopause, menopause uh age range, how that accelerates the bone health and the bone dissolving and what's the biggest misconception you think women have about this topic.

>> So there's a first of all, thanks for having me. >> Yes. >> Um there's a more of a raised awareness now around bone health. And there wasn't before. The standard procedure of care is that when you're 65, you get what's called a DEXA scan, which is an X-ray to look at your bone health. Now, bone loss begins in our mid-30s. be the bone the the overtaking of bone building versus bone dissolving.

How Bone Loss Accelerates After 35

So bone loss, I call it bone dissolving because it really is a process. Your bones are dissolving and they're dissolving because they're actually the banks of storing your minerals and they store other things as well. One of them being lifong exposure to toxins. So your bones are your bank and your your reserves and then whatever needs the body has they will dissolve those minerals into the system to help manage the show. So up until age 35 the bone building it outpaces the bone dissolving component and then around 35 we see a shift and this is why if you think about uh athletes especially football players you don't see high super super super super high performing athletes past the 30s right you see them in the 20s >> and the and the 30s because that's when our body is really maximizing So, not to be a Debbie Downer and to like thought, you know, my gosh, wait, what does this mean? It's >> no pun intended, right, Debbie?

>> Yeah, I'm a Debbie upper. [laughter] So, it's not about doom and gloom. I want to raise awareness that if that shift is happening in the mid30s, what are the components that contribute to that?

Hormone loss is one of the biggest because the biggest decrease in bone tissue, bone density, bone tissue is five to seven years post menopause. So if you're in your 40s and if you're in your 50s, just knowing where you are in this trajectory, when once we start to lose our steroid sex hormones like estrogen, bone loss accelerates. 5 to seven years postmenopause is the greatest decrease.

>> Wow. So we already know that naturally for as a woman that's something that's going to start to happen. So then we have to think of well wait a minute but what are how does it accelerate? How can I slow it down? How can I

be in control of it? And that exists Roxan. I mean you as both of us are FDN's both of us are functional health coaches. Both of us run functional labs to uncover dysfunction to help people get back to function.

>> Yep. So, I want to raise awareness to whoever you are, whatever age you are, that if you are in your 40s, getting close to menopause, that this process is happening in the background where the bone building is slowing down and the opportunity for bone dissolving increases. And then if those of you are in menopause, that's when the biggest re decrease happens.

>> Wow. And when you just said minerals, that's fascinating because we know, we'll talk a little bit about this later, our high performing women are under a great deal of stress and anytime you have that stress, you just suck minerals to keep keep those stress levels to keep your body going. Is that true?

>> Yeah. So, mineral depletion and because your bones are storing the minerals and we know minerals minerals are like spark plugs they say, right? They're what is running the show. They're they're supplying the energy for the body to run. So, we need to have those optimized. Well, >> what's your lifestyle like? Are you burning the candle at both ends? And if you have chronic stress in your life without managing that stress, that's one of the biggest bone dissolvers of all is stress.

>> Right. Right. And it's such an important such an important factor. It's really it's really hard for high performing women like us, you know, we're burning the candle at both ends to remember that even for myself. Remember, you've got to take some time, you know, you got to protect your bones. [laughter] So, no, that's fascinating. So, you think the what the greatest misconception about bone loss in this age would be?

>> Okay. So, the greatest misconception is this. So, do women in their 40s think about bone loss? I don't know. I didn't until I had to. Right. until I had a collapsed hip at 50 and a total hip replacement at 51. So bones became something I had to pay attention to. I don't know that most 40 and potentially 50 year olds think about bone health.

And the women that I meet in what I do, they didn't know until they had their scan.

DEXA Scans and Bone Health Misconceptions

So our standard procedure of care is to scan with a DEXA scan to give a diagnosis. 50% of the women over age 50 are going to be categorized in a bone loss state. either the disease of bone loss called osteoporosis or the pre-disease state called osteopenia. 50% will be in that category.

>> Then the only tool the toolbox for physicians are pills and actually for 30 years since the mid1 1990s is how we've been doing this. That's a big part of my mission is to raise awareness and to let women know how that's the wrong way to do things. Uh so we are raising awareness for the 40-year-old crowd, for the women who are in menopause that this process is happening in your body. There are lifestyle factors that are going to contribute to it and raise awareness. So the biggest misconception, if I'm going to use that, is that as we age, our bones get weaker. Hopefully, fingers crossed, I won't be one of the ones that will get osteoporosis. That's the biggest misconception is that we don't have control over it. That is the biggest misconception. and we actually have complete control over it.

>> Yeah. Yeah. Um and and quick question along that. So you talk about the DEXA scan as the standard of care. What do you use? What what assessments do you use to kind of assess where they're at if they haven't had a DEXA scan yet?

>> That's a good question because you're right. So standard procedure is go get that DEXA scan. The DEXA scan is an X-ray. And ironically, when the DEXA scan was being created in the 90s, there was a pharmaceutical company that had a drug that needed to make money that helped to fund it and blah blah blah blah. Right. So, this perfect match of 50% of the women could be categorized and guess what? I got your pill.

>> Yeah. [laughter] >> One of the first blockbuster drugs ever was that drug that came out in the 1990s. So what are the ways for us to actually monitor if we know now that it's lots of contributing factors? One my one of my

podcast episodes was 150 causes of bone loss. So if if we have all these factors that are contributing to bone dissolving that must mean that we can actually monitor those and we can. Okay.

>> So the DEXA scan is gold standard and I want ladies to know especially if you're petite that it misdiagnoses a very high percentage of the time. So the 5 foot three, three and below, 115 pounds or below, anybody thin, low BMI, not going to read your bones correctly. And so that is a very large category, especially Caucasian women in that category.

>> Okay? >> So the DEXA scan, you know, should you get it, the insurance pays for it. So a lot of women will do that. And you've got to know that there's a huge margin of error with the way it's done, the person that's doing it. uh did they put in the correct data? Were you positioned correctly? Did you take a supplement called strontium which will artificially affect the numbers and it doesn't mean your bones are less likely to fracture.

And the biggest thing for me Roxan is that we all thought that this was going to tell us am I fragile and breakable? But recently the governing board for the DEXA scan came out and said that the DEXA scan the the bone density >> is not a marker for fracture risk. So that's what we thought it was, but it's actually not.

>> Wow. I did not know that. >> Yes. And the T-core, which is what gives you your bone density reading, is comparing you to a 30year-old or mid-30s. >> Now, me as a sexy, just became a sexy, which means 60, >> uh, I am 30 years or 25 years away from what my peak bone density would have been. So they're comparing you how far away from that are you? And when you get to this -2.5 standard deviations away from that, that's when you have what they call the disease state of bone loss, osteoporosis.

Ironically, the highest number of fractures is not in the osteoporosis category. It's in the osteopenia or nondetectable bone loss. And that's because there's more women in that group.

>> Right. Right. So just a lot of misinformation and around this to begin with. So really raising awareness to that. So you asked then what should we look at?

>> So what are the root causes? First of all when we when we understand that osteoporosis is not a disease of aging. It is an inflammatory driven metabolic disease like diabetes type two like obesity. Mhm.

Root Causes: Hormones, Stress, and Inflammation

>> Things that we actually have control over. Heart disease. I mean, if you look up how to reverse heart disease, how to reverse diabetes type two, you will see all these lifestyle recommendations.

Change your diet, manage stress, and move differently, right? It's the exact same thing for bone health. >> Wow. Wow. Yeah. I don't hear a lot of people talking about that. All I hear is, "Well, I just need to take more calcium." Is that Does that work?

>> You need calcium and vitamin D. 99% of your calcium is stored in your bones. So, it's a super important mineral. Now, you need to find out why is your why are your bones dissolving the calcium into your system or why are they not taking it into the bones? And there's a whole there's the four musketeers of bone health. There's the vitamin D that helps calcium get absorbed. Calcium is a super important mineral. You've got magnesium that puts calcium into solution. And vitamin K delivers the calcium to the bones. And then there's a whole bunch of uh co-actors that go into that phosphorus, B vitamins, C vitamins, a lot of other things, manganesees, boron.

So you have all of this that is a part of the whole thing. And that's the whole part is that it's really much more complicated and not we've just done such a reductionist >> perspective of bone health for too long.

So calcium, I do not recommend calcium supplementation. The recommendation of 1,200 milligrams is diet as well. And because calcium is a structural mineral, if you look at the labels of foods, it's actually in so many foods. I mean, it's in coconut milk powder or MCT oil powder. It's in black olives. It's everywhere. 20 milligrams here, 20 milligrams here, 20 milligrams here. And what we really need is about 7 to 800 milligrams. That's what they do in the UK or

Europe. And if if all of those countries were recommending 7 to 800 milligrams, if the science proved that 1,200 was what we need, you wouldn't have this disparity between the the the different like large groups that are recommending certain, you know, RDAs or >> right. So >> that's a part of it, Roxan. Um, so in terms I don't recommend taking calcium.

I re recommend eating your calcium and getting it in your food. Well, I know as as a fellow FDN, we always start with diet. So much can be mitigated and reversed just by consuming a a proper diet. You know, instead of the SAD, you know, typical American diet, eating whole foods. And we're hearing that messaging come out more and more these days. But I I'm curious, speaking of diet, I I believe I heard you um on one of your podcasts talk about there's a gut connection when it comes to bone loss, right? Can you talk a little bit about that?

>> Yeah. So food is the building blocks of all tissue, including your bones. And the journey from mouth to bones goes through the gut. So we actually, yes, need to eat high protein, yes, eat a lot of minerals, but there's actually a journey. First of all, mechanical breakdown of food, especially protein.

We know now how valuable protein is. We need protein to build more muscles because more muscles, more muscle tissue is going to maintain what you have in terms of your skeleton and help to grow your skeleton, grow your bones. So, we need protein. We need to break it down properly. So, we need to make sure from a digestive aspect. You talk about diet and it's not just what you eat, it's how you eat it and what happens to it when you eat it. It's all of that. It's the what, the why, the how. And so, you need that mechanical stimulation. You need your body to be in a relaxed state when you're eating because our gut is innervated with the nervous system. And if your body feels threatened, so for anyone that's in their mid-4s, 50s, burning the candle at both ends, working, working, working, not prioritizing self-care, not feeding her beautiful bones, >> eating on the run, eating standing up, >> always eating in airports, eat just grabbing a bar on the way to the flight or, you know, in an Uber or Yes, I've been there.

>> Right. And so when you're doing that and you're doing it quickly and you're trying to regulate your blood sugar and you're not mechanically breaking down the food, now it goes into your stomach >> and in in your stomach, you need the proper, you know, you and I run functional labs. We run stool labs. So there could be a bacterial overgrowth that's getting in the way. There could be not enough hydrochloric acid, which is stomach acid, which does decrease with age. And if your minerals are out of balance, you need that sodium optimized in order for hydrochloric acid production. Yeah. Or if they have leaky leaky gut going on. Right.

>> Right. Well, now we're going to go down. So, we're in the stomach still. So, stomach, you need all that. Now, you come into the small intestines. And in the small intestines, you have your microbiome. You have the bacteria that maintains the integrity of your fortress, your gut lining.

>> If you This is where leaky gut occurs. And there's a lot of things. There's foods that contribute to leaky gut. If you have that chronic stress response and if you're not digesting properly and you don't feed your beneficial gut microbes and you don't feed your fortress protection gut microbes, your butyrate producing species that make that mucosal barrier for protection, if they don't get the food that they need to maintain that, you now have things spilling into your system. You're triggering inflammation and osteoporosis is an inflammatory driven disease. Wow.

Like most, right?

Gut Health, Thyroid, and Early Warning Signs

Most diseases inflammatory driven. Yeah. I know. I mean, I just turned 59 and in my I was 42, I think, when I started going into pmenopause and I remember having a DEXA scan and back then they said I had osteopenia back then, you know. So, we'll talk a little bit later about what what females can do about it because that's really the main takeaway today is what can the audience do about it starting starting today. Um, I think one thing I wanted to ask you is what are some maybe some early warning signs? You know, if the audience is listening today and they haven't had a DEXA scan and they're going through pmenopause, what are some things they might be feeling or or look for, you know?

>> Okay, >> great question. So, because the food needs to get from mouth to bones, what are your digestive issues? Do you have a daily bowel movement? Right? You should have a daily bowel movement in the morning. Sleep is when most regeneration takes place in the body including building bone tissue. So do you have a daily bowel movement so that in during the night your body was doing all the processes it was doing and in the morning you wake up and your bowels are stimulated to remove whatever waste products were bulked up, packaged and created to be eliminated from your body.

So do you have gas and bloating? Do you feel full too full quickly after eating? Do you feel hungry after eating? Do you have any acid reflux? Do you have anything that would be digestive symptom symptoms symptoms? That's one thing. So that's like the gut symptoms. Then from a nutrient absorption because what an unhealthy gut is going to be triggering inflammation, spilling toxins into the system, uh not allowing your body to optimize hormones that build bones, but rather hormones that dissolve bones, the stress hormone cortisol being the main one. Um and the nutrient absorption. So not having the proper building blocks of bone tissue. So in order to see about nutrient absorption issues, what about your nails? Are your nails hard? Do they flake? Do they peel? So the tissues of the nails, the teeth and the hair are very dependent on minerals and on protein. So your hair, what is your hair? Is it are you losing that shine in your hair? Is your hair thinning? You know, and and hair falling out can also be uh a thyroid symptoms as well. And thyroid is also linked to gut health because our I told you that osteoporosis is an inflammatory metabolic condition.

What runs our metabolism is our thyroid. And thyroid actually the usable form of thyroid hormone is created in the gut. T4 is secreted by our hormone by our thyroid. That's four iodine molecules.

It gets converted to T3 which one of those iodine molecules is released in the gut. The gut is playing a role so that your thyroid can then stimulate um metabolism. And I would say that that could be another sign. Women who are having sluggish thyroid, thyroid issues, which happened to me, Roxan, when I was going through pmenopause, I was first diagnosed with thyroid after the birth of my second child. I went on thyroid meds for two months because I'm like, "Oh, heck no. Am I going to be dependent on a medication at 32? I'm so naturally minded." And I did Chinese medicine and blah blah blah blah. And I went off of it. Got pregnant with my next kid.

totally fine until, you know, 15 years later when I started going through pmenopause when and I was a mother of young children and I had my hip issue and I was burning the candle at both ends and my hormones were going down. So, I was in that place and then my thyroid started to be sluggish and my gut was a mess because I didn't know any better and I didn't know I had I had not ran a stool lab until I became started with my training to be a functional health coach. And so here I am with thyroid.

And I went on thyroid for a few years until I then focused on gut health again and got my hip replacement and figured out my hip situation and then started doing more self-care and more balancing of my own body and went off thyroid meds and haven't been on years.

>> Oh, good for you. Yeah, a lot of doctors I'm on thyroid meds as well. Um, again, didn't know anything about, you know, the lifestyle or the gut connection or anything. And I remember my doctor would start me on the the T4. Um, and as you mentioned, you know, it's kind of replacing what your thyroid is supposed to be putting out, but then the the T3, the usable form was still low on the labs. So, what did they do? They gave me more T4. And, [laughter] you know, it's like instead of looking at the conversion factors in the gut, and I think a lot of a lot of women are dealing with that as well. So, um, yeah, >> they are. So, that's a sign, right?

That's a thing. So, look at your thyroid. what's going on with your thyroid. So, check your nails, your thyroid, your hair, and your teeth, cavities, receding gums, those are all going to be a part of what you need to look for.

>> Okay. Excellent. Excellent. Now, I know um we only have like I don't know 10 minutes left and I want to make sure that we really help our audience understand the things that they can do today. And I I find it fascinating.

You're also yoga instructor as well, but um what do you think are the most important just simple daily habits they could do? Like I could do, you know, right after we get done talking. What are simple things they can start doing today that would help remmineralize their bones.

>> Three areas to focus on. What you eat, how you move, how you think, and how you manage those thoughts every day. So those are the three areas. So let's talk about diet. There are foods that dissolve bones and there are foods that build bones. The foods that build bones is protein and fiber. Fiber because fiber is going to support gut health and gut health is integral to healthy bones.

Healthy healthy bones.

Daily Habits to Rebuild Stronger Bones

>> So optimizing protein, making sure you're chewing the protein, making sure you're supporting digestion, you're sitting, you're relaxing, your body knows that it can actually take in this food that you're bringing in.

>> And fiber, those are the two to really focus on. And then hydration to making sure you're hydrated as well. And not just drinking more water, but eating wet foods. So eating foods like vegetables and fruits are high in water. So making sure you're eating your water too in foods.

>> And it's a different type of water. It's like it's structured water, which is a whole different subject, but that gets into the cells um a little more bioavailable than just slugging down water.

>> Exactly. Yeah. And so then we have the what shouldn't you eat? Well, you don't want to eat foods that trigger inflammation. And we know you and I run food sensitivity tests. Food sensitivities and really some of the biggest triggers of inflammation happen in the in the gut. That's where 80% of your immune system is. And it's foodbased.

>> Yeah. >> So, the food that comes in needs to be organic because you don't want to bring in toxins and and trigger yourself that way. And then the highly inflammatory foods are gluten. And gluten is actually really terrible for the gut lining. It's terrible for thyroid function. And it bile secretion, which is how we break down fats. Dairy, and this is the biggest one because many women think they need dairy for protein, probiotics, and calcium, >> right?

>> And dairy is inflammatory. There's milk proteins in dairy that's inflammatory. And 60 something% of the world's population is sensitive to lactose, which is the sugar in milk. And there's a growth factor in milk to quickly accelerate the growth of calf bones because dairy is actually made from cow.

It's a cow product, right? It's not a human. It's not to build humans. It's to build calves, >> right? >> So, you've got dairy, which is a big shocker for many. I mean, really, it's the biggest one. They're like, "What?

That's where I get my calcium, my protein, and my probiotics." Um, and sugar. So, sugar, dairy, and protein, sugar, dairy, and gluten. 90-day elimination can reset your body, and then you can slowly reintroduce a food one at a time to see how your body responds. Mhm.

>> In my world, what women respond to the most when they bring it back in is dairy. >> Really? Yeah. Now, we run, like you said, a food sensitivity test. And so, I've run them on my clients. I ran one on myself recently. The number one trigger for inflammation for me is whey protein. Whey protein was number one, which we all know is in the milk. Cow's milk was number two. And then, ironically enough, it was pears. Like who knew, you know? So, you just never know, right? You you think you're eating great, you know, that I know many of our audience listeners, they're like, well, I have a good diet and you may very well, but you just don't know. There might be certain foods that are triggering that you're like, if you just eliminate those, you know, your world will change.

>> Yeah. Yeah. >> And the thing about pears is it's mimicry. So, once your immune system is being triggered in your gut, it doesn't just mean that food. Because some people say, "But I didn't eat any pears." It's pears and things like pears. When your immune system is making an immune response, it actually makes an immune response for this thing and things that look like this thing. And when you are not focusing on eliminating foods that trigger, your immune system might be really angry at a lot of things. And sometimes I find a woman is sensitive to 43 items. And then once we do gut healing and gut lining repair, the next food sensitivity test, there's maybe three.

>> Yeah. >> So, it's really about healing your gut. So, the 90-day elimination of dairy, gluten, and sugar is what I

recommend. And then slow introduction. So, that's that's the what you eat. It's what and how you're eating it. So, make sure you're supporting digestion. Then, let's go into the movement. Fall and fracture prevention top of the list. Lean skeletal muscle. more muscle on your body is going to support your bones. If you're in your 40s, 50s, if you have access to a gym, a trainer that that knows about bone health and can guide you safely, putting more lean skeletal muscle on your body safely is important.

If you are beyond that or you have issues in your tissues, you might not be able to lift the heavy weights and it is okay because you could still have strong fracture resistant bones without heavy weight lifting. The heavy weight lifting studies show us that yes, women can if they're able to lift heavy weights, but it doesn't mean we have to lift heavy weights to work on fall and fracture prevention. As a yoga therapist, we need balance. We need strong feet, limber feet, limber ankles, communication through your body from where are you standing all the way up to your brain.

Proprioception needs to be optimized and you need hydrated tissues for that. So, you need to make sure you're hydrated so your body can communicate. Single leg balance has been shown in studies that the women that can stand on single leg for 30 seconds or more have a lower fall risk and fracture risk.

>> Interesting. >> Getting optimizing balance. And then for those that are pretty good with single leg balance, challenge yourself. Moving your head is next level because that brings in the vestibular section. So when you're in a single leg, start to move your head around. challenges >> without falling over.

>> Without falling over. >> Yeah. >> And then the next level would be eyes closing. So then close one eye, close the other, close both. >> Interesting.

>> So depending on So that's the balance, that's the physical, right? Work on building more muscle whether you're doing yoga and holding poses longer. Um I would say that the practice in yoga slows down as you get older and the practice of yoga slows down physically for strength. So the venyasa practice for aging bodies, for older joints that become arthritic or have issues, you slow it down, you go deeper in a posture, and you hold it longer, and you constantly refine it. Work on posture.

Um your your body's three scoops. You've got a pelvis, which is the first scoop of ice cream. Your rib cage is second scoop. Your head is third scoop. Where's your third scoop?

Where to Find Debbie and Final Takeaways

Keep your third scoop >> back. >> Yeah. So you optimize your your posture. So that's what you eat, that's how you move. Those are t tips. And the last one is what you think and how you manage those thoughts. Stress management.

Stress will dissolve your bones faster than anything else. All day, every day. >> Yeah. Yeah. Well, I know that um you know, we're running out of time here, so I want people to know where they can find more resources from you, where how they can contact you, if you have anything you want to share with them, because there's so much to cover here. I wish we had two hours. I could talk to you forever, but where can they find more information or or find you?

>> Okay. Uh, so Debbie Robinson, debi Robinson is my website, which has everything. Okay. >> And then my messaging is a Stronger Bones Lifestyle because it's all the things you do, not just one. So, Stronger Bones Lifestyle is my podcast.

It's my YouTube channel. >> Okay? And >> so, they could find me there. And then I'm going to give a little free gift, a strong lifestyle guide for you to share with your >> Okay, great. Great. Yeah, we'll put that we'll put that in the notes in the in the follow-up email to the free gift.

And what what is it again? What's it called? Stronger stronger bones. >> Yeah, I was waiting I was waiting for that um siren to go by. Oh, [clears throat] the siren. Oh, no. Take care of your bones. Take care of your bones. Take

care of your bones.

[laughter] Stronger Bones Lifestyle Guide. So, Stronger Bones Lifestyle is my podcast. It's my YouTube channel and I'm going to create a Stronger Bones Lifestyle Guide.

>> Oh, excellent. Okay. Yeah, there's there's just so much. Like I said, um you know, part of this this master class that we're doing, I I sought you out specifically because there's very few experts that I know out there like functional diagnostic nutritionists, functional health uh coaches, consultants that focus just on bones.

So, what you're bringing to to the world is so needed and so necessary. And I just thank you for taking the time to share with the audience today. Thank you for your expertise and um yeah, I can't wait to get that guide and start doing my one leg balances.

Moving your head all over and closing an eye or two. >> Moving my head and closing my eyes. Yeah. Okay. All right. Well, thank you, Debbie. I hope you have a fantastic day.

>> Yeah. Thank you so much.