Opening Remarks and Introductions

I'll just turn that off. It'll be on. I'll just turn that off. It'll be on. Oh, see, you never you have to always be Oh, see, you never you have to always be prepared. You never know what could prepared. You never know what could happen here.

happen here. >> You did that so well, Margie. You know, >> You did that so well, Margie. You know, under pressure because I've had that under pressure because I've had that before and you're like, oh my god, before and you're like, oh my god, everybody's watching and then it's like, everybody's watching and then it's like, can I do this? Can I do this? So, I can I do this? Can I do this? So, I applaud you.

applaud you. >> Oh, you know, I have to tell you, I >> Oh, you know, I have to tell you, I truly I have I do all these practices truly I have I do all these practices and they really work because I really go and they really work because I really go with the flow. I really do. I honestly with the flow. I really do. I honestly that's why I have to tell you any of the that's why I have to tell you any of the relaxation things are for anyone in my relaxation things are for anyone in my happiness program. This stuff works so happiness program. This stuff works so much because I'm I'm always happy. I've much because I'm I'm always happy. I've always been a happy person, but always been a happy person, but certainly not relaxed. I had a mother certainly not relaxed. I had a mother who unfortunately passed away quite who unfortunately passed away quite young, but she was amazing, brilliant.

young, but she was amazing, brilliant. She ran the Girl Scouts in Rockland She ran the Girl Scouts in Rockland County, New York, but she was very much County, New York, but she was very much type A, not relaxed. And so that's how I type A, not relaxed. And so that's how I grew up. So I was far from relaxed. When grew up. So I was far from relaxed. When I got some a lot of people know this I got some a lot of people know this story, I got a speeding ticket on the story, I got a speeding ticket on the way to meditation. Can you imagine? I way to meditation. Can you imagine? I signed up for an eight-week meditation signed up for an eight-week meditation class, John Kabitz in program because I class, John Kabitz in program because I felt I I really should do this. I went felt I I really should do this. I went the first time. The second day I I get a the first time. The second day I I get a speeding ticket on the way to speeding ticket on the way to meditation. That was the end of it. That meditation. That was the end of it. That like hit me in the head. You are so not like hit me in the head. You are so not relaxed. You are not practicing what you relaxed. You are not practicing what you preached. And that was probably like 20 preached. And that was probably like 20 years ago.

years ago.

Personal Stories and Practices for Relaxation and Happiness

>> And so anyway, so after that, I've been >> And so anyway, so after that, I've been taking I meditate, [clears throat] I taking I meditate, [clears throat] I journal, I do all these practices and journal, I do all these practices and it's worked. I honestly go with the it's worked. I honestly go with the flow. Like things don't like especially flow. Like things don't like especially this like that big deal, you know, but this like that big deal, you know, but things in general, it's really made a things in general, it's really made a big difference. So I highly recommend big difference. So I highly recommend any practices that you guys like, just any practices that you guys like, just do them. do them on a regular basis do them. do them on a regular basis because and that's what I've seen for because and that's what I've seen for people in my programs and things who people in my programs and things who started doing whatever practices they started doing whatever practices they like you know like they were telling me like you know like they were telling me all of a sudden their kids are noticing all of a sudden their kids are noticing you didn't like really jump on me like you didn't like really jump on me like what happened here you know normally you what happened here you know normally you would that there's certain things so would that there's certain things so it's just a better way to live is my it's just a better way to live is my feeling feeling feeling anyway so write in the chat Melanie anyway so write in the chat Melanie where is everybody from let's put where is everybody from let's put everyone in the chat where I was telling everyone in the chat where I was telling people who who came early in

New Jersey people who who came early in New Jersey The air quality is really bad today. So The air quality is really bad today. So >> there's Arizona, Montana, Minnesota, >> there's Arizona, Montana, Minnesota, Northern California, Arkansas, Seattle, Northern California, Arkansas, Seattle, Maine.

Maine. Maine. >> Oh, I love it. >> Oh, I love it. >> San Francisco Bay Area, Annapolis, Palo >> San Francisco Bay Area, Annapolis, Palo Alto. Um, I see a lot of people. Kathy, Alto. Um, I see a lot of people. Kathy, good to see you. I haven't seen in a good to see you. I haven't seen in a while. Certain people. Nice.

while. Certain people. Nice. >> Oh, Honolulu. Nice. >> Oh, Honolulu. Nice. >> We have a lot of pinks. I'm in a purple. >> We have a lot of pinks. I'm in a purple.

I see pinks and purples. A bunch of I see pinks and purples. A bunch of pinks and purples. I think we got the pinks and purples. I think we got the memo, [clears throat] you know, memo, [clears throat] you know, [laughter] [laughter] [laughter] right, Sheila. I have I have a bunch of right, Sheila. I have I have a bunch of pinks in my in the row. Kath in, you pinks in my in the row. Kath in, you know, in my row. Kathy, Carolina, know, in my row. Kathy, Carolina, Anyway, so um yeah, this should be Anyway, so um yeah, this should be great. We all know I don't know how many great. We all know I don't know how many of you [clears throat] have heard have of you [clears throat] have heard have know Dr. Milman and I've been [laughter] know Dr. Milman and I've been [laughter] I've always I always learn things too I've always I always learn things too from these Q&As. [laughter] from these Q&As. [laughter] I always learn things when I have my own I always learn things when I have my own Q&A because people ask such good Q&A because people ask such good questions that it really starts making questions that it really starts making you think, you know, and really um it's you think, you know, and really um it's always it's always I think we all learn always it's always I think we all learn from each other and then people from each other and then people contribute. So yeah, if you have contribute. So yeah, if you have something interesting, toss it in chat, something interesting, toss it in chat, you know, while we're doing this.

you know, while we're doing this. Let's see where Let me check where she Let's see where Let me check where she is. is. is. >> Your podcast with that designs for >> Your podcast with that designs for health guy was amazing.

health guy was amazing. >> Oh my gosh. For those people that don't >> Oh my gosh. For those people that don't go on my podcast, this wasn't that go on my podcast, this wasn't that incredible.

incredible. incredible. I get requests constantly for guests to I get requests constantly for guests to be on my podcast. For those who don't be on my podcast. For those who don't know, it's Happy Bones, Happy Life. And know, it's Happy Bones, Happy Life. And I usually they're just not the quality.

I usually they're just not the quality. Like I'm really picky. But when I got Like I'm really picky. But when I got Oscar Coatsy and he has a you know Oscar Coatsy and he has a you know design for health came out with these design for health came out with these new probiotics that are it was it's new probiotics that are it was it's really incredible. I just couldn't get really incredible. I just couldn't get over what how it's helping people and over what how it's helping people and yes just listen to that episode. I'm I'm yes just listen to that episode. I'm I'm I'm going to start it myself because I I'm going to start it myself because I thought it was so but it was fascinating thought it was so but it was fascinating because they took what works when they because they took what works when they used to do fecal transplants but they're used to do fecal transplants but they're not that's not safe. They took what not that's not safe. They took what works, those certain strains, and works, those certain strains, and they've been seeing so many positive they've been seeing so many positive benefits. Really, it's like the new benefits. Really, it's like the new frontier in probiotics. So, it was a frontier in probiotics. So, it was a very exciting. I love podcasts like that very exciting. I love podcasts like that when there's really like new information when there's really like new information to um I mean, that's what I always try to um I mean, that's what I always try to get, you know, as much to get, you know, as much [clears throat] new information as I [clears throat] new information as I can. Actually, Dr. Milman's doing one can. Actually, Dr. Milman's doing one not next week but the week after um that not next week but the week after um that we recorded already on um on what is it we recorded already on um on what is it called now I have a mental block called now I have a mental block [laughter] [laughter] [laughter] where is she anyway um on um peptides where is she anyway um on um peptides peptides and bone health that's pretty peptides and bone health that's pretty new information as well so that should new information as well so that should be really good be

really good anyway so so yeah if you ever have if anyway so so yeah if you ever have if you ever have really good guests that you ever have really good guests that you think would be great or a topic that you think would be great or a topic that you really want to hear about let me you really want to hear about let me know because I I do have access to lots know because I I do have access to lots of people and you know I'm always of people and you know I'm always looking for really interesting looking for really interesting interesting topics. So interesting topics. So >> Margie what is the name of that pro >> Margie what is the name of that pro design for health probiotic that you design for health probiotic that you were just talking about were just talking about >> called commensal. Um uh trying to think >> called commensal. Um uh trying to think you know what as a matter of fact it you know what as a matter of fact it came out. It came out it's so if you go came out. It came out it's so if you go to happy bones happy life um and just to happy bones happy life um and just write Margie and Oscar [laughter] Dr.

write Margie and Oscar [laughter] Dr. Um, you know, and it's I don't it's it's Um, you know, and it's I don't it's it's a it's designs for life. It's called a it's designs for life. It's called commensal. There's there were three of commensal. There's there were three of them he talked about for different them he talked about for different things, but the main one and he explains things, but the main one and he explains all the different ones. So, I would all the different ones. So, I would highly I just listen to it because it highly I just listen to it because it really really really >> Thank you.

>> Thank you. >> Is it expensive? >> Is it expensive? >> You know, I didn't look how much it was. >> You know, I didn't look how much it was. I haven't ordered it yet, but it's I'm I haven't ordered it yet, but it's I'm definitely going to. Um, but full script definitely going to. Um, but full script on my full script, you always get 20% on my full script, you always get 20% off. So, that's always a good thing. So, off. So, that's always a good thing. So, you can put put that link Melanie in the you can put put that link Melanie in the chat. Melanie is my amazing assistant chat. Melanie is my amazing assistant who's helping us. It always helps us out who's helping us. It always helps us out here. So, um, see, I'm just going to here. So, um, see, I'm just going to text Dr. Milman. See, make sure she text Dr. Milman. See, make sure she See here. Okay. Oh, I'll be Oh, that was See here. Okay. Oh, I'll be Oh, that was thing.

thing. thing. Margie, just a question. Happy Bones Margie, just a question. Happy Bones Happy Life. I'm new to this. So, is that Happy Life. I'm new to this. So, is that your your your >> Happy Bones Happy Life podcast. Yes. So, >> Happy Bones Happy Life podcast. Yes. So, if you put that in, it's on everything.

if you put that in, it's on everything. It's on YouTube. It's even on my It's on YouTube. It's even on my website, margbishinger.com under website, margbishinger.com under podcast. And it just came out. So, it podcast. And it just came out. So, it was just released on Tuesday.

was just released on Tuesday. >> I just put the link in the uh chat as >> I just put the link in the uh chat as well. well. well. >> Oh, you did? Okay. It's in the chat. So, >> Oh, you did? Okay. It's in the chat. So, yeah.

yeah. yeah. >> Thank you. >> Thank you. >> Yeah. So, you can um definitely >> Yeah. So, you can um definitely Yeah, it was really interesting. And Yeah, it was really interesting. And what I loved about it is that it can what I loved about it is that it can help so many people. Normally, if you help so many people. Normally, if you have, you know, we we're big into the GI have, you know, we we're big into the GI map to test and see what what bacteria, map to test and see what what bacteria, you know, what's the problem, like you know, what's the problem, like what's overgrown, where don't you have what's overgrown, where don't you have enough. And so, typically, if there's enough. And so, typically, if there's problems, you have to do like a killing problems, you have to do like a killing cycle. But he was explaining that the cycle. But he was explaining that the good bacteria and these different good bacteria and these different strains are so powerful that you can strains are so powerful that you can just put in the good and it can get rid just put in the good and it can get rid of the bad. I mean, of the bad. I mean, >> it's incredible.

>> it's incredible. >> Yeah, exactly. It's a whole It's really >> Yeah, exactly. It's a whole It's really sounded amazing. It just came out, so sounded amazing. It just came out, so this is really new, but he's been using this is really new, but he's been using it for a long time, so it's not brand it for a long time, so it's not brand new. And um let's see, where is Dr.

new. And um let's see, where is Dr. Milman? I said, are you coming? Milman? I said, are you coming? Otherwise, I'll just do the Q&A with Otherwise, I'll just do the Q&A with Anyway, um yeah, so that was really Anyway, um yeah, so that was really really exciting. Someone today I saw who really exciting. Someone today I saw who I know actually came out with something I know actually came out with something new on um a new a new I guess it's a new new on um a new a new I guess it's a new GI uh the person who I don't know for GI uh the person who I don't know for those people know what a trantiel is.

those people know what a trantiel is. Dr. Brown, he created this that helps a Dr. Brown, he created this that helps a lot of people with SIBO and and extra um lot of people with SIBO and and extra um bloating and things. But anyway, they bloating and things.

Community Check-In and Participant Locations

But anyway, they came out with something new for people came out with something new for people who have reflux. So, I was thinking I who have reflux. So, I was thinking I was going to write to him because I was going to write to him because I thought that would be super interesting thought that would be super interesting and I like him. GI is very, very, very and I like him. GI is very, very, very smart. And so, he's someone let's see.

smart. And so, he's someone let's see. Let's see. Oh, I'm coming. She said, Let's see. Oh, I'm coming. She said, "Okay, [clears throat] "Okay, [clears throat] [laughter] [laughter] [laughter] she'll be here." she'll be here." Anyway, yeah. So, if you ever have Anyway, yeah. So, if you ever have ideas, let me know because I always or I ideas, let me know because I always or I also every month I have different also every month I have different classes. So, if there's ever any ideas classes. So, if there's ever any ideas that you have or things you want to hear that you have or things you want to hear about, you know, let me know because I about, you know, let me know because I always am open to finding out what always am open to finding out what everybody, you know.

everybody, you know. >> Yeah. Margie, have have you had Kim Ben >> Yeah. Margie, have have you had Kim Ben Kim Ben Kim Zambido on for Rims? Kim Ben Kim Zambido on for Rims?

>> Oh, about the Rems? No. No, >> Oh, about the Rems? No. No, >> you have to have her on. >> you have to have her on. >> [clears throat] >> [clears throat] >> [clears throat] >> She's >> She's >> She's >> my Rems is No, I I think Rems is a great >> my Rems is No, I I think Rems is a great addition. I don't think it's in lie of addition. I don't think it's in lie of That's my own opinion. Um yeah, but I've That's my own opinion. Um yeah, but I've heard that. No, I think I mean I respect heard that. No, I think I mean I respect her and I think she's done a lot of her and I think she's done a lot of But yeah, put in the chat if you have But yeah, put in the chat if you have anybody interesting. You know, I'm anybody interesting. You know, I'm always so I mean, it's so much fun always so I mean, it's so much fun because then sometimes the best thing I because then sometimes the best thing I don't know if anyone the podcast is just don't know if anyone the podcast is just so much fun because you meet all these so much fun because you meet all these interesting people and um it's just it's interesting people and um it's just it's just exciting and and I've told a lot of just exciting and and I've told a lot of people before, but nobody no this is why people before, but nobody no this is why you have to follow what you believe in you have to follow what you believe in your heart. Way back I've been I'm up your heart. Way back I've been I'm up till what 360.

till what 360. Nobody thought I should do a podcast. Nobody thought I should do a podcast. Everybody was against it. uh it's so Everybody was against it. uh it's so much money and it's work and there's no much money and it's work and there's no return on investment and everybody told return on investment and everybody told me not to do it and I was like you know me not to do it and I was like you know what I have messages to get out there what I have messages to get out there and so I'm not listening to one person and so I'm not listening to one person [laughter] and I'm going to do it and I [laughter] and I'm going to do it and I had like free music I did it as cheap as had like free music I did it as cheap as I could and um only because of the I could and um only because of the podcast because companies didn't want me podcast because companies didn't want me to do a summit they're like oh you don't to do a summit they're like oh you don't have big enough lists and there were all have big enough lists and there were all these reasons I'm like all right well these reasons I'm like all right well I'll just do a podcast and only because I'll just do a podcast and only because I did podcast they like the podcast and I did podcast they like the podcast and I was able to do the summit that 60,000 I was able to do the summit that 60,000 people came to. So,

you never know in people came to. So, you never know in life, right? [laughter] You follow your life, right? [laughter] You follow your heart.

heart. heart. Anyway, anyone else have anything to say Anyway, anyone else have anything to say before we get started? before we get started? Oh, she might be a couple minutes late.

Oh, she might be a couple minutes late. So, you know what? So, you know what? >> Do this. I'm gonna start I So, as I know >> Do this. I'm gonna start I So, as I know she's gonna go for a long time. Okay.

she's gonna go for a long time. Okay.

Podcast Discussion and New Health Topics

Okay. So, what I'm going to do, let me Okay. So, what I'm going to do, let me I'm going to just No, stay actually stay I'm going to just No, stay actually stay on now. Let me just change the view for on now. Let me just change the view for a second. Um, don't don't unmute because a second. Um, don't don't unmute because um I don't mute yet because I'm going to um I don't mute yet because I'm going to For those who haven't been to any of my For those who haven't been to any of my classes, this is how we start. So, I'm classes, this is how we start. So, I'm just going to change the view for a just going to change the view for a second. Let me do one other thing. Okay.

second. Let me do one other thing. Okay. All right. I'm just gonna I'm going to All right. I'm just gonna I'm going to get us started and then Dr. Milman will get us started and then Dr. Milman will come on. We have a little thing we do come on. We have a little thing we do beforehand. Okay, everybody. All right.

beforehand. Okay, everybody. All right. So, all right. I'm gonna introduce the So, all right. I'm gonna introduce the class. class. class. Welcome to the Q. Wait, let me just do Welcome to the Q. Wait, let me just do one more thing. What is this? The one more thing. What is this? The meeting is being recorded. Okay. Welcome meeting is being recorded. Okay. Welcome to today's Q&A with Dr. Kim Milman. And to today's Q&A with Dr. Kim Milman. And for those who don't know me, I'm Margie for those who don't know me, I'm Margie Bissinger, physical therapist and Bissinger, physical therapist and integrative health coach. And I've been integrative health coach. And I've been working with people with osteoporosis working with people with osteoporosis for over 30 years. And I've been a for over 30 years. And I've been a physical therapist for over 40 years.

physical therapist for over 40 years. [laughter] [laughter] [laughter] Anyway, we're tonight's going to be full Anyway, we're tonight's going to be full of so much great information, but how I of so much great information, but how I like to start, what I want everybody to like to start, what I want everybody to do, I'm going to change the view so we do, I'm going to change the view so we all get to see each other, which is all get to see each other, which is really fun. And I'm just going to make really fun. And I'm just going to make sure. Is this recording? Do you guys see sure. Is this recording? Do you guys see recording?

recording? recording? >> No, I don't. >> No, I don't. >> I don't either. Let me start again. >> I don't either. Let me start again. This, for some reason, didn't record.

This, for some reason, didn't record. Okay, we'll start again. Good thing I Okay, we'll start again. Good thing I noticed, right? Okay, we're gonna start noticed, right? Okay, we're gonna start I'm gonna introduce it again.

I'm gonna introduce it again. Welcome everybody to the Q&A with Dr. Welcome everybody to the Q&A with Dr. Kim Milman and I think most of you know Kim Milman and I think most of you know me but I'm Margie Bissinger. I'm a me but I'm Margie Bissinger. I'm a physical therapist and integrative physical therapist and integrative health coach and been working with health coach and been working with osteoporosis for over 30 years. And the osteoporosis for over 30 years. And the good news is there's so much that can be good news is there's so much that can be done and that's what's so exciting. And done and that's what's so exciting. And so let me just change to the gallery for so let me just change to the gallery for a minute so I can see all of you which a minute so I can see all of you which is so fun. And what I always how I is so fun. And what I always how I always like to start for those people always like to start for those people who've never been to any of my programs who've never been to any of my

programs or classes is I want everybody to put an or classes is I want everybody to put an intention out there that you are going intention out there that you are going to get something from this Q&A that's to get something from this Q&A that's going to help your bones, your overall going to help your bones, your overall life, something positive that's going to life, something positive that's going to make a difference for you. Okay? So, make a difference for you. Okay? So, let's all just put that intention out let's all just put that intention out there. So, let's do that. Get the there. So, let's do that. Get the intention out there. And this also gets intention out there. And this also gets good positivity going. So it's gonna good positivity going. So it's gonna it's a great way to start and then the it's a great way to start and then the chem will just say hi good energy. Okay.

chem will just say hi good energy. Okay. So we just get good energy into this So we just get good energy into this field. So when Dr. Milman gets here she field. So when Dr. Milman gets here she will be bombarded with this good energy.

will be bombarded with this good energy. [laughter] [laughter] [laughter] Are you ready? And so everybody unmute Are you ready? And so everybody unmute on the count of three we'll just say hi on the count of three we'll just say hi good energy. Ready? One two three. Hi good energy. Ready? One two three. Hi >> energy. [laughter] >> energy. [laughter] And even if you're watching the replay, And even if you're watching the replay, just get the energy going. [laughter] just get the energy going. [laughter] I find it really makes a big difference.

I find it really makes a big difference. So, she should be here any minute. She So, she should be here any minute. She said she had one or two things going on.

said she had one or two things going on. You'd be here in a couple minutes. You'd be here in a couple minutes. >> I'm here. >> I'm here. >> Oh, there she is. Well, we just Did you >> Oh, there she is. Well, we just Did you hear our our beginning? We got all hear our our beginning? We got all juiced up. All the good energy.

juiced up. All the good energy. >> I did. Thank you. >> I did. Thank you. >> Okay. So, I'm just going to put you with >> Okay. So, I'm just going to put you with me for a second and me for a second and >> Okay. So, let me just do one other >> Okay. So, let me just do one other thing.

thing. thing. >> I'm excited. I had two patients this >> I'm excited. I had two patients this week tell me, "Oh, we've got a we've got week tell me, "Oh, we've got a we've got a live Q&A this week. I'm so excited.

a live Q&A this week. I'm so excited. They're coming." [laughter] They're coming." [laughter] >> That's what's so fun. I I I just when >> That's what's so fun. I I I just when someone hears something on a Q&A or someone hears something on a Q&A or whatever and, you know, and then they whatever and, you know, and then they can change their behavior. But Q&A are can change their behavior. But Q&A are so helpful because we get to answer your so helpful because we get to answer your questions and really, you know, focus on questions and really, you know, focus on on on all everybody because sometimes we on on all everybody because sometimes we anticipate what people need, but it's anticipate what people need, but it's always good.

always good. >> I think it's amazing that even my >> I think it's amazing that even my patients want to come to the Q&A because patients want to come to the Q&A because I kind of feel like, well, you guys know I kind of feel like, well, you guys know know everything already, know everything already, but they still want to come. [laughter] but they still want to come. [laughter] >> Um, everybody, I'm getting going to give >> Um, everybody, I'm getting going to give you I see some people want to record you I see some people want to record this. I'm going to give you a record this. I'm going to give you a record tomorrow. You'll get a recording of tomorrow. You'll get a recording of this, so don't worry. And I have found this, so don't worry. And I have found when I let anybody else record it, it when I let anybody else record it, it messes up my recording. So I'm I I on it messes up my recording. So I'm I I on it happened once and I'm like, "Okay." So, happened once and I'm like, "Okay." So, but I promise you, you will get the but I promise you, you will get the recording. You don't have to give it recording. You don't have to give it back. It doesn't have an expiration back. It doesn't have an expiration date. So, do not worry. 11.

date. So, do not worry. 11. >> And we've got some housekeeping, too. >> And we've got some housekeeping, too. Right. So, um, so [clears throat] first Right. So, um, so [clears throat] first of all, you know, I'm already seeing of all,

you know, I'm already seeing some questions in the chat. So, we're some questions in the chat. So, we're going to um take on questions where going to um take on questions where where people are raising their hands, where people are raising their hands, >> right? So, go raise your hand. If you >> right? So, go raise your hand. If you have a question, raise your hand. Okay?

have a question, raise your hand. Okay? >> And then the other thing is this is uh >> And then the other thing is this is uh this is not medical advice. I am not this is not medical advice. I am not legally uh able to give you medical legally uh able to give you medical advice. This is purely educational. Um advice. This is purely educational. Um don't give me too many details about don't give me too many details about your particular case. um try to uh frame your particular case. um try to uh frame things as general as possible. So pa so things as general as possible. So pa so Dr. Milman if you had a patient with Dr. Milman if you had a patient with such um you know try to keep all the such um you know try to keep all the irrelevant details out because that irrelevant details out because that makes it more specific and and then it makes it more specific and and then it just it does feel like I'm I'm um giving just it does feel like I'm I'm um giving medical advice and then there's a medical advice and then there's a certain point at which I'll have to say certain point at which I'll have to say no. So, so be just be we we can we will no. So, so be just be we we can we will skirt the line as best as we can and I skirt the line as best as we can and I and I always do but you know this works.

and I always do but you know this works. This is what we found This is what we found >> has worked because unfortunately this >> has worked because unfortunately this has been the whole problem. We want a has been the whole problem. We want a hundred of you Dr. Milman. We want so hundred of you Dr. Milman. We want so many of you because there just aren't many of you because there just aren't people I mean Dr. Milman is has done has people I mean Dr. Milman is has done has been practicing an integrative approach been practicing an integrative approach to osteoporosis for over 18 years and to osteoporosis for over 18 years and there just aren't people that have done there just aren't people that have done this and have the experience and um yeah this and have the experience and um yeah and for those who don't know Dr. Milman and for those who don't know Dr.

Housekeeping, Program Information, and Q&A Format

Milman and I created a course because we really and I created a course because we really needed to teach other practitioners how needed to teach other practitioners how to do this since that was such a to do this since that was such a problem. So we'll also put that note you problem. So we'll also put that note you know Melanie put that in the chat to the know Melanie put that in the chat to the practitioner um we have a directory of practitioner um we have a directory of people who've actually you know been people who've actually you know been trained in this method as well. So trained in this method as well. So anyway I'm going to so what what you anyway I'm going to so what what you need to do is raise your hand Dr. Milman need to do is raise your hand Dr. Milman will call on you and um we will just get will call on you and um we will just get started. We also have a dead end time.

started. We also have a dead end time. I'm going to tell them I we never go I'm going to tell them I we never go less than this. So I'm just going to less than this. So I'm just going to tell you I I have not Dr. Milman. Dr.

tell you I I have not Dr. Milman. Dr. Milman would be here five hours. Am I Milman would be here five hours. Am I right? But I've learned that really you right? But I've learned that really you we get too saturated. So we will be here we get too saturated. So we will be here for two hours but no more. So just um so for two hours but no more. So just um so just know that and she's going to do the just know that and she's going to do the best she can with all the questions and best she can with all the questions and if we don't get to everything.

if we don't get to everything. >> Yeah. And someone says the audio keeps >> Yeah. And someone says the audio keeps freezing. Is everybody finding that?

freezing. Is everybody finding that? >> No, it's fine. >> No, it's fine. >> Okay. >> Okay. >> Okay. >> I have all sorts of cords here so it >> I have all sorts of cords here so it doesn't freeze. So the replay is doesn't freeze. So the replay is perfect. So I'm sorry. Sometimes that perfect. So I'm sorry. Sometimes that happens different places and our air is happens different places and our air is all all all >> okay. She says it's okay now.

>> okay. She says it's okay now. >> Okay. All right. So I'm going to get out >> Okay. All right. So I'm going to get out of the picture and Dr. Milman will just of the picture and Dr. Milman will just call on you and you can show your video call on you and you can show your video unmute and ask your question and unmute and ask your question and put it in the chat also. And put it in the chat also. And >> if your if your question is in the chat >> if your if your question is in the chat raise your hand.

raise your hand. >> Raise your hand. That's the most >> Raise your hand. That's the most important. It's just too hard for me to important. It's just too hard for me to focus on the chat and somebody who's on focus on the chat and somebody who's on screen. So, it's just easier that way.

screen. So, it's just easier that way. Maryanne, you're up. Maryanne, you're up. >> Let me just change this for a second. >> Let me just change this for a second.

I'm not going to pin you. I have to fix I'm not going to pin you. I have to fix you, Dr. you, Dr. >> And when I call you, go ahead and take >> And when I call you, go ahead and take yourselves off mute.

yourselves off mute. >> I have to fix this thing for one second. >> I have to fix this thing for one second. >> Hi, Marian. >> Hi, Marian. >> Hi there. Thank you for taking me. Um, I >> Hi there. Thank you for taking me. Um, I wanted to know what drug you use after wanted to know what drug you use after um doing.

um doing. Ah okay good question excellent Ah okay good question excellent question. Okay so um what I expect is question. Okay so um what I expect is um usually I'm finding um like a 10 to a um usually I'm finding um like a 10 to a even 18% probably not 18 maybe 16% even 18% probably not 18 maybe 16% increase in lumbar spine with aity but increase in lumbar spine with aity but not much of an increase in the hips. So not much of an increase in the hips. So um if the hips are still -3.5 after aity um if the hips are still -3.5 after aity then it's it's reasonable to follow then it's it's reasonable to follow avenity with prolia because prolia can avenity with prolia because prolia can do a good job at the hips. Um and that's do a good job at the hips. Um and that's a perfectly good way to go is avenity a perfectly good way to go is avenity into prolia and then make sure that um into prolia and then make sure that um with prolia that the rebound is with prolia that the rebound is meticulously handled. um only three meticulously handled. um only three injections which is a 1 and a half year injections which is a 1 and a half year course and it has to be followed by IV course and it has to be followed by IV reclass and maybe even a little bit of reclass and maybe even a little bit of fossamax with IV reclass if the the fossamax with IV reclass if the the rebound is really intense but usually rebound is really intense but usually with uh the one and a half years on with uh the one and a half years on prolia the um the rebound is is pretty prolia the um the rebound is is pretty uh reasonable. It's when the longer and uh reasonable. It's when the longer and longer on prolia, the more rebound you longer on prolia, the more rebound you get. But um that's that's that's the way get. But um that's that's that's the way I would go.

I would go. >> Okay. And if the hips aren't a problem >> Okay. And if the hips aren't a problem >> then what would you put somebody on? >> then what would you put somebody on?

Like Fosmax or Like Fosmax or >> uh IV re probably reclassed. >> uh IV re probably reclassed. >> Reclass. Okay, great. Um I have one >> Reclass. Okay, great. Um I have one other question if I'm permitted to ask other question if I'm permitted to ask too. Well, I would I would like actually too. Well, I would I would like actually to um have you have us come back around to um have you have us come back around to you if it just so that everybody kind to you if it just so that everybody kind of ask at least one. And I'm realizing I of ask at least one. And I'm realizing I >> Okay.

>> Okay. >> All right. Um we'll try to get back to >> All right. Um we'll try to get back to you, Maryanne. you, Maryanne. >> Okay. Thank you. >> Okay. Thank you.

>> All right, Diane. >> All right, Diane. Hello. Um, I just recently heard about Hello. Um, I just recently heard about lympha treatments. Um, I've been doing lympha treatments. Um, I've been doing on, but I just heard about lympa on, but I just heard about lympa treatments. I know the machines or the treatments. I know the machines or the studies came out of Italy and not very studies came out of Italy and not very many, but a few clinics are offering many, but a few clinics are offering them. Do you uh think they can make a them. Do you uh think they can make a

good supplement or not?

good supplement or not? >> And thank you. >> And thank you. >> I don't know that much about lympha. Uh >> I don't know that much about lympha.

Q&A: Osteoporosis Medication Strategies

Uh we just heard we being Margie and I, one we just heard we being Margie and I, one of our graduates has a lympha machine uh of our graduates has a lympha machine uh that she has in her um she she has an that she has in her um she she has an osteo strong location and um you know osteo strong location and um you know the the study data looked promising but the the study data looked promising but I can't say that I've looked at the I can't say that I've looked at the primary literature and I don't really primary literature and I don't really like to make a call until I do that. Uh like to make a call until I do that. Uh I know the machines are quite expensive.

I know the machines are quite expensive. It looks like it's a kind of a pulsed It looks like it's a kind of a pulsed PEMF device. Like most PMF devices are PEMF device. Like most PMF devices are just um the it's just a certain just um the it's just a certain frequency and a um a a certain um frequency and a um a a certain um wavelength and frequency and there's not wavelength and frequency and there's not a pulsation where that changes and in a pulsation where that changes and in lympha it looks like it changes. So lympha it looks like it changes. So that's a very interesting kind of that's a very interesting kind of device. Um, device. Um, but I I I I think it's um it may be but I I I I think it's um it may be worth a it may be worth a try. I am a worth a it may be worth a try. I am a big believer in PEMF, so it's it's very big believer in PEMF, so it's it's very >> Hey, Margie, is there would you would >> Hey, Margie, is there would you would you want to um do you [clears throat] you want to um do you [clears throat] have anything?

have anything? >> Yeah. No, I I'm the same way with you. >> Yeah. No, I I'm the same way with you. until I really research something and until I really research something and really make sure that it's, you know, really make sure that it's, you know, that it's very effective and there's that it's very effective and there's good studies on it, I I don't recommend good studies on it, I I don't recommend it yet. So, it looks like it has it yet. So, it looks like it has potential, but we really don't know. And potential, but we really don't know. And what we do know though with all of this what we do know though with all of this is we do know that exercise, there's so is we do know that exercise, there's so many amazing benefits from exercise. And many amazing benefits from exercise. And so, you know, all these additions may so, you know, all these additions may may, you know, help that as well. But may, you know, help that as well. But sometimes people think oh I'll do that sometimes people think oh I'll do that in lie of but never in lie of it's only in lie of but never in lie of it's only in addition to unless unless you can't in addition to unless unless you can't you know.

you know. >> Yeah. No I I would absolutely agree with >> Yeah. No I I would absolutely agree with >> Yeah. Hi. Sorry. I was loved your recent >> Yeah. Hi. Sorry. I was loved your recent podcast episode with Margie on can you podcast episode with Margie on can you reverse osteoporosis naturally and you reverse osteoporosis naturally and you mentioned some several case studies with mentioned some several case studies with women who were at least 10 years women who were at least 10 years post-menopausal that you actually put on post-menopausal that you actually put on HRT.

HRT. HRT. >> I do. >> I do. >> I was wondering what your process is to >> I was wondering what your process is to determine if somebody is post 10 years determine if somebody is post 10 years which they were telling us not to do which they were telling us not to do that.

that. that. >> Yeah. What's your process of determining >> Yeah. What's your process of determining if they can go on HRT, especially if if they can go on HRT, especially if they haven't been on it?

they haven't been on it? >> Yeah. So, risk stratification is >> Yeah. So, risk stratification is absolutely essential when anybody's absolutely essential when anybody's going on HRT. So, you know, the first going on HRT. So, you know, the first thing I'm looking at personal history of thing I'm looking at personal history of any kind of female cancer, uterine, any kind of female cancer, uterine, ovarian, or breast. I'm looking at ovarian, or breast. I'm looking

at family history. I'm looking at dense family history. I'm looking at dense breasts. And then I uh there's an breasts. And then I uh there's an American Cancer Institute breast cancer American Cancer Institute breast cancer risk tool and I I I remember part of the risk tool and I I I remember part of the URL is BC risk. Um but that's American URL is BC risk. Um but that's American Cancer um either association or I think Cancer um either association or I think probably American Cancer Association and probably American Cancer Association and you run through that tool and if a you run through that tool and if a person comes up a lifetime or not person comes up a lifetime or not lifetime but um uh it's either next lifetime but um uh it's either next three years or next five years um if the three years or next five years um if the percentage is is uh 5% or less then from percentage is is uh 5% or less then from that perspective they're a good that perspective they're a good candidate and then I also go to the um candidate and then I also go to the um uh the uh the uh it's a cardiovascular risk calculator uh it's a cardiovascular risk calculator as well and making sure that that person as well and making sure that that person is for a 10-year risk of heart attack or is for a 10-year risk of heart attack or stroke that they're less than I think stroke that they're less than I think the it's 10%. Um, and so if they meet the it's 10%.

Q&A: Lympha Treatments and PEMF Devices

Um, and so if they meet those two criteria, they don't have a those two criteria, they don't have a personal history, and then they are personal history, and then they are willing to do all of the things that I willing to do all of the things that I require in my practice for surveillance, require in my practice for surveillance, which is yearly mammogs, um, one to one which is yearly mammogs, um, one to one and a half year pelvic ultrasounds to and a half year pelvic ultrasounds to make sure that the endometrium isn't um, make sure that the endometrium isn't um, isn't proliferating, and then also um, isn't proliferating, and then also um, uh, doing a Dutch test every year. So I uh, doing a Dutch test every year. So I look at estrogen metabolites. Then if look at estrogen metabolites. Then if that person after all of that knows all that person after all of that knows all of the evidence. So they have to go of the evidence. So they have to go through my module on know your risk know through my module on know your risk know all the studies that I require them to all the studies that I require them to know and then if they are okay with know and then if they are okay with taking that risk because the risk is taking that risk because the risk is absolutely not zero but we don't think absolutely not zero but we don't think that it's high either. certainly is not that it's high either. certainly is not as high as uh the original WHI study as high as uh the original WHI study showed. And there is the thing about the showed. And there is the thing about the timing hypothesis and I'm very careful timing hypothesis and I'm very careful about that. So I have a lower estradiile about that. So I have a lower estradiile blood target level for someone who's blood target level for someone who's older than someone who's younger. And so older than someone who's younger. And so if they are all okay accepting that if they are all okay accepting that risk, then I will um offer uh BHRT. But risk, then I will um offer uh BHRT. But I'm very uh cautious.

I'm very uh cautious. >> Yeah, it sounds great that you're very >> Yeah, it sounds great that you're very conservative. Would you consider vaginal conservative. Would you consider vaginal estradile estradile estradile HRT? And do you believe it is systemic?

HRT? And do you believe it is systemic? Because people say it stays within the Because people say it stays within the vagina, but then I'm hearing that it vagina, but then I'm hearing that it could be more systemic than they think.

could be more systemic than they think. >> Um, so I would say that every >> Um, so I would say that every gynecologist gynecologist gynecologist across the United States would give any across the United States would give any woman vaginal estradile. Now maybe if woman vaginal estradile. Now maybe if the she had a per personal history of a the she had a per personal history of a female cancer. No. But but other than female cancer. No. But but other than that um even just conventional um obgyn that um even just conventional um obgyn will give vaginal estradi because the will give vaginal estradi because the the thought is that it's mostly going to the thought is that it's mostly going to stay local and not go systemic. It's not stay local and not go systemic.

Q&A: Hormone Replacement Therapy (HRT) and Risk Assessment

It's not going to pull up the estradiol level going to pull up the estradiol level that much because I actually do so much that much because I actually do so much testing on the sensitive estradi that I testing on the sensitive estradi that I can see a woman go from maybe negative can see a woman go from maybe negative um or less than 2 and

a half which was um or less than 2 and a half which was the very very bottom of the sensitivity the very very bottom of the sensitivity range and they might go up to I don't range and they might go up to I don't know maybe four or or five pogs per mill know maybe four or or five pogs per mill which is certainly a little tiny bit but which is certainly a little tiny bit but it's not enough to get somebody into it's not enough to get somebody into bone supporting range. Um although it bone supporting range. Um although it can be very helpful for women with um can be very helpful for women with um menopausal eurogenital um symptoms and menopausal eurogenital um symptoms and also uh a little bit for libido as well.

also uh a little bit for libido as well. So it can be very very helpful to women So it can be very very helpful to women and um I encourage all my patients to and um I encourage all my patients to consider it if they if um they have consider it if they if um they have those kind of of issues especially women those kind of of issues especially women with recurrent UTI and not as good with with recurrent UTI and not as good with for incontinence a little bit. It helps for incontinence a little bit. It helps a little bit with incontinence but it a little bit with incontinence but it does help with recurrent UTI.

does help with recurrent UTI. >> Thank you. Appreciate it. >> Thank you. Appreciate it. Yes. Hello. Um, hi. Yes. Hello. Um, hi. >> Um, I haven't had the CTX done for >> Um, I haven't had the CTX done for several years and I just had one done several years and I just had one done now. It It's called the collagen type 1 now. It It's called the collagen type 1 C tipeptide C tipeptide and the my result is 721.

and the my result is 721. And I was wondering um is I don't know And I was wondering um is I don't know if that's good, bad, indifferent. What if that's good, bad, indifferent. What is a what is a good range for that test?

is a what is a good range for that test? >> All right. So, I'm going to teach you >> All right. So, I'm going to teach you because you are absolutely asking me to because you are absolutely asking me to interpret your CTX, interpret your CTX, >> right? Okay. So, I'm going to teach you.

>> right? Okay. So, I'm going to teach you. So, um, so it would be very appropriate So, um, so it would be very appropriate for you to ask me what the optimal range for you to ask me what the optimal range is for CTX is for CTX because because because >> Yeah, that's >> Yeah, that's >> I don't really need I don't really need >> I don't really need I don't really need to know that your CTX was 721. I don't to know that your CTX was 721. I don't really need to know that you haven't had really need to know that you haven't had a CTX for a while. So, um, so yeah, I a CTX for a while. So, um, so yeah, I will give you I will give you the will give you I will give you the optimal range for CTX. It's 250 to 350 optimal range for CTX. It's 250 to 350 and in between 350 to 4 400 is a little and in between 350 to 4 400 is a little bit of a gray area, but um over 400 most bit of a gray area, but um over 400 most likely uh uh people are are losing bone likely uh uh people are are losing bone above 400.

above 400. >> Thank you. That's phenomenal. just make >> Thank you. That's phenomenal. just make it very general [clears throat] next it very general [clears throat] next time.

time. time. >> Okay. Thank you. You're welcome. Renee, >> Okay. Thank you. You're welcome. Renee, >> hello. Thank you. Love your work. Um, >> hello. Thank you. Love your work. Um, this is a lab draw question. on the day this is a lab draw question. on the day of your lab, whether you're having a of your lab, whether you're having a hormone panel or a thyroid panel, um hormone panel or a thyroid panel, um fasting early in the morning as fasting early in the morning as possible, no B vitamins.

possible, no B vitamins. Do you have your patients um take their Do you have your patients um take their thyroid med or put um put on their cream thyroid med or put um put on their cream or take their um estrogen? Yeah. So, or take their um estrogen? Yeah. So, that's actually a really really good that's actually a really really good question because I do um for thyroid I I question because I do um for thyroid I I I always want to know the trough and I I I always want to know the trough and I I always just want want them not to take always just want want them not to take thyroid medication in the morning. But thyroid medication in the morning. But for estrogen cream and testosterone for estrogen cream and testosterone cream, I like to know both sometimes.

cream, I like to know both sometimes. So, I like to know the low point and I So, I like to know the low point and I like

to know the high point. And the low like to know the high point. And the low point is you don't take your cream in point is you don't take your cream in the morning. Progesterone is okay. It's the morning. Progesterone is okay. It's very short-lived. It doesn't even it very short-lived. It doesn't even it doesn't carry over very much to the next doesn't carry over very much to the next day at all. So, you can always take day at all. So, you can always take progesterone. Um, and then the peak is progesterone. Um, and then the peak is you take the cream in the morning and you take the cream in the morning and then you wait until 2 or 3:00 in the then you wait until 2 or 3:00 in the afternoon. That's your peak.

afternoon. That's your peak. >> Okay. >> Okay. >> Okay. >> Um, so sometimes I want to know the >> Um, so sometimes I want to know the peak. Sometimes I want to know the peak. Sometimes I want to know the trough and then if somebody is on a trough and then if somebody is on a patch, you want to try to get it midway.

patch, you want to try to get it midway. So that's where the most steady state So that's where the most steady state time is for you to take it. And so if time is for you to take it. And so if it's if it's um like one and a half days it's if it's um like one and a half days during a 3day cycle, that should be mid during a 3day cycle, that should be mid that should be mid mid peak mid that should be mid mid peak mid midcycle.

midcycle. midcycle. >> Okay. And then the thyroid med. So you >> Okay. And then the thyroid med. So you would want to draw that as early as you would want to draw that as early as you possibly can like if the lab not taking possibly can like if the lab not taking it if or does it matter?

it if or does it matter? >> No, I don't think so. I mean I I I do I >> No, I don't think so. I mean I I I do I like to see it in a fasting state. Yeah.

like to see it in a fasting state. Yeah. And and as early as you can. Yeah. I And and as early as you can. Yeah. I don't want to see it at at 1:00 if don't want to see it at at 1:00 if somebody's intermittent fasting and somebody's intermittent fasting and they're doing it at 1:00. I'd rather see they're doing it at 1:00. I'd rather see it at like 8 to 10 in the morning, it at like 8 to 10 in the morning, something like that.

something like that. I've had some controversy with local I've had some controversy with local providers I'm trying to train and I'm providers I'm trying to train and I'm like how as far as um getting the labs like how as far as um getting the labs that I think are good. So, well, they're that I think are good. So, well, they're different questions, right? So when you different questions, right? So when you when you do it with the um when when you when you do it with the um when when you take your thyroid medication and then take your thyroid medication and then you go into the lab, you're asking what you go into the lab, you're asking what do what do what do I look like do what do what do I look like after I take thyroid medication? So after I take thyroid medication? So that's more of a peak level again, that's more of a peak level again, right? You're doing a peak and a trough.

right? You're doing a peak and a trough.

Q&A: Lab Testing, CTX, and Thyroid/Estrogen Protocols

And sometimes sometimes if I'm trying to And sometimes sometimes if I'm trying to figure out um especially in an older figure out um especially in an older woman and looking at estradiol levels, woman and looking at estradiol levels, I'm I'm I'm more often than not I'm I'm I'm I'm more often than not I'm doing both. I'm doing like one time I do doing both. I'm doing like one time I do a peak, the other time I do a trough. Um a peak, the other time I do a trough. Um if I look at if I'm trying to do a if I look at if I'm trying to do a trough and um and it looks really low, trough and um and it looks really low, I'll do a peak the next time and just I'll do a peak the next time and just make sure they're in that range that I make sure they're in that range that I like.

like. like. >> Okay, great. Thank you so much for your >> Okay, great. Thank you so much for your work. Thank you. work. Thank you. >> You're welcome. Thank you. Hey, Irma.

>> You're welcome. Thank you. Hey, Irma. How are you? How are you? >> I'm good. Dr. Milman, I'm getting >> I'm good. Dr. Milman, I'm getting better. Margie, thank you for this.

better. Margie, thank you for this. >> Good. >> Good. >> Good. >> So, I wanted just to acknowledge this >> So, I wanted just to acknowledge this whole thing that Margie has created. She whole thing that Margie has created. She brought something out of a seed, right?

brought something out of a seed, right? Planted a seed so long ago and it's Planted a seed so long ago and it's morphed into this incredible program. morphed into this incredible program.

So, thank you both for this. So my So, thank you both for this. So my question is, question is, >> thank you for your work too, Irma. She's >> thank you for your work too, Irma. She's a rock star.

a rock star. >> Yeah. Can I say something here? Oh, >> Yeah. Can I say something here? Oh, wait. Let me get my video. Can I have to wait. Let me get my video. Can I have to say something too because Irma, let's say something too because Irma, let's just give Irma credit where credit is just give Irma credit where credit is due. When I So I've been a physical due. When I So I've been a physical therapist doing this forever. But when I therapist doing this forever. But when I decided and I really figured out I decided and I really figured out I really have to become a health coach. I really have to become a health coach. I really wanted to learn more. Who was my really wanted to learn more. Who was my very first mentor with health coaching?

very first mentor with health coaching? It was was Irma. So Irma and I have It was was Irma. So Irma and I have known each other give yourself credit.

known each other give yourself credit. You've done so much and helped so many You've done so much and helped so many people all over and really made a big people all over and really made a big difference in this space way before way difference in this space way before way before anybody was doing this. So hats before anybody was doing this. So hats off to you Irma. I have to just you know off to you Irma. I have to just you know I'm glad you appreciate us but we really I'm glad you appreciate us but we really really appreciate you and you've changed really appreciate you and you've changed so many lives. So yay Irma.

so many lives. So yay Irma. >> Thank you Irma. >> Thank you Irma. >> Yeah Irma's been on all my summits and >> Yeah Irma's been on all my summits and given so much good information. So thank given so much good information. So thank you Irma. But okay, I had to say that you Irma. But okay, I had to say that because I'm such a big fan of yours, because I'm such a big fan of yours, Irma.

Irma. Irma. >> Such a humbling experience, right, for >> Such a humbling experience, right, for us all because we're just trying to do us all because we're just trying to do the good work, right, and help each the good work, right, and help each other and women are so dynamic. So, Dr.

other and women are so dynamic. So, Dr. Milman, you've been doing this for so Milman, you've been doing this for so long and I hope this question isn't too long and I hope this question isn't too broad, but in your experience, what's broad, but in your experience, what's the greatest DEXA score that you've seen the greatest DEXA score that you've seen your patients increase doing the your patients increase doing the combination of weight training, HRT, combination of weight training, HRT, diet, gut health, supplements? Wow. Um, diet, gut health, supplements? Wow. Um, yeah, that's that's a really good yeah, that's that's a really good question. Um, question. Um, well, I saw well, I saw um one of my patients yesterday went um one of my patients yesterday went from a negative from a negative 3.4 to 1.7 in the hip and a negative 3.4 to 1.7 in the hip and a negative 2.9 to -1.5.

2.9 to -1.5. That was pretty good. Um, I saw a 1 and That was pretty good. Um, I saw a 1 and a half standard deviation a half standard deviation with another patient in the lumbar with another patient in the lumbar spine. That was really good. Um, spine. That was really good. Um, so my patient yesterday, she went from so my patient yesterday, she went from um osteoprotic to osteopenic completely um osteoprotic to osteopenic completely everywhere.

everywhere. everywhere. um she was osteoprotic in two places and um she was osteoprotic in two places and went to osteopenic and that was over the went to osteopenic and that was over the course of about a 4-year period. She was course of about a 4-year period. She was definitely on hormones. Um yeah, I think definitely on

hormones. Um yeah, I think one and a half standard deviations in one and a half standard deviations in the lumbar spine and about a standard the lumbar spine and about a standard deviation in the hip. Not on meds, deviation in the hip. Not on meds, right? No avenity like Aventity they do right? No avenity like Aventity they do better. Avenity and prolan reclass they better. Avenity and prolan reclass they do better than that. But but yeah, and do better than that. But but yeah, and th those are both th those are both the really really high achievers.

the really really high achievers. They're on hormones. They're they're on They're on hormones.

Q&A: Community Recognition and Success Stories

They're they're on hormones. I I can't do that without it. hormones. I I can't do that without it. >> The the point is the point the point >> The the point is the point the point that you're making is so important. The that you're making is so important. The time commitment, right? It's not one time commitment, right? It's not one year, six months. It's one to four or year, six months. It's one to four or five years staying on the course, five years staying on the course, tweaking, staying on the course. So, tweaking, staying on the course. So, thank you.

thank you. >> Yeah, sure. >> Yeah, sure. We just did. Did you hear um Irma? Did We just did. Did you hear um Irma? Did you Did you hear that podcast that we you Did you hear that podcast that we just did?

just did? >> No, I I didn't hear that, but I will go >> No, I I didn't hear that, but I will go back and listen. back and listen. >> Yeah. So, it's uh can you reverse >> Yeah. So, it's uh can you reverse osteoporosis naturally? And so, the osteoporosis naturally? And so, the point of that wasn't wasn't to say yes.

point of that wasn't wasn't to say yes. The point of that was to get give some The point of that was to get give some case studies and say case studies and say what do you what do you do and what do what do you what do you do and what do you see and actually what kind of you see and actually what kind of improvements do you see with different improvements do you see with different kinds of hormones? We did hormones on kinds of hormones? We did hormones on and and um in reversing and and um in reversing hyperarathyroidism because those are hyperarathyroidism because those are kind of the really big ones that you see kind of the really big ones that you see where you can you can really um reverse where you can you can really um reverse significantly.

significantly. significantly. >> Thank you. And here's Kathy. >> Thank you. And here's Kathy. >> Hi, Dr. Miller. So nice to see you. >> Hi, Dr. Miller. So nice to see you.

Q&A: DEXA Score Improvements and Patient Outcomes

>> Good to see you. >> Good to see you. >> Um, so I've been hearing about this new >> Um, so I've been hearing about this new I don't know if it's new. The parasite I don't know if it's new. The parasite cylo something or other that lives on cylo something or other that lives on fresh produce. Have you heard about fresh produce. Have you heard about that? There is this outbreak.

that? There is this outbreak. >> Oh, you're talking about psychospora. >> Oh, you're talking about psychospora. >> Yeah. and um I live on salads and love >> Yeah. and um I live on salads and love fresh produce and I'm just wondering if fresh produce and I'm just wondering if you have any ideas about how to protect you have any ideas about how to protect yourself. [snorts] yourself. [snorts] Well, um Well, um I saw the other day I saw the other day um um um well I have one um so you can get these well I have one um so you can get these um ozone bubblers.

um ozone bubblers. Have Have you seen those ozone bubblers? Have Have you seen those ozone bubblers? Um, so you know, I don't really Um, so you know, I don't really understand this because cycllospora, understand this because cycllospora, this may be this might be just a a super this may be this might be just a a super v virilent strain of cycllospora because v virilent strain of cycllospora because usually this is an opportunistic usually this is an opportunistic infection that only imuno compromised infection that only imuno compromised people get. So, I'm a little bit um I people get.

Q&A: Parasites, Food Safety, and Ozone Bubblers

So, I'm a little bit um I haven't seen it enough, but um haven't seen it enough, but um but uh yeah, like o ozone ozone bubbling but uh yeah, like o ozone ozone bubbling into the water. So, you fill up the the into the water. So, you fill up the the the sink full of water, put your veggies the sink full of water, put your veggies in there and put the ozone bubbler in in there and put the ozone bubbler in there and have it have it ozenated.

there and have it have it ozenated. >> Cool. Thank you. >> Cool. Thank you. >> Or what about Brio? Brio might work too. >> Or what about Brio? Brio might work too.

Rio um throat stuff and Rio um throat stuff and >> probably would do the Yeah, I probably >> probably would do the Yeah, I probably would do the throat. I'll grab I'll grab would do the throat. I'll grab I'll grab mine, show you which one it Yeah, it's mine, show you which one it Yeah, it's the oral rinse.

the oral rinse. >> Okay. >> I don't know if I can >> I don't know if I can I've got some. Put a few drops in water I've got some. Put a few drops in water and then wash your veggies in that and then wash your veggies in that water.

water. water. >> Yeah, this one. the >> Yeah, this one. the >> Yeah, I got it. >> Yeah, I got it. >> SOS. They have a different I don't know. >> SOS. They have a different I don't know.

I probably would like do like that much I probably would like do like that much kind of thing. kind of thing. >> Like a tablespoon or something. >> Like a tablespoon or something.

>> A couple ounces maybe. >> A couple ounces maybe. >> Okay. >> Okay. >> Okay. >> Okay. This is my my oenator. Who did I >> Okay. This is my my oenator. Who did I buy this from? Hold. I think I bought buy this from? Hold. I think I bought this from Do you guys know who Holder this from Do you guys know who Holder Clark is?

Clark is? >> Anybody know who Holder Clark is? Extra >> Anybody know who Holder Clark is? Extra credit. Extra credit points. credit. Extra credit points.

>> You guys, you guys know >> You guys, you guys know >> the crystals lady. >> the crystals lady. >> It's a Hi, Dot. It's a zapper lady. Dot. >> It's a Hi, Dot. It's a zapper lady. Dot.

>> Yes. Yes. I know about her. >> Yes. Yes. I know about her. >> The zapper lady. >> The zapper lady. >> This is Naomi. I know. >> This is Naomi. I know.

>> Yeah. I have I have like a little mini I >> Yeah. I have I have like a little mini I have a mini little ozenator. And I Yeah, have a mini little ozenator. And I Yeah, this was from Dr. Clark. [laughter] this was from Dr. Clark. [laughter] Oh my gosh, I haven't used this for a Oh my gosh, I haven't used this for a while, but it does have a little bubbler while, but it does have a little bubbler on it. And you can do ozone bubbling.

on it. And you can do ozone bubbling. And then um I was just seeing that um I And then um I was just seeing that um I get I get some stuff from Thera. And I get I get some stuff from Thera. And I was seeing that they have an ozone was seeing that they have an ozone bubbler, too. Thera, I don't think the bubbler, too. Thera, I don't think the these ozone bubblers aren't very these ozone bubblers aren't very expensive. I I don't think this wasn't expensive. I I don't think this wasn't This was less than $200.

This was less than $200. >> I have the Thera one and it's $108. >> I have the Thera one and it's $108. >> $180. There you go. >> $180. There you go. >> No. 108.

>> No. 108. >> $108. Yeah. That's great. >> $108. Yeah. That's great. >> And it works pretty good. >> And it works pretty good. >> Yeah. And And so do you do that with >> Yeah. And And so do you do that with your with your veggies? You just put it your with your veggies? You just put it put it in the sink and bubble into the put it in the sink and bubble into the sink kind of thing.

sink kind of thing. >> Yeah. I use a bowl because I don't think >> Yeah. I use a bowl because I don't think this the sink is too cleanliness. But this the sink is too cleanliness. But but anyway, I did put it in a big bowl.

but anyway, I did put it in a big bowl. Yes. Yes. Yes. >> Okay. >> Okay. >> Okay. >> It it works good. >> It it works good.

Q&A: TBS, DEXA, and Bone Health Metrics

>> Good. Yeah, that's that's what I I would >> Good. Yeah, that's that's what I I would do that or the brio. do that or the brio. >> Thank you. That's very helpful.

>> Thank you. That's very helpful. >> Yeah. Yeah. >> Yeah. Yeah. All right. We have kitty cats. All right. We have kitty cats. We have kitty cats to show off. Here's We have kitty cats to show off. Here's the kitty cat.

the kitty cat. Say hi. Say hi. >> Hi. >> Hi. >> Hi. All right. All right. We always have show and tell, huh, We always have show and tell, huh, Margie? Deborah, you're next.

Margie? Deborah, you're next. >> Yeah. Can you hear me? >> Yeah. Can you hear me? >> Yes. >> Yes. >> Yes. >> Okay. Um well I know you said you don't >> Okay. Um well I know you said you don't want um a million details but um want um a million details but um >> in the last three and a half years my >> in the last three and a half years my dexa my t-core in the spine that's the dexa my t-core in the spine that's the one that's the worst one went from a one that's the worst one went from a minus4 to a minus 3.5.

minus4 to a minus 3.5. However, the TBS got worse. However, the TBS got worse. >> And what I'm on I'm on bioididentical >> And what I'm on I'm on bioididentical hormone replacement with um do I name hormone replacement with um do I name drop who I'm with or not who I'm working drop who I'm with or not who I'm working with. You don't care. You don't want to with. You don't care. You don't want to know that.

know that. >> Okay. Okay. You don't want to know that. >> Okay. Okay. You don't want to know that. I'm working with I'm working with um I'm working with I'm working with um >> well a highly respected naturopath that >> well a highly respected naturopath that she says she knows what she's doing. I she says she knows what she's doing. I believe her. Um and I'm on um a lot of believe her. Um and I'm on um a lot of bone supporting supplements. uh bone supporting supplements. uh resistance training resistance training and I'm just trying to increase my and I'm just trying to increase my protein and um protein and um uh resistance training. But anyways, the uh resistance training. But anyways, the the TBS the TBS has declined has declined and and and an endocrinologist of course is telling an endocrinologist of course is telling me drugs, you know, which I'm not a fan me drugs, you know, which I'm not a fan of, but um anyway.

of, but um anyway. >> Okay. So I'll I'll try to unpack this in >> Okay. So I'll I'll try to unpack this in pieces. pieces. pieces. >> Okay. >> Okay. >> Okay.

>> So um [clears throat] so the improvement >> So um [clears throat] so the improvement in Lspine was something togative in Lspine was something togative -3.5gative -4 togative 3.5.

-3.5gative -4 togative 3.5. >> Yes. >> Yes. >> Yes. >> Okay. That's a sizable that's a sizable >> Okay. That's a sizable that's a sizable increase. increase.

increase. >> Okay. >> Okay. >> Okay. >> And um I would be happy about that. um >> And um I would be happy about that. um the TBS it all is all about degrees the TBS it all is all about degrees right so right so you know I have I'll have patients and you know I have I'll have patients and um I think it's it's very hard for um I think it's it's very hard for patients because they don't have the patients because they don't have the context that I have right um in that context that I have right um in that that that it's like if the TBS goes from that that it's like if the TBS goes from to 1.24 to 1.24 and it's still going from kind of the and it's still going from kind of the middle range into a little bit more into middle range into a little bit more into the little little higher range or the the little little higher range or the and it still stays in like a partially and it still stays in like a partially degraded area.

degraded area. Is that really a decrement? Right. It's Is that really a decrement? Right. It's it's all a it's all about it's all a it's all about um how much has it changed? You want me um how much has it changed? You want me to tell you the the numbers?

to tell you the the numbers? >> I could. >> I could. >> I don't know that I know the ranges off >> I don't know that I know the ranges off the top of my head. Um I know like one the top of my head. Um I know like one uh so the question would be is um uh so the question would be is um >> is not for you but for somebody for >> is not for you but for somebody for anyone who has a um a a TBS that goes anyone who has a um a a TBS that goes from like if it goes from partially from like if it goes from partially degraded up to degraded and it's and degraded up to degraded and it's and it's gone and it's really uh jumped a it's gone and it's really uh jumped a lot. You could give a couple of numbers lot. You could give a couple of numbers as to what those are.

as to what those are. Okay. Um, in the three and a half years, Okay. Um, in the three and a half years, >> 1.01 to 1.754. >> 1.01 to 1.754. >> No, 1.071.

>> No, 1.071. >> Oh, 071 >> Oh, 071 >> to 1.0. 054 >> to 1.0. 054 >> 1.071 >> 1.071 >> 1.071 to 1.054 to 1.054 >> 54 >> 54 >> 54 down by 0.02. down by 0.02. Um Um Um and then what what are the ranges of and then what what are the ranges of that? That looks like completely that? That looks like completely degraded.

degraded. degraded. >> Yes. >> Yes. >> Yes. >> And what is the range of completely >> And what is the range of completely degraded? degraded? degraded? um um um that I can't tell you off the top of my that I can't tell you off the top of my head, but it was it was in that degraded head, but it was it was in that degraded range. I mean, it was not on the board.

range. I mean, it was not on the board. >> Both of them were degraded. >> Both of them were degraded. >> Both of them. Yes. >> Both of them. Yes. >> Yeah. I probably wouldn't really um if I >> Yeah. I probably wouldn't really um if I mean, if it looked like it was going mean, if it looked like it was going from from from Well, Well, Well, I I don't know if I can solve this I I don't know if I can solve this without like pulling without like pulling pulling a chart and looking at a a TBS pulling a chart and looking at a a TBS range. Um range. Um maybe maybe Margie could do um Margie maybe maybe Margie could do um Margie could you could you might not have the data either. Um might not have the data either. Um Margie could could you ask Claude what Margie could could you ask Claude what the ranges are for degraded partially the ranges are for degraded partially and partially degraded.

and partially degraded. >> I believe that Irma just put some >> I believe that Irma just put some numbers in the chat. numbers in the chat. Melanie, you just did.

Melanie, you just did. >> Okay. Oh, okay. Irma did. Okay. >> Okay. Oh, okay. Irma did. Okay. >> 13123 neg. Yeah. neg. Yeah. Okay. Yeah. Yeah. This sounds right.

Okay. Yeah. Yeah. This sounds right. Yeah. Sound they sounded really low. Yeah. Sound they sounded really low. It's it you It's the the TVs went from It's it you It's the the TVs went from really low to really low.

really low to really low. >> Yep. >> Yep. >> Yep. >> Yeah. I I don't know. Um, if >> Yeah. I I don't know. Um, if this is not inconsistent with a t-core this is not inconsistent with a t-core >> Okay.

>> Okay. >> So, so here's here's the way that I >> So, so here's here's the way that I would think about this. And remember would think about this.

Q&A: Medication Sequences and Rebound Effects

And remember that um this only TBS is only refer to that um this only TBS is only refer to the spine, not to the hip at all. the spine, not to the hip at all.

So, um, so, um, I would, if if this were So, um, so, um, I would, if if this were my patient, I would tell her to take a my patient, I would tell her to take a win. Her Lspine improved significantly.

win. Her Lspine improved significantly. And if she were on bioididentical And if she were on bioididentical hormones, then I I might maybe mistrust hormones, then I I might maybe mistrust the TBS or I I'm not quite sure. U, but the TBS or I I'm not quite sure. U, but I I would um I would have my patient I I would um I would have my patient take a win.

take a win. Do you think uh if I rememeasured it in Do you think uh if I rememeasured it in a year that's long enough or do I really a year that's long enough or do I really have to wait two years um before have to wait two years um before >> because because of the fact that it >> because because of the fact that it doesn't it doesn't appear to me to be um doesn't it doesn't appear to me to be um it's a little suspicious. I um I would it's a little suspicious. I um I would have my patient repeat it in a year.

have my patient repeat it in a year. >> Okay. >> Okay. >> Okay. Okay. Yeah. All right. I just don't want Okay. Yeah. All right. I just don't want to be pushed onto a drug. And that's to be pushed onto a drug. And that's what they what they >> So, so my criteria are um uh -3.5 and >> So, so my criteria are um uh -3.5 and worse.

worse. worse. History of fractures. These are all History of fractures. These are all ores. Uh history of fractures and then ores. Uh history of fractures and then CTX is above 900. The CTX is nice and CTX is above 900. The CTX is nice and low and nice and optimal. Then I know low and nice and optimal. Then I know the the bones are stable. if the P1 and the the bones are stable. if the P1 and P is nice and nice nice and high. Um, if P is nice and nice nice and high. Um, if the person is doing uh strength training the person is doing uh strength training and they're doing hormones and they're and they're doing hormones and they're looking at their diet and they're doing looking at their diet and they're doing all the gut stuff and all of that, then all the gut stuff and all of that, then I'm pretty happy to like, you know, let I'm pretty happy to like, you know, let it coast along and see how things go.

it coast along and see how things go. >> Okay, that's great. >> Okay, that's great. Thank you. Thank you. >> Yeah. >> Yeah. >> Yeah. Oh, hi. Oh, hi. Can you hear me?

Oh, hi. Oh, hi. Can you hear me? >> Yes. >> Yes. >> Yes. >> Yeah. Thanks. Thank you so much for uh >> Yeah. Thanks. Thank you so much for uh taking all these wonderful questions.

taking all these wonderful questions. >> Do you ever recommend a second round of >> Do you ever recommend a second round of Inanity injections? Inanity injections?

>> Yeah, I do. I mean, I have somebody >> Yeah, I do. I mean, I have somebody right now who started at a -5 and um she right now who started at a -5 and um she went uh well, probably what we're going went uh well, probably what we're going to do is she went from a neg five to to do is she went from a neg five to maybe a -4, maybe a -4, 4.3, 4.3, 4.3, something like that. Maybe 4.2. So, something like that. Maybe 4.2. So, that's still pretty, you know, pretty that's still pretty, you know, pretty low. And then her hips were bad. Um low. And then her hips were bad. Um worse than negative 3.5. So, we're going worse than negative 3.5. So, we're going to do a round of prolia and then we'll to do a round of prolia and then we'll do a round of reclass and then a couple do a round of reclass and then a couple years later we'll probably do another we years later we'll probably do another we probably restart her on a vanity.

probably restart her on a vanity. >> Okay. Um, have you ever had a patient >> Okay. Um, have you ever had a patient who after doing the first year of who after doing the first year of Evanity and then went on two years of Evanity and then went on two years of Fosamax Fosamax Fosamax and after those and then after those two and after those and then after those two years lost most of the 18% that was years lost most of the 18% that was gained in the spine.

gained in the spine. >> Oh no. >> Oh no. >> Yeah. Yeah. Yeah. So, so the >> Yeah. Yeah. Yeah. So, so the recommendation is is now and now it's recommendation is is now and now it's been a year since since that last DEXA, been a year since since that last DEXA, but the recommendation is now to go onto but the recommendation is now to go onto a second round of Ianity.

a second round of Ianity. >> So, there weren't any CTXs done to like >> So, there weren't any CTXs done to like

what was happening in there? what was happening in there?

>> Yeah, there there was a CTX. >> Yeah, there there was a CTX. don't remember what it is, but I just don't remember what it is, but I just >> I mean the FASA Max should have brought >> I mean the FASA Max should have brought the CTX's like maybe into the 120 range the CTX's like maybe into the 120 range or something like that. And if it wasn't or something like that. And if it wasn't if it was at 350 or 400, you would know if it was at 350 or 400, you would know that the Fox Fossamax wasn't enough to that the Fox Fossamax wasn't enough to catch the rebound from Aventity. So catch the rebound from Aventity. So >> yeah, I think unfortunately >> yeah, I think unfortunately there was no testing done in those two there was no testing done in those two years. Oh, no.

years. Oh, no. >> It was only after the two years was up >> It was only after the two years was up that uh getting this getting the second that uh getting this getting the second DEXA because the DEXAs are only every DEXA because the DEXAs are only every two years. I don't know why they're not two years. I don't know why they're not every year, but every year, but >> Well, the CTX can catch them though. I >> Well, the CTX can catch them though. I mean, mean, mean, >> Right. Exactly. But >> Right. Exactly. But >> and then the other thing too, Susan, is >> and then the other thing too, Susan, is that you know, I have patients who are that you know, I have patients who are on meds and they get Dexas every year.

on meds and they get Dexas every year. They um the insurance companies will do They um the insurance companies will do DEXA more often when you're on meds.

DEXA more often when you're on meds. even Medicare. even Medicare. >> I think so. >> I think so. >> Yeah. I Well, anyway, that's what >> Yeah. I Well, anyway, that's what happened. And happened. And >> that's why you all have to advocate for >> that's why you all have to advocate for yourself, yourself, yourself, >> right? Right. Well, when I found this >> right? Right. Well, when I found this out, then I asked my primary Well, out, then I asked my primary Well, obviously I'm talking about myself. Um, obviously I'm talking about myself.

Q&A: Lab Draws, Hormone Panels, and Testing Protocols

Um, asked primary doctor for the I think it asked primary doctor for the I think it was the CTX and then, um, actually asked was the CTX and then, um, actually asked for the calcium, the cardiac calcium for the calcium, the cardiac calcium scoring and the LPA.

scoring and the LPA. uh just to make sure I didn't have any uh just to make sure I didn't have any problems with the vanity first time problems with the vanity first time around, but I just wanted to make sure, around, but I just wanted to make sure, you know, four years later and older.

you know, four years later and older. >> And if anybody has any like really like >> And if anybody has any like really like um like like Susan, I might get a um like like Susan, I might get a consultation from Dr. McCorm. I don't consultation from Dr. McCorm. I don't think you you need one because of the think you you need one because of the fact that you don't have the CTX to like fact that you don't have the CTX to like even look at it, but um yeah, you pro even look at it, but um yeah, you pro maybe maybe I I would do a consultation maybe maybe I I would do a consultation with Dr. McCormack about this because with Dr. McCormack about this because it's not very often that that Avenity's it's not very often that that Avenity's rebound isn't captured with a FOSMAX, rebound isn't captured with a FOSMAX, but but but but like but like >> not having the CTX, you just don't know.

>> not having the CTX, you just don't know. You just don't know. You just don't know. >> Right. Right. >> Right. Right. >> Yeah. >> Yeah. >> Yeah. >> Okay. Well, well, thanks.

>> Okay. Well, well, thanks. >> But I still think I still think Dr. >> But I still think I still think Dr. McCormack is a it's a he's a really McCormack is a it's a he's a really really good resource for anybody who has really good resource for anybody who has really complicated medication questions really complicated medication questions that like I can't answer cuz that like I can't answer cuz >> Yeah. But you but you do think that like >> Yeah. But you but you do think that like a a a period of four years between a a a period of four years between vanity injections is is an okay time vanity injections is is an okay time period to wait for starting a second period to wait for starting a second

round. Well, what you have to look at is round. Well, what you have to look at is the time period between the end of the time period between the end of Fossamax.

>> Oh, yeah. Well, I did. Yeah. >> Oh, yeah. Well, I did. Yeah. >> Two years, right? That's two years, not >> Two years, right? That's two years, not four, four, four, >> right? The the the four It was four >> right? The the the four It was four years ago that I had the one year of years ago that I had the one year of injections and then two years injections and then two years >> Yeah.

>> Yeah. >> Yeah. >> of Phosmax after that before the DEXA. >> of Phosmax after that before the DEXA. And now, so it's been three years. So do And now, so it's been three years. So do you so so do you understand why the the you so so do you understand why the the time period is the is the is is at the time period is the is the is is at the end of Fossamax. Do you understand why?

end of Fossamax. Do you understand why? >> Sounds like no you don't. >> Sounds like no you don't. >> No >> No >> No >> because because an anti-resorptive >> because because an anti-resorptive makes it more difficult for the makes it more difficult for the anabolics to work.

anabolics to work. >> So you want to make sure that the >> So you want to make sure that the anti-resorptive has completely worn off. anti-resorptive has completely worn off.

So now they they it completely worn off So now they they it completely worn off is not a proper explanation in in any is not a proper explanation in in any sense. Actually I very much misspoke but sense. Actually I very much misspoke but it's worn off enough that the anabolic it's worn off enough that the anabolic effects will you can get them again.

effects will you can get them again. Okay. I think two years from Bossamax to Okay. I think two years from Bossamax to Avenity is probably enough. But Avenity is probably enough. But >> oh, well, it's only been one month >> oh, well, it's only been one month because because because because >> it's been one month since the end of >> it's been one month since the end of Fossamax, Fossamax, Fossamax, >> right? Because because when I had the >> right? Because because when I had the DEXA two years ago, I was told just I DEXA two years ago, I was told just I know this sounds crazy, just stay on the know this sounds crazy, just stay on the Fossamax and we'll retest you in two Fossamax and we'll retest you in two years.

years. years. >> Uh yeah, one month, one month from the >> Uh yeah, one month, one month from the end of Fossamax into Avenity is not end of Fossamax into Avenity is not enough.

enough. enough. >> Okay. theity the is going to have a >> Okay. theity the is going to have a really really hard time working um really really hard time working um against that that that anti-absorptive.

against that that that anti-absorptive. >> Yeah. What what do you recommend for a >> Yeah. What what do you recommend for a length of time to to be off the length of time to to be off the >> Yeah, I was thinking a couple of years >> Yeah, I was thinking a couple of years but this is not exactly my forte but I but this is not exactly my forte but I think at least a couple of years. Irma, think at least a couple of years. Irma, do you have an opinion on how long?

do you have an opinion on how long? The question was the question was how The question was the question was how long do you have to be on off of long do you have to be on off of >> how long do you have to be off of >> how long do you have to be off of Fosamax in order to go onto an anti to Fosamax in order to go onto an anti to go onto an anabolic?

go onto an anabolic? >> I think it's tracking the the CTX. So >> I think it's tracking the the CTX. So I'm not exactly sure from a timing point I'm not exactly sure from a timing point of of of >> but it's but but but because the >> but it's but but but because the bisphosphinates sit in the bones for bisphosphinates sit in the bones for such a long period of time I think it's such a long period of time I think it's longer than that because I remember at longer than that because I remember at least um Dr. McCormick saying that in least um Dr. McCormick saying that in kind of

an emergency situation it was kind of an emergency situation it was like at least six months. Um or that you like at least six months. Um or that you wanted to like you or before you would wanted to like you or before you would do dental work it was six months.

do dental work it was six months. >> Um I would give it way longer than that >> Um I would give it way longer than that to start an anabolic because a venity is to start an anabolic because a venity is expensive and you know all of that.

expensive and you know all of that. >> Um anyway >> Um anyway >> I would get I would get a consultation >> I would get I would get a consultation with Dr. McCormack.

with Dr. McCormack. Guess who I'm speaking to right after Guess who I'm speaking to right after this tonight? Dr. McCormick. And so he's this tonight? Dr. McCormick. And so he's coming on my podcast for probably doing coming on my podcast for probably doing two podcasts, but one is going to be on two podcasts, but one is going to be on questions like this. So write your questions like this. So write your questions. Well, write McCormick next questions. Well, write McCormick next time.

time. time. >> Well, Margie, the question is is how >> Well, Margie, the question is is how long after being long after being >> I know this question, but I'm saying >> I know this question, but I'm saying since I'm talking to him, if you have since I'm talking to him, if you have questions like this, don't let's not questions like this, don't let's not give them to Dr. Milman that you know give them to Dr. Milman that you know because we don't know exactly, but I'm because we don't know exactly, but I'm saying if you have a question for Dr.

saying if you have a question for Dr. McCormick since I'm going to have a McCormick since I'm going to have a podcast with him, just write McCormick podcast with him, just write McCormick and I'll see them in the chat.

and I'll see them in the chat. >> Well, I know a lot, but I can answer >> Well, I know a lot, but I can answer some of them. some of them.

Q&A: Course Information and Community Feedback

>> Yeah. So, if there's a one that we don't >> Yeah. So, if there's a one that we don't know, but I'll ask him this one in spec know, but I'll ask him this one in spec specifically.

specifically. specifically. >> Oh, good. Thank you. Thank you so much, >> Oh, good. Thank you. Thank you so much, Margie. Thank Thank you both so much.

Margie. Thank Thank you both so much. >> hi Dr. Milman. Uh, thank you both you >> hi Dr. Milman. Uh, thank you both you and Margie for doing this. It's very and Margie for doing this. It's very helpful and much appreciated your time.

helpful and much appreciated your time. >> Yeah. >> Yeah. >> Yeah. >> Yeah. If I just a question what you'd >> Yeah. If I just a question what you'd recommend to um a patient who just had a recommend to um a patient who just had a declining PM1P over like seven, eight declining PM1P over like seven, eight months by labs despite doing like high months by labs despite doing like high protein bow building supplements, protein bow building supplements, weightbearing and HRT.

weightbearing and HRT. >> Oh, okay. Um, so one of the things that >> Oh, okay. Um, so one of the things that you can't really do anything about you can't really do anything about [laughter] [laughter] [laughter] is if this and it's a good thing, not a is if this and it's a good thing, not a bad thing is when the CTX falls, the bad thing is when the CTX falls, the P1NP falls with it, right?

P1NP falls with it, right? >> So you have to look at the ratio. So >> So you have to look at the ratio. So let's say that the CTX was 500 and the let's say that the CTX was 500 and the P1 NP was 75, right? So a tenth of 500 P1 NP was 75, right? So a tenth of 500 would be 50 and 75 is better than that.

would be 50 and 75 is better than that. Right? Now let's say the CTX falls to Right? Now let's say the CTX falls to and 25 + 12 1/2 is 37 12. So if the CTX and 25 + 12 1/2 is 37 12. So if the CTX fell to 250, which it should on HRT, fell to 250, which it should on HRT, then if the P1 MP is better than 37.5, then if the P1 MP is better than 37.5, it has the same ratio. P1MP's gone down, it has the same ratio. P1MP's gone down, but it's really gone down because the but it's really gone down because the CTX has gone down.

CTX has gone down. >> Oh, see, I didn't realize that uh if a >> Oh, see, I didn't realize that uh if a CTX goes down, a PM1 is going to fall. CTX goes down, a PM1 is going to fall.

>> Yeah, it does. It it does. But see how >> Yeah, it does. It it does. But see how that ratio was maintained. So, the fact that ratio was maintained. So, the fact that that at at 500 the um P1MP was at that that at at 500 the um P1MP was at 75, which is way better than 50. It was 75, which is way better than 50. It was 50% better than 50.

50% better than 50. But if the the CTX falls down to to to But if the the CTX falls down to to to um 250 and you have that same 50% um 250 and you have that same 50% increase in the P1 NP, the P1 NP is just increase in the P1 NP, the P1 NP is just followed the CTX. P1P NP is just as good followed the CTX. P1P NP is just as good as it was with the CTX at 500 as it is as it was with the CTX at 500 as it is with 250 because of the ratio.

with 250 because of the ratio. >> And even you so you don't even worry >> And even you so you don't even worry about if it falls below. there's that about if it falls below. there's that range and I think the optimal range what range and I think the optimal range what if it's like around 21.

if it's like around 21. >> Well, so >> Well, so >> still okay if the ratio is okay. >> still okay if the ratio is okay. >> So it's it's it's one10enth.

>> So it's it's it's one10enth. >> Um so um and the ratio or the >> Um so um and the ratio or the CTX optimals 250 to 350 CTX optimals 250 to 350 and then one10enth of CTX for P1 NP is and then one10enth of CTX for P1 NP is appropriate. But if it's better than appropriate. But if it's better than that, that's what we're really we're that, that's what we're really we're really going for. And when you look at really going for. And when you look at the meds, the when you look at the the meds, the when you look at the anabolic meds, the P1MPPS are so much anabolic meds, the P1MPPS are so much better than a tenth of the CTXes.

better than a tenth of the CTXes. >> Okay. And HRT will cause that P N1P to >> Okay. And HRT will cause that P N1P to go down too. go down too. >> CTX to go down.

>> CTX to go down. >> Oh, but you said Yeah, but you said the >> Oh, but you said Yeah, but you said the PN1 P also follows goes down. PN1 P also follows goes down.

>> It follows it. It follows it. >> It follows it. It follows it. >> Okay. But you just look at the ratio. >> Okay. But you just look at the ratio. Just look at the ratio.

Just look at the ratio. >> Okay. >> Okay. >> Okay. >> Yeah. I mean, I can I you know, I I was >> Yeah. I mean, I can I you know, I I was in in in in in in clinic the other day and my patients um clinic the other day and my patients um uh she was on forte. She was on her 14th uh she was on forte. She was on her 14th month of Forto and compared to her 10th month of Forto and compared to her 10th month, her P1NP to CTX ratio changed.

month, her P1NP to CTX ratio changed. And it was this the ratio was going And it was this the ratio was going down. Not just the P1P was following the down. Not just the P1P was following the CTX, but it was greater than that. And I CTX, but it was greater than that. And I could tell that the forte wasn't working could tell that the forte wasn't working as well.

as well. >> Okay, great. Thank you so much for the >> Okay, great. Thank you so much for the clarification. clarification. clarification. the another Kristen.

the another Kristen. >> Yes. Hi. I wasn't sure which one was >> Yes. Hi. I wasn't sure which one was before. Um,

so before. Um, so in a nutshell, my my CTX has jumped way in a nutshell, my my CTX has jumped way up again.

up again. I was on FOSMAX 20 years ago for six I was on FOSMAX 20 years ago for six years. I had a hip fracture when I had a years. I had a hip fracture when I had a hip replacement done. Um, I think there hip replacement done. Um, I think there may be a connection to that. And um, Dr.

may be a connection to that. And um, Dr. McCormick has suggested that I take a McCormick has suggested that I take a shortterm fosmax 6 months to bring down shortterm fosmax 6 months to bring down the CTX. I asked my PCP today about this the CTX. I asked my PCP today about this new information about HRT and you seem new information about HRT and you seem to be a big fan of HRT.

to be a big fan of HRT. >> I'm not doing that at all. So, is that >> I'm not doing that at all. So, is that that's another option, right? that's another option, right?

>> That's another option. Yeah. >> That's another option. Yeah. >> Okay. But nobody seems to be interested. >> Okay. But nobody seems to be interested.

So, where would I need this? There are So, where would I need this? There are lots of hormone providers that are uh lots of hormone providers that are uh they're they're they're trained by A4M or they're trained by the trained by A4M or they're trained by the National Menopause Society. Um yeah, and National Menopause Society. Um yeah, and and so it's um there there are a lot of and so it's um there there are a lot of providers that that are that will will providers that that are that will will prescribe to older women. There there prescribe to older women. There there really are. You just you have to find really are. You just you have to find them.

them. them. >> Okay. I'm kind of going with Dr. >> Okay. I'm kind of going with Dr. What state are you in? What state are you in? >> Where are you? >> Where are you? >> Massachusetts.

>> Massachusetts. >> Massachusetts. >> Massachusetts. >> Massachusetts. >> Massachusetts. >> Massachusetts. Um, >> Massachusetts. Um, >> so that's another thing. I can't do an >> so that's another thing. I can't do an arrow because there's nobody here arrow because there's nobody here and I'd like to try to do that. I can't.

and I'd like to try to do that. I can't. Um, I'm considering taking your Um, I'm considering taking your >> Well, on is growing all the time and we >> Well, on is growing all the time and we have um Melanie can probably drop in the have um Melanie can probably drop in the link uh and uh to uh the ONERO map if link uh and uh to uh the ONERO map if she has it.

she has it. >> Yeah, I check it periodically but I >> Yeah, I check it periodically but I don't see anything locally. don't see anything locally. >> Oh, so Irma, are you saying that >> Oh, so Irma, are you saying that Belchure Town, Massachusett Oh, that's Belchure Town, Massachusett Oh, that's where Dr. McCormack is. Yeah.

where Dr. McCormack is. Yeah. >> Yeah. Um, so would it make any sense for >> Yeah. Um, so would it make any sense for me to take your program? I've been me to take your program? I've been doing, you know, a wide array of things doing, you know, a wide array of things for years and I don't know if if that for years and I don't know if if that makes sense.

makes sense. >> I I mean, quite frankly, I think it >> I I mean, quite frankly, I think it always makes sense because I'm going always makes sense because I'm going into um lab interpretation and people into um lab interpretation and people can kind of follow along with me. They can kind of follow along with me.

Q&A: Calcium Supplementation and Absorption

They get their labs, they they get their get their labs, they they get their labs, they they try to figure out, they labs, they they try to figure out, they interpret them for themselves.

interpret them for themselves. um if they have questions, they bring um if they have questions, they bring them to the Q&As's. Then if there's them to the Q&As's. Then if there's something that's abnormal with their something that's abnormal with their labs or not optimal, then there are labs or not optimal, then there are protocols um supplement protocols to try protocols um supplement protocols to try to reverse that. And so I think it can to reverse that. And so I think it can be really helpful. And I just feel that be really helpful. And I just feel that um that even if you're working with good um that even if you're working with good practitioners, having the knowledge base practitioners, having the knowledge base yourself is is a good thing. No, before yourself is is a good thing. No, before we go any further, why don't you take we go any further, why don't you take this time just to explain because it is this time just to explain because it is coming up. There is another cohort coming up. There is another cohort coming another the class is coming up in coming another the class is coming up in in August and maybe someone wants to I in August and maybe someone wants to I know I see that there are people on this know I see that there are people on this call who've gone through the program call who've gone through the program like maybe Kathy or someone wants to like maybe Kathy or someone wants to just just just >> Yeah. Yeah.

>> Yeah. Yeah. >> Let me tell tell you about it a little >> Let me tell tell you about it a little bit and then I I think this is very a bit and then I I think this is very a very appropriate time for me to tell you very appropriate time for me to tell you a little bit about it. Um so it is a a little bit about it. Um so it is a 14-week program. uh the the class 14-week program. uh the the class materials online life lifetime access to materials online life lifetime access to the program materials. There's um the program materials. There's um there's videos on the science and the there's videos on the science and the curriculum. There are resources, curriculum. There are resources, handouts um that walk you through self handouts um that walk you through self assessments and walk you through um some assessments and walk you through um some action steps. And then um part of it action steps. And then um part of it like I said is you going and getting like I said is you going and getting some functional medicine labs, some some functional medicine labs, some essential labs for osteoporosis.

essential labs for osteoporosis. And then and then the interpretations And then and then the interpretations are um and the protocols are within the are um and the protocols are within the science curriculum. And then we have science curriculum. And then we have these Q&As's and the bonus module um these Q&As's and the bonus module um that's coming out this time is going to that's coming out this time is going to be on peptides. So, we're going to do um be on peptides. So, we're going to do um some peptides that are um involved in some peptides that are um involved in repair and tissue repair and um and repair and tissue repair and um and fracture healing and uh and growth fracture healing and uh and growth hormone signaling in uh increasing hormone signaling in uh increasing tieumirs um increasing cardiovascular tieumirs um increasing cardiovascular health, increasing sleep um and health, increasing sleep um and increasing gut health. So those peptides increasing gut health. So those peptides um we're going to be talking about in um we're going to be talking about in RNR this time. Um and if RNR this time. Um and if >> Uhhuh.

>> Uhhuh. >> Uhhuh. >> No, I I think the key is this who who >> No, I I think the key is this who who this is appropriate for is if you want this is appropriate for is if you want to become really knowledgeable. So you to become really knowledgeable. So you really want to have a good understanding really want to have a good understanding of the why and what's going on. Have of the why and what's going on. Have someone if you don't have a functional someone if you don't have a functional medicine doctor and really want as we medicine doctor and really want as we know Dr. Milman knows has been doing know Dr. Milman knows has been doing this for such a long time. so she can this for such a long time.

Q&A: HRT Delivery Methods and Safety Considerations

so she can help you through the course and so it's help you through the course and so it's been you become very knowledgeable and been you become very knowledgeable and then you're a partner in your care and then you're a partner in your care and you know both of us feel that knowledge you know both of us feel that knowledge is power and so that's why it's so is power and so that's why it's so helpful but I saw that Kathy's here some helpful but I saw that Kathy's here some other people who've gone through it if other people who've gone through it if anybody wants to say anybody wants to say >> I can say something I've taken Dr.

>> I can say something I've taken Dr. Milman's class four times and Milman's class four times and [clears throat]

I've gotten more and [clears throat] I've gotten more and more out of it every time. And I love more out of it every time. And I love the different modules and how um you the different modules and how um you teach how things like blood sugar, which teach how things like blood sugar, which I never knew I had a problem with, and I never knew I had a problem with, and heart health and stress and all these heart health and stress and all these different um organ system. I had I found different um organ system. I had I found that I had a parathyroid tumor and my that I had a parathyroid tumor and my CTX went from 1027 to 351. That was a CTX went from 1027 to 351. That was a huge game changer. But there's so much huge game changer. But there's so much information and um you can learn at your information and um you can learn at your own pace and there's a great community own pace and there's a great community of people and I live on the East Coast of people and I live on the East Coast so I'm going out to California and I'm so I'm going out to California and I'm meeting up with one of my classmates.

meeting up with one of my classmates. >> Who are you? Who is it? >> Who are you? Who is it? >> Susan. >> Susan. >> Susan. >> Who? >> Who? >> Who? >> Susan. Susan.

>> Susan. Susan. >> Oh. Oh Susan. >> Oh. Oh Susan. >> Yeah. I'm so excited. >> Yeah. I'm so excited. >> She's on here, too. >> She's on here, too. >> I am here, too.

>> I am here, too. >> It's super the course. I would would >> It's super the course. I would would recommend it to everybody. recommend it to everybody.

>> Thank you, Kathy. >> Thank you, Kathy. >> As would I. I've done it. I've only done >> As would I. I've done it. I've only done it three times. [laughter] it three times. [laughter] >> I How many have you How many times are >> I How many have you How many times are are you up to, Irma?

are you up to, Irma? >> One of the things that I want to say is >> One of the things that I want to say is that yes, Dr. Milman is very very smart, that yes, Dr. Milman is very very smart, very curious and will spend the time very curious and will spend the time answering questions in depth and there's answering questions in depth and there's a steep learning and it's just um the a steep learning and it's just um the community is the thing that really gets community is the thing that really gets me jazzed how the ladies come together me jazzed how the ladies come together and they feel they don't feel and they feel they don't feel intimidated to ask questions. So the intimidated to ask questions. So the space is is um safe to ask questions and space is is um safe to ask questions and there's a lot of deep learning.

there's a lot of deep learning. >> Yeah, the community is great. Yeah, I >> Yeah, the community is great. Yeah, I think that's one of the reasons why think that's one of the reasons why people keep coming back. So, we have we people keep coming back. So, we have we have 76 in our last cohort, we had 76 have 76 in our last cohort, we had 76 alumni.

alumni. alumni. So, I teach two of the classes on So, I teach two of the classes on exercise and then stress and happiness. exercise and then stress and happiness.

So, it's always fun whenever I come. I So, it's always fun whenever I come. I love seeing the people and it's um yeah, love seeing the people and it's um yeah, it's it's a really good environment and it's it's a really good environment and people are just very knowledgeable. If people are just very knowledgeable. If you're the type of person that really you're the type of person that really wants a good understanding of what's wants a good understanding of what's going on and help help from someone who going on and help help from someone who has done this for so long, I think has done this for so long, I think that's I mean that's how it started. I that's I mean that's how it started. I actually asked I I'm so excited because actually asked I I'm so excited because years ago I asked Dr. Milman I said you years ago I asked Dr. Milman I said you know what it was after my summit and I know what it was after my summit and I said oh my gosh everyone's writing me said oh my gosh everyone's writing me where do I find Dr. Milleman? Can she where do I find Dr. Milleman? Can she see people online? I'm like, "No, no, see people online? I'm like, "No, no, no." She And in those days, I think you no." She And in those days, I think you were allowed to see people if they came were allowed to see people if they came to California initially, but that was to California initially, but that was like during COVID or something. But like during COVID or something. But anyway, that law changed. So, I'm like, anyway, that law changed. So, I'm like, "No, if you're not in California, you

"No, if you're not in California, you cannot see her." So, that's when I said, cannot see her." So, that's when I said, "Is there any way you would do a course "Is there any way you would do a course maybe that you could put this maybe that you could put this information help people on their path?" information help people on their path?" And she said, "Yes." And then she came And she said, "Yes." And then she came back years later and asked me, "Well, I back years later and asked me, "Well, I do the practitioner training for the do the practitioner training for the people who want one-on-one." So, it's people who want one-on-one." So, it's all all good stuff. But anyway, the all all good stuff. But anyway, the course is very very special and I think course is very very special and I think it's I think I I just don't think it's I think I I just don't think there's anything out there where you get there's anything out there where you get a physician working with you and helping a physician working with you and helping you on your path and and getting such an you on your path and and getting such an understanding of what's going on and understanding of what's going on and people get better. I mean, this is the people get better. I mean, this is the integrative approach we know works. So, integrative approach we know works. So, very exciting. Anyways, very exciting. Anyways, >> yeah, we actually there's somebody who's >> yeah, we actually there's somebody who's who's talking about being from Canada who's talking about being from Canada and we have a new graduate from our the and we have a new graduate from our the bone health academy program where where bone health academy program where where we're teaching other practitioners uh we're teaching other practitioners uh this method and um she actually is in this method and um she actually is in Canada and so she um she can allow Canada and so she um she can allow people in Canada to buy people in Canada to buy from her full script dispenser.

from her full script dispenser. So in the in the past, people from So in the in the past, people from Canada weren't able to get things from Canada weren't able to get things from Full Script because it was they needed a Full Script because it was they needed a practitioner in Canada to buy buy from practitioner in Canada to buy buy from and um and so she's she we have that and um and so she's she we have that that resource now too.

that resource now too. Hi. Did you call Sue Cullen? Hi. Did you call Sue Cullen? >> Oh, no. Sue Rivera. Oh, >> Oh, no. Sue Rivera. Oh, >> okay. Sorry.

>> okay. Sorry. >> Okay. You hear me? >> Okay. You hear me? >> Mhm. >> Mhm. >> Mhm. >> Okay. Hi. I'm new to all of this. I >> Okay. Hi. I'm new to all of this. I there's a lot of technical stuff that I there's a lot of technical stuff that I don't understand. Um but uh I've had I don't understand. Um but uh I've had I went from osteopenia to osteoporosis went from osteopenia to osteoporosis and um I I am on estradiol and um I I am on estradiol uh one milligram twice a twice a week.

uh one milligram twice a twice a week. Dr. Bissinger is actually the person who Dr. Bissinger is actually the person who who prescribed it. Um and I have an who prescribed it. Um and I have an appointment with him next week as a m or appointment with him next week as a m or in a couple of weeks. Um, I have been on in a couple of weeks. Um, I have been on Fossimax Fossimax Fossimax for since 2022 for since 2022 and I'm making very slow progress, good and I'm making very slow progress, good progress in not going backwards. Um, my progress in not going backwards. Um, my um the issue is my hips, my neck is fine um the issue is my hips, my neck is fine uh more or less. I mean, it's uh more or less. I mean, it's osteopenia. It's not normal, but it's osteopenia. It's not normal, but it's it's doing better. Um, but my question it's doing better. Um, but my question is this. I've been on Fosmax and my um is this. I've been on Fosmax and my um my rheatologist is the one who my rheatologist is the one who prescribed it and he is talking about prescribed it and he is talking about taking me off that now. Well, not now.

taking me off that now. Well, not now. I'm not sure exactly when and having me I'm not sure exactly when and having me take a a vac a medication holiday so to take a a vac a medication holiday so to speak and he's talking about putting me speak and he's talking about putting me on Prolia after that. And Prolia scares on Prolia after that. And Prolia scares me because of the rebound.

me because of the rebound. Can you He started me on Fosmax and I've Can you He started me on Fosmax and I've I've been reading uh that when you you I've been reading uh that when you you first start on medication, you should first start on medication, you should really start on a different type of med.

really start on a different type of med. I don't remember what it's called. Um I don't remember what it's called. Um but this is but this is >> an anabolic.

>> an anabolic. >> Yeah. And this is what I am, you know, I >> Yeah. And this is what I am, you know, I am where I am. And the question is where am where I am. And the question is where where's the best place to go from here?

where's the best place to go from here? >> Yeah. Yeah. >> Yeah. Yeah.

Q&A: Final Questions and Closing Remarks

Well, so this is a a complicated Well, so this is a a complicated question and it really depends on a lot question and it really depends on a lot of things, right? And um so if we get of things, right? And um so if we get into too many of those things, I'm into too many of those things, I'm definitely giving you medical advice.

definitely giving you medical advice. But I will say that um But I will say that um it is my opinion and um I have it is my opinion and um I have literature to back this up is that about literature to back this up is that about 3 years into um bisphosphinates you 3 years into um bisphosphinates you really really really you may be decreasing the quality of you may be decreasing the quality of your bones your bones >> and the phosamax.

>> and the phosamax. >> Yeah. The bisphosphinates don't build >> Yeah. The bisphosphinates don't build quality. They don't quality. They don't >> they do not >> they do not >> because the >> because the >> build some density but they don't build >> build some density but they don't build quality quality quality and that is exactly why at 5 years you and that is exactly why at 5 years you must take a drug holiday because of the must take a drug holiday because of the fact that the um at traumatic uh fact that the um at traumatic uh fractures of the femur osteoncosis of fractures of the femur osteoncosis of the jaw those all become um more the jaw those all become um more prevalent and you just have to think prevalent and you just have to think about the fact that why why would that about the fact that why why would that be occurring? And the reason is because be occurring? And the reason is because it's shutting down the osteoclast. So um it's shutting down the osteoclast. So um it's actually killing the osteoclasts.

it's actually killing the osteoclasts. So and we need um we need remodeling to So and we need um we need remodeling to happen in our bones. So we need some happen in our bones. So we need some osteoclass. We need some osteoclass to osteoclass. We need some osteoclass to take out the micro fractures that are in take out the micro fractures that are in the bone. and then the osteoblasts which the bone. and then the osteoblasts which are the building cells to build them are the building cells to build them back up. That's natural remodel back up. That's natural remodel modeling. When you go in with a modeling. When you go in with a bisphosphinate and you kill a bunch of bisphosphinate and you kill a bunch of osteoclasts then that natural remodeling osteoclasts then that natural remodeling doesn't happen. So you do have you do doesn't happen. So you do have you do have an increase of density but in the have an increase of density but in the middle of the bone its quality is is middle of the bone its quality is is decreasing because the microfaractures decreasing because the microfaractures are accumulating. So are accumulating. So >> what shows that? Because when I'm >> what shows that? Because when I'm looking at my numbers, my numbers look looking at my numbers, my numbers look like they're getting better now.

like they're getting better now. >> That's because your density is >> That's because your density is increasing. increasing. increasing. >> So what what shows what you're talking >> So what what shows what you're talking about?

about? about? >> Well, we know it theoretically. >> Well, we know it theoretically. >> Oh, okay. >> Oh, okay. I mean, I he hasn't done the DEXA or not I mean, I he hasn't done the DEXA or not the DEXA, he does the DEXA, the other the DEXA, he does the DEXA, the other ones, the um what are they called?

ones, the um what are they called? >> TBS. >> TBS. >> TBS. >> I'm sorry. The the TVs. like you're >> I'm sorry. The the TVs. like you're getting better now. That's getting better now. That's >> Melanie, can you mute Valerie >> Melanie, can you mute Valerie >> talking about?

>> talking about? >> Yeah, I'm getting feedback here. >> Yeah, I'm getting feedback here. >> So, Sue, I I you know, I wonder if if >> So, Sue, I I you know, I wonder if if we're not like getting kind of too deep we're not like getting kind of too deep into this and I I don't really want to into this and I I don't really want to badmouth your your doctor and make you badmouth your your doctor and make you like think that that you know I'm trying like think that that you know I'm trying to do that. So, to do that. So, >> No, no, I understand.

>> No, no, I understand. >> Yeah. >> Yeah. >> Yeah. >> But what do I do? [laughter] >> But what do I do? [laughter] Well, Well, Well, >> PCN, what is that? The PCN NP something.

>> PCN, what is that? The PCN NP something. Those tests, Those tests, >> P1 NP and CTX. >> P1 NP and CTX. >> Yeah, that one. Those three, those two. >> Yeah, that one. Those three, those two.

I mean, yeah, the CTX and P1MP. Um, I mean, yeah, the CTX and P1MP. Um, those have not been done. Those tests. those have not been done. Those tests. >> Well, you don't need to do them while >> Well, you don't need to do them while you're on a bisphosphinate. you don't you're on a bisphosphinate.

Course Details, Early Bird Information, and Farewell

you don't need to do them because they're going to need to do them because they're going to be because the CTX is going to be be because the CTX is going to be artificially not artificially the CTX is artificially not artificially the CTX is going to be reduced because of killing going to be reduced because of killing off the osteoclass and the P1NP is going off the osteoclass and the P1NP is going to follow with it anyway. So, I mean, my to follow with it anyway. So, I mean, my my um if I have a patient who came into my um if I have a patient who came into me in that situation, yeah, me in that situation, yeah, >> I would try I would look at their and I >> I would try I would look at their and I don't want you to tell me all of this don't want you to tell me all of this data because I'm going to get into data because I'm going to get into territory right away where I'm giving territory right away where I'm giving you medical advice. Okay.

you medical advice. Okay. >> Yeah. >> Yeah. >> Yeah. >> Okay. So, I would have to look at how >> Okay. So, I would have to look at how bad is this patient's bones? Do they bad is this patient's bones? Do they really need to be on an anti-resorptive?

really need to be on an anti-resorptive? it, you know, are they barely it, you know, are they barely osteoporotic? Are they severely osteoporotic? Are they severely osteoporotic? Do they do they need an osteoporotic? Do they do they need an anabolic? Um, I would be asking myself anabolic? Um, I would be asking myself these questions. I do not believe that these questions. I do not believe that people who are barely people who are barely um osteoprotic need to be on a um osteoprotic need to be on a bisphosphinate. That's what I believe bisphosphinate. That's what I believe because I believe that the quality of because I believe that the quality of the bone is not good.

the bone is not good. And so, you're not building good bone. And so, you're not building good bone. and um and you're you're just kind of and um and you're you're just kind of pushing off the inevitable. I like to pushing off the inevitable. I like to see people do something like my my you see people do something like my my you know the way that I practice um and the know the way that I practice um and the way that we teach in RNR to do the root way that we teach in RNR to do the root cause analyses and just see what cause analyses and just see what possibly is making those bones break possibly is making those bones break down and try to fix that instead of so down and try to fix that instead of so that so that's where I would be. Um, that so that's where I would be. Um, >> so I'm not sure where to go from this.

>> so I'm not sure where to go from this. >> Well, but you understand that I'm not >> Well, but you understand that I'm not here to be able to tell you, right?

here to be able to tell you, right? >> Yeah. >> Yeah. >> Yeah. >> I I just can't. I I can't legally and I >> I I just can't. I I can't legally and I and it would be absolutely inappropriate and it would be absolutely inappropriate of me to do so because I don't know your of me to do so because I don't know your whole history.

whole history. Hm. I thought I had the impression that the I thought I had the impression that the Fossil Max was doing a good job and Fossil Max was doing a good job and apparently that's not necessarily the apparently that's not necessarily the case.

case. case. >> I I think that that a three or four >> I I think that that a three or four years into it, it's fine. years into it, it's fine. >> It's fine.

>> It's fine. >> But you go longer than five and it's >> But you go longer than five and it's it's it's really not building quality it's it's really not building quality bone. And bone. And >> yeah.

>> yeah. >> yeah. >> And you're saying that being off >> And you're saying that being off everything for a period of time is a everything for a period of time is a Yeah, I I I think we're gonna have to I Yeah, I I I think we're gonna have to I >> Yeah. All right. I'll be the the >> Yeah. All right. I'll be the the business about the Prolia.

business about the Prolia. There are risks with Prolia as far as There are risks with Prolia as far as >> Yes, this is true. >> Yes, this is true. And that's what I'm worried about And that's what I'm worried about because that's what that that what's because that's what that that what's Yeah, that's what he's considering for Yeah, that's what he's considering for me as the next step after the holiday.

me as the next step after the holiday. >> Um so so Sue, we're going to have to >> Um so so Sue, we're going to have to move on because we've spent an a sizable move on because we've spent an a sizable amount of time with you and um hopefully amount of time with you and um hopefully why don't you listen to the discussion, why don't you listen to the discussion, okay? and try and pick up some other okay? and try and pick up some other things [clears throat] that you might things [clears throat] that you might that um that you you might learn from that um that you you might learn from this. But um this. But um I I I the thing that I really want to say to the thing that I really want to say to you, I can't say.

you, I can't say. >> Can you email it to me? >> Can you email it to me? >> No, I can't. I'm sorry. I can't. I >> No, I can't. I'm sorry. I can't. I can't.

can't. can't. >> All right. >> All right. >> All right. It just it has to do with old school It just it has to do with old school thinking, right? That has to do with thinking, right? That has to do with that. So, that's a hint. All right, that. So, that's a hint. All right, Jackie.

I um thank you so much for this. I have I um thank you so much for this. I have was I've been diagnosed with was I've been diagnosed with osteoporosis and I'm just so overwhelmed osteoporosis and I'm just so overwhelmed because I'm a caregiver and I just don't because I'm a caregiver and I just don't have time to do much and I have time to do much and I >> but when I heard the podcast I just felt >> but when I heard the podcast I just felt so like wow you know I mean there's so like wow you know I mean there's there's hope and and I I really there's hope and and I I really appreciate that you and Margie spent appreciate that you and Margie spent that time to give all that information.

that time to give all that information. So my question is because I'm a So my question is because I'm a caregiver I'm working full-time. I don't caregiver I'm working full-time. I don't really have time to do and I'm one of really have time to do and I'm one of those overachievers. So if I start to those overachievers. So if I start to get information and I can't do I get get information and I can't do I get overwhelmed. So overwhelmed. So >> yeah, >> yeah, >> yeah, >> now that I'm listening to that people >> now that I'm listening to that people have taken this over and over, I'm have taken this over and over, I'm thinking maybe I should just sign on thinking maybe I should just sign on even if I can't do anything just because even if I can't do anything just because I'll get my you know get more I'll get my you know get more information and and you know for the information and and you know for the future and you know maybe I'll I can future and you know maybe I'll I can take it another time when I'm more take it another time when I'm more prepared to. So, I'm just asking, does prepared to. So, I'm just asking, does that sound like something that sound like something >> What state are you in?

>> What state are you in? >> You know what? It's So, >> You know what? It's So, >> are you in California? >> are

you in California? >> No, I'm in Honolulu.

>> No, I'm in Honolulu. >> Oh, okay. All right. Um Okay. Do you >> Oh, okay. All right. Um Okay. Do you have um two hours on Thursday at 3:00 have um two hours on Thursday at 3:00 Pacific?

Pacific? Pacific? >> Um possibly. you know, it depends on >> Um possibly. you know, it depends on when I have meetings and things. But I when I have meetings and things. But I mean, now these are mean, now these are >> So, if you could try to carve off >> So, if you could try to carve off >> Yes.

>> Yes. >> Yes. >> 2 hours >> 2 hours >> um from 3:00 to 5:00 Pacific time, you >> um from 3:00 to 5:00 Pacific time, you could come to the Q&As's and you would could come to the Q&As's and you would and you would pick up and it would like and you would pick up and it would like be like being in this Q&A almost every be like being in this Q&A almost every week for 14 weeks. And I I promise you, week for 14 weeks. And I I promise you, you would learn some stuff.

you would learn some stuff. >> Okay. I yeah I I was you know originally >> Okay. I yeah I I was you know originally I thought there's no way I have time for I thought there's no way I have time for this but I mean not just time to attend this but I mean not just time to attend the Q&As's but to do all the things that the Q&As's but to do all the things that you need to do but there's so much you need to do but there's so much information that I feel like wow if I information that I feel like wow if I could just get it in little pieces just could just get it in little pieces just to get me started and then that way to get me started and then that way >> but that's what we do is is that like >> but that's what we do is is that like you know module one is about um you know you know module one is about um you know the the bone turnover markers and and the the bone turnover markers and and how you can how you should be getting how you can how you should be getting them and you like h how how you you them and you like h how how you you actually take them and how you interpret actually take them and how you interpret them and what they're good for and then them and what they're good for and then we we talk about it.

we we talk about it. >> Okay, great. >> Okay, great. >> And then what and what to ask my doctor >> And then what and what to ask my doctor for like what kind, for like what kind, >> you know, I have a regular, you know, >> you know, I have a regular, you know, practitioner and they're not really practitioner and they're not really wellversed in this. So, at least wellversed in this. So, at least >> you can order them yourself, too.

>> you can order them yourself, too. >> Oh, okay. Great. All right. All right. >> Oh, okay. Great. All right. All right. All right. Well, that's my main All right. Well, that's my main question. I actually have to go and take question. I actually have to go and take care of my person right now. So, I'm care of my person right now. So, I'm going to sign off. But, thank you for going to sign off. But, thank you for answering my question and I think I'll answering my question and I think I'll sign up and then get my feet wet and get sign up and then get my feet wet and get the information that I need to get the information that I need to get started.

started. started. >> I I I would be honored to help you. >> I I I would be honored to help you. >> Great. Thank you. Thank you so much. >> Great. Thank you. Thank you so much.

You're welcome. And You're welcome. And >> I just want to say something about that >> I just want to say something about that because because because >> overwhelm is a real problem when it >> overwhelm is a real problem when it comes to bone health. And what happens comes to bone health. And what happens with overwhelm is we do nothing. there's with overwhelm is we do nothing. there's so much and you just stop in your tracks so much and you just stop in your tracks because you don't know where to start.

because you don't know where to start. But what I've seen work is you take one But what I've seen work is you take one step at a time. You know, you learn one step at a time. You know, you learn one thing. Okay, let's do that. And you thing. Okay, let's do that. And you build on these habits and you build and build on these habits and you build and people do and that's when people really people do and that's when people really do well and they look back and they're do well and they look back and they're like, "Wow, this diagnosis was a like, "Wow, this diagnosis was a blessing because I've done all these blessing because I've done all these things." So that's, you know, one thing, things." So that's, you know, one thing, get you on this course, learn more and get you on this course, learn more

and that's how people really, really make a that's how people really, really make a difference. And I've seen this, as I difference. And I've seen this, as I said, I've been doing this for over 30 said, I've been doing this for over 30 years, but so don't worry that you can't years, but so don't worry that you can't do everything. You know, you just start do everything. You know, you just start with one thing and you build on it.

with one thing and you build on it. >> Yeah. No, that's right. That's right. >> Yeah. No, that's right. That's right. And yeah, the access to the materials And yeah, the access to the materials doesn't go away, doesn't go away, >> right? Um, one of the reasons why people >> right? Um, one of the reasons why people have come back as alumni is they love have come back as alumni is they love the community. But the other thing too the community. But the other thing too is they're like, "Well, life happened is they're like, "Well, life happened and I didn't do what I wanted to do and and I didn't do what I wanted to do and I wanted some support to stay in the I wanted some support to stay in the momentum. I wanted to keep keep with momentum. I wanted to keep keep with with, you know, with with you and with with, you know, with with you and with the the rest of the community and and the the rest of the community and and just keep momentum." So that's one of just keep momentum." So that's one of the reasons why people, you know, take the reasons why people, you know, take the alumni over and over again.

the alumni over and over again. >> And then I guess if I can't like I I'm >> And then I guess if I can't like I I'm sure I can attend some and I'll hope to sure I can attend some and I'll hope to attend most, but if I can't, it's attend most, but if I can't, it's recorded so I can just listen.

recorded so I can just listen. >> Yep, that's exactly right. >> Yep, that's exactly right. >> Okay, I think I will sign off. Thank you >> Okay, I think I will sign off. Thank you so much.

so much. >> Yes, you're welcome. Hey, Judy. >> Yes, you're welcome. Hey, Judy. >> Hello. >> Hello. >> Hello. >> How are you? >> How are you? >> I'm good, thank you. And I'm looking >> I'm good, thank you. And I'm looking forward to seeing you. I have an forward to seeing you. I have an appointment with you in um mid to end I appointment with you in um mid to end I can think it's end September end of can think it's end September end of September but um September but um >> right me too >> right me too >> in in the meantime uh I just thought I >> in in the meantime uh I just thought I would ask you my my CTX and uh has would ask you my my CTX and uh has doubled since last year so again and I'm doubled since last year so again and I'm wondering wondering wondering >> and so and my P1 MP has gone up also and >> and so and my P1 MP has gone up also and the CTX used to be in the normal range the CTX used to be in the normal range and now it's um not in the normal range and now it's um not in the normal range anymore.

anymore. anymore. >> Um and uh my cortisol is too high in the >> Um and uh my cortisol is too high in the morning. Um as well and I'm just morning. Um as well and I'm just wondering um wondering um in terms of looking for the cause, the in terms of looking for the cause, the root cause of what could have uh I can't root cause of what could have uh I can't do a a DEXA for another year. Um, but do a a DEXA for another year. Um, but I'm just curious about um looking for I'm just curious about um looking for the root cause of such a um a change the root cause of such a um a change when I've been doing all the things.

when I've been doing all the things. >> Um I strength train and I >> Um I strength train and I >> do you know I do all those things. So >> do you know I do all those things. So I'm just wondering where I might um I'm just wondering where I might um look. My my gut is actually feeling look. My my gut is actually feeling good. But I did decide that I should do good. But I did decide that I should do the GI map. So I just did that. I the GI map. So I just did that. I haven't gotten a response yet, haven't gotten a response yet, >> but maybe there's some inflammation that >> but maybe there's some inflammation that I'm not aware of. So, I don't have those I'm not aware of. So, I don't have those results yet, but I'm wondering if um you results yet, but I'm wondering if um you have any suggestions or any ideas about have any suggestions or any ideas about why um it might have gotten so wor so why um it might have gotten so wor so much worse.

much worse. >> Yeah. Well, I mean, obviously you're my >> Yeah. Well, I mean, obviously you're my patient and I know your history quite patient and I know your history quite Um, Um, so the I I think that so the I I think that that in order for this to be a question that in order for this to be a question that would be maybe illustrative for that would be maybe illustrative for others, others, others, >> um, >> um, >> um, I could talk about kind of the general I could

talk about kind of the general framework of what we do when we look at framework of what we do when we look at for, you know, root cause problems. Um, for, you know, root cause problems. Um, and so Judy has mentioned that uh and so Judy has mentioned that uh cortisol is high in the morning. So we cortisol is high in the morning. So we know that cortisol breaks down the bones know that cortisol breaks down the bones really quickly and um and so kind of me really quickly and um and so kind of me knowing her lifestyle, I want to know knowing her lifestyle, I want to know why why her cortisol is high because it why why her cortisol is high because it doesn't seem like it should be. Um but doesn't seem like it should be. Um but um so um she has clean clean eating, um so um she has clean clean eating, clean clean um lifestyle clean clean um lifestyle and um you know we want to know whether and um you know we want to know whether she's working out and I think I think she's working out and I think I think she is um maybe not doing as much she is um maybe not doing as much strength training as she'd like to. um strength training as she'd like to. um no hormones no hormones and so hormones can always be an issue.

and so hormones can always be an issue. She's talking about getting a GI map to She's talking about getting a GI map to evaluate her gut. Um food sensitivities evaluate her gut. Um food sensitivities can be an issue and I think that she and can be an issue and I think that she and I have addressed that in the past. Um I have addressed that in the past. Um let's see what else. Um sleeping. So, I let's see what else. Um sleeping. So, I would want to know if she's sleeping would want to know if she's sleeping well or if she's not. If she's not, then well or if she's not. If she's not, then you know, then maybe not only do we want you know, then maybe not only do we want to know a cortisol number in the to know a cortisol number in the morning, but we want to know cortisol at morning, but we want to know cortisol at the at at at um midnight or at bedtime the at at at um midnight or at bedtime to find out whether or not cortisol to find out whether or not cortisol needs to be dampened at night to help needs to be dampened at night to help her sleep. And then she'd go back into a her sleep. And then she'd go back into a healing mode. Uh and then healing mode. Uh and then um then you know we look at heart health um then you know we look at heart health because heart circulation affects the because heart circulation affects the bones as m as well other types of bones as m as well other types of inflammation inflammation inflammation uh and I don't remember her inflam uh and I don't remember her inflam inflammatory numbers. So that's how we inflammatory numbers. So that's how we go about trying to like kind of work go about trying to like kind of work this whole thing through. We do testing this whole thing through. We do testing where we can. We do symptom assessment where we can. We do symptom assessment where we can. And more than that, Judy, where we can. And more than that, Judy, I think I'm going to have to um I think I'm going to have to um probably not not delve into in any depth probably not not delve into in any depth because, you know, I'm trying to teach because, you know, I'm trying to teach people not not for me not to give them people not not for me not to give them medical advice. And I think I think that medical advice. And I think I think that that's my general that's my general um um um uh answer to your question.

uh answer to your question. >> Okay. Okay. That's that's fine. My um >> Okay. Okay. That's that's fine. My um that's why I didn't give you the numbers that's why I didn't give you the numbers because I know this is general. I just because I know this is general. I just wondered if there's something that I wondered if there's something that I could be um looking for that I haven't could be um looking for that I haven't thought about. Um my I actually I did thought about. Um my I actually I did have sleep apnnea and now I I'm on a have sleep apnnea and now I I'm on a device and that I don't have that device and that I don't have that anymore. So it's just curious to me why anymore. So it's just curious to me why why why why why >> Yeah. So maybe maybe a a cortisol >> Yeah. So maybe maybe a a cortisol tracing so that um that tracing so that um that >> that we can see what what your cortisol >> that we can see what what your cortisol looks like at night potentially since looks like at night potentially since it's it's high in the morning.

it's it's high in the morning. >> Okay. Okay. Thank you. Thank you. I look >> Okay. Okay. Thank you. Thank you. I look forward to seeing you and maybe it'll be forward to seeing you and maybe it'll be different by then.

different by then. >> All right. >> All right. >> All right. >> Okay. Um I think Jackie maybe has >> Okay. Um I think Jackie maybe has already asked a question. I don't know already asked a question. I don't know >> that's a different Jackie.

>> that's a different Jackie. >> Oh, a different Jackie. Come on up. >> Oh, a different Jackie. Come on up. >> Hi. Thank you. >> Hi. Thank you. >> Um, I only eat twice a day at 7 and >> Um, I only eat twice a day at 7 and 11:30 in the morning and I'm starting to 11:30 in the morning and I'm starting to take calcium supplements with some

other take calcium supplements with some other stuff. And my question is, is it better stuff. And my question is, is it better to space out the calcium supplement when to space out the calcium supplement when I'm eating the food or to take it at I'm eating the food or to take it at seven in the morning when I eat seven in the morning when I eat breakfast and to take the second dose at breakfast and to take the second dose at five o'clock when I only take essential five o'clock when I only take essential amino acids to increase my protein?

amino acids to increase my protein? Which do you think is best with food or Which do you think is best with food or better spaced out? better spaced out?

Well, so um there's a concept called the Well, so um there's a concept called the fractional absorption of of calcium and fractional absorption of of calcium and then basically the sweet spot of taking then basically the sweet spot of taking um enough calcium for good absorption um enough calcium for good absorption but not too much to have bad absorption but not too much to have bad absorption because the percentage absorption because the percentage absorption of calcium goes down the more calcium of calcium goes down the more calcium you take at one time. So the sweet spot you take at one time. So the sweet spot is about 390 mg. So, um, so you can look is about 390 mg. So, um, so you can look at, um, I think 5, uh, 5:00 p.m. is a at, um, I think 5, uh, 5:00 p.m. is a perfect time, uh, when there's there's perfect time, uh, when there's there's no food because that basically if you no food because that basically if you stay within that kind of 390 and below stay within that kind of 390 and below range, you're going to get the best range, you're going to get the best fractional absorption at that point in fractional absorption at that point in time. And then either um taking it with time. And then either um taking it with a meal that doesn't have um calcium in a meal that doesn't have um calcium in it uh would be the next best.

it uh would be the next best. >> But I'm taking it twice a day. >> But I'm taking it twice a day. >> I get it. I get it. So, um, so 390 at >> I get it. I get it. So, um, so 390 at 5:00 p.m. when there's there's no food, 5:00 p.m. when there's there's no food, you're going to have a really nice you're going to have a really nice fractional absorption at that point fractional absorption at that point because you don't have calcium adding to because you don't have calcium adding to it to push it over to 500. And it it to push it over to 500. And it depends on how much you're taking each depends on how much you're taking each time, too. So, time, too. So, >> okay. So, maybe 7 a.m. with food and >> okay. So, maybe 7 a.m. with food and 5:00 p.m. without food would be okay or 5:00 p.m. without food would be okay or better.

better. better. So, I would look at what you're eating So, I would look at what you're eating at 7:00 a.m. and what you're eating at at 7:00 a.m. and what you're eating at 11:30 and pick the um the the time when 11:30 and pick the um the the time when you have the least amount of calcium in you have the least amount of calcium in your food.

your food. >> Okay? >> Okay? >> Okay? >> And this is an exercise that I have >> And this is an exercise that I have people do in RNR. I think it's really people do in RNR. I think it's really important to know how much calcium important to know how much calcium you're getting from your food.

you're getting from your food. >> Okay. All right. Thank you so much. >> Okay. All right. Thank you so much. >> Is it Reena? Maybe. >> Is it Reena? Maybe.

>> Oh, yeah. Um, well, there was Irene >> Oh, yeah. Um, well, there was Irene before you, but but before you, but but >> Okay. I didn't know if you were just >> Okay. I didn't know if you were just reading my name.

reading my name. >> You're next. You're next. So, Irene, >> You're next. You're next. So, Irene, >> All right, let's have Reena come on. >> All right, let's have Reena come on.

>> Thank you. Thank you for taking my call. >> Thank you. Thank you for taking my call. >> Yes. >> Yes. >> Yes. >> Um >> Oops. >> Oops. Okay. Um, so I've been on Prolia for Okay. Um, so I've been on Prolia for about 10 years and I recently had a about 10 years and I recently had a dental extraction and dental extraction and maybe getting an implant. So I know that maybe getting an implant. So I know that means a pause in the prolia or means a pause in the prolia or potentially.

potentially. potentially. Um, and I also have fractures in my foot Um, and I also have fractures in my foot at the

same time all this is going on. at the same time all this is going on.

So, I'm meeting with the endocrinologist So, I'm meeting with the endocrinologist and I know that he's been urging me to and I know that he's been urging me to try reclass for a while try reclass for a while and I and I'm now just learning that and I and I'm now just learning that there's this rebound with Prolia.

there's this rebound with Prolia. So, do you think that following So, do you think that following Prolia with reclass is a good idea? I've Prolia with reclass is a good idea? I've never had CTX or P P1NP testing. Should never had CTX or P P1NP testing. Should I do that first?

I do that first? Yeah. So, the longer that you've been on Yeah. So, the longer that you've been on Prolia, the the um more rebound Prolia, the the um more rebound it it um that happens. Anything past a it it um that happens. Anything past a year and a half will have vigorous year and a half will have vigorous rebound. 10 years is going to have an rebound. 10 years is going to have an extreme rebound.

extreme rebound. Um Um Um this kind of rebound should be followed this kind of rebound should be followed by somebody who really knows what by somebody who really knows what they're doing. So, um, if my patient they're doing. So, um, if my patient came to me in this situation, I would came to me in this situation, I would have them go to Dr. McCormack and have have them go to Dr. McCormack and have Dr. McCormack handle the rebound.

Dr. McCormack handle the rebound. >> Okay. >> Okay. >> Okay. And I can reach him. And I can reach him. >> He does consultations all over the >> He does consultations all over the country. you can tell them that you were country. you can tell them that you were on a Q&A with with me and Margie and on a Q&A with with me and Margie and that and that you are looking at a that and that you are looking at a potential um really difficult prolia potential um really difficult prolia rebound and that we we um think that you rebound and that we we um think that you you need an kind of a semi-urgent you need an kind of a semi-urgent appointment.

appointment. appointment. >> Okay. Thank you. >> Okay. Thank you. >> I'll put I'll put it in the chat for >> I'll put I'll put it in the chat for you. His I put it earlier, but I'll put you. His I put it earlier, but I'll put his consultation.

his consultation. >> Do you agree with me, Margie? Oh, >> Do you agree with me, Margie? Oh, absolutely. I, as I said, I'm speaking absolutely. I, as I said, I'm speaking to him right after, so I can mention to him right after, so I can mention your name. [laughter] your name. [laughter] I can let him know that you might be I can let him know that you might be >> Reena. Yeah. Yeah. He's the best person >> Reena. Yeah. Yeah. He's the best person who comes from an integrative approach, who comes from an integrative approach, but has had so much experience with the but has had so much experience with the medications. And so that's who we like medications. And so that's who we like to refer to because he can help you to refer to because he can help you figure out, all right, what can I do?

figure out, all right, what can I do? There's very few people who have his mix There's very few people who have his mix of knowledge and expertise with of knowledge and expertise with medications. So yeah, I agree totally.

medications. So yeah, I agree totally. Dr. Milman, I'll put his number in the Dr. Milman, I'll put his number in the chat right now. chat right now. >> So Irene, can you can you come on?

>> So Irene, can you can you come on? >> We skipped over you. >> We skipped over you. >> Can you hear me? >> Can you hear me? >> Barely. We can barely hear you. Can you >> Barely. We can barely hear you. Can you turn up your mic?

turn up your mic? >> Now is that any better? >> Now is that any better? Uh, and I'm just hearing a lot of echoey Uh, and I'm just hearing a lot of echoey kind of kind of >> if not just chat t type it in chat if we >> if not just chat t type it in chat if we can't hear you and we can take someone can't hear you and we can take someone else in the meantime. The other person else in the meantime. The other person who couldn't um who who can't doesn't who couldn't um who who can't doesn't know how to raise her hand for some um know how to raise her hand for some um is having issues was so I told her that is having issues was so I told her that you could just call on her.

you could just call on her. >> Uh is that Heather with her hand raised >> Uh is that Heather with her hand raised right there? right there? >> Oh, did you get it? Did you figure it >> Oh, did you get it? Did you figure it out, Heather? Oh, good.

out, Heather? Oh, good. >> [laughter] >> So, Heather, we can take you while >> So, Heather, we can take you while No, maybe she it was earlier that she No, maybe she it was earlier that she Okay.

Okay. >> Oh, there's Heather >> Oh, there's Heather >> there. Can you hear Heather now? >> there. Can you hear Heather now? >> Yes. >> Yes. >> Yes. >> Okay, there you go.

>> Okay, there you go. >> Hello, Dr. Nelum. How are you today? >> Hello, Dr. Nelum. How are you today? >> I'm good, thank you, Heather. I I think >> I'm good, thank you, Heather. I I think this is hard for you because people have this is hard for you because people have so many questions and like you said, you so many questions and like you said, you can't give that advice and I see it in can't give that advice and I see it in your face sometimes. It's like, oh gosh.

your face sometimes. It's like, oh gosh. But anyways, I am 66. But anyways, I am 66. >> Well, I'm trying. >> Well, I'm trying. >> Oh, you're doing your best. Absolutely.

>> Oh, you're doing your best. Absolutely. I think that's you in a bad situation. I think that's you in a bad situation. But anyways, um I'm 66 years old. I just But anyways, um I'm 66 years old. I just was recently diagnosed with um was recently diagnosed with um osteoporosis osteoporosis osteoporosis mild mild mild and I'm seeing a physiootherapist.

and I'm seeing a physiootherapist. Uh it's in the left hip Uh it's in the left hip and the S left SI joint and the S left SI joint and I have a a narrowing in my left hip.

and I have a a narrowing in my left hip. So, I was on the internet the other day So, I was on the internet the other day quickly and I seen uh Margie, I guess it quickly and I seen uh Margie, I guess it is, uh come up and I thought, well, this is, uh come up and I thought, well, this be interesting be interesting >> to find out. Again, all these numbers >> to find out. Again, all these numbers like I'm just I'm kind of overwhelmed like I'm just I'm kind of overwhelmed with it all.

with it all. >> Yeah. >> Yeah. >> Yeah. >> But I just wonder, you know, to be >> But I just wonder, you know, to be proactive. proactive. proactive. I do have a family history. I have four I do have a family history. I have four sisters that have osteoporosis sisters that have osteoporosis that are on medication, but I'm I'm not that are on medication, but I'm I'm not there and I hope I never have to be. Um there and I hope I never have to be. Um would would the exercises be enough to would would the exercises be enough to help? So whenever somebody says, so I help? So whenever somebody says, so I think actually this last podcast that we think actually this last podcast that we did, you should you should watch it did, you should you should watch it because we we did a couple of case because we we did a couple of case studies and and um and how much people studies and and um and how much people are seeing of an improvement with are seeing of an improvement with exercise with the weight training with exercise with the weight training with Oniero. And Margie, you had some of the Oniero. And Margie, you had some of the you had numbers that that um Oh, I I you had numbers that that um Oh, I I guess you you had some numbers from guess you you had some numbers from Claudia. Did you want to repeat?

Claudia. Did you want to repeat? >> I don't remember exactly the numbers, >> I don't remember exactly the numbers, but people have I mean, this is the but people have I mean, this is the beautiful thing. So, Belinda Beck, Dr.

beautiful thing. So, Belinda Beck, Dr. Dr. Belinda Beck, who actually is the Dr. Belinda Beck, who actually is the person who created ONERO and she ran the person who created ONERO and she ran the Lyftmore trials and the study and all Lyftmore trials and the study and all the research and so I've had interviews the research and so I've had interviews with her several times and yes you can with her several times and yes you can increase your bone density and there are increase your bone density and there are people who you know there were people people

who you know there were people and this is what Dr. Claudia Tamasi as and this is what Dr. Claudia Tamasi as well. So yes, you can increase with the well. So yes, you can increase with the onero um but it's not like just simple onero um but it's not like just simple weight training you know this is whole weight training you know this is whole body and it's um you know it's a little body and it's um you know it's a little more intense. However, people have more intense. However, people have increased their bone density with the increased their bone density with the exercise and they continue that's what exercise and they continue that's what she said like there are people three she said like there are people three four years continuing to increase bone four years continuing to increase bone density. Um according to Dr. Claudia, density. Um according to Dr. Claudia, she sees the greatest gains when people she sees the greatest gains when people combine that with the um hormone combine that with the um hormone replacement, you know, the two of them replacement, you know, the two of them together, but she sees also I mean I I'm together, but she sees also I mean I I'm I've been doing Oniero for it's years I've been doing Oniero for it's years now and people continue to increase and now and people continue to increase and I have as well and so yeah, so you can I have as well and so yeah, so you can but it depends where you're at. You but it depends where you're at. You know, both Dr. Milman and I if you have know, both Dr. Milman and I if you have root causes like it's the combination is root causes like it's the combination is what's so important. You need to look at what's so important. You need to look at your root causes and see what's going on your root causes and see what's going on because if you're missing that piece, because if you're missing that piece, you know, it's really the combination of you know, it's really the combination of the root causes, the diet, the exercise, the root causes, the diet, the exercise, you know, all of those things and the you know, all of those things and the stress reduction. It's really the stress reduction. It's really the combination that's most effective. So, combination that's most effective. So, yes, exercise can help, but why would yes, exercise can help, but why would you want to miss all these other pieces?

you want to miss all these other pieces? That's sort of how we look at it. So, That's sort of how we look at it. So, but yeah, but yeah, >> that's a great point. It's exciting that >> that's a great point. It's exciting that the exercise is I mean it's so exciting the exercise is I mean it's so exciting to me because there's nothing better to me because there's nothing better than being strong and you know it's it's than being strong and you know it's it's exciting as you get older to actually exciting as you get older to actually improve your strength. But it's all the improve your strength. But it's all the pieces I think is so important. I would pieces I think is so important. I would never tell someone to miss a step and never tell someone to miss a step and only do exercise.

only do exercise. >> Oh, okay. I I'm Can you hear me? >> Oh, okay. I I'm Can you hear me? >> Yes. >> Yes. >> Yes. >> Yeah. I'm from Canada, so I I didn't I >> Yeah. I'm from Canada, so I I didn't I didn't know this was from the States, didn't know this was from the States, but I mean, we I can certainly get help but I mean, we I can certainly get help here, too. Um, I'm just trying to be here, too. Um, I'm just trying to be proactive, right? So, I do see my GP in proactive, right? So, I do see my GP in uh a week, and I don't take calcium. I'm uh a week, and I don't take calcium. I'm not on vitamin D. Um, so not on vitamin D. Um, so >> vitamin K, >> vitamin K, >> no, >> no, >> no, >> vitamin K might be the most important >> vitamin K might be the most important supplement for for bones.

supplement for for bones. I mean, some of these ba this basic I mean, some of these ba this basic stuff. Um, stuff. Um, >> yeah, I know. I'm very basic. Like, I I >> yeah, I know. I'm very basic. Like, I I hear all these numbers and people hear all these numbers and people talking and I'm thinking, "Oh my god, I talking and I'm thinking, "Oh my god, I hope I don't go down that road." hope I don't go down that road." >> Well, I mean, I've I've had a lot of >> Well, I mean, I've I've had a lot of students from Canada and welcome to join students from Canada and welcome to join us. So, and then you'll learn and then us. So, and then you'll learn and then you'll get get on some basic supplements you'll get get on some basic supplements and and and >> you can um Yeah. And then as >> you can um Yeah. And then as some of my patients improvements in some of my patients improvements in numbers I have in at the on the top of numbers I have in at the on the top of my head but the the I know we we just my head but the the I know we we just did a podcast and I had a a a situation did a podcast and I had a a a situation where one of my patients was was really where one of my patients was was really just like the improvement that she had just like the improvement that she had that one particular year was pretty much that one particular year was pretty much from Monero.

from Monero. And um and I it might have been a half a And um and I it might have been a half a standard deviation um but it was only a standard deviation um but it was only a year um and I I found that really year um and I I found

that really profound you know to have that kind of profound you know to have that kind of improvement in just a year and like improvement in just a year and like Margie says that when you get into the Margie says that when you get into the your fourth year now you've quadrupled your fourth year now you've quadrupled that and so you you can you can gain that and so you you can you can gain gain some some um in mus muscle strength gain some some um in mus muscle strength and bone and bone uh by doing that.

uh by doing that. >> Yeah. >> Yeah. >> Yeah. >> But we're gonna have to move on because >> But we're gonna have to move on because we we don't um we want to give we we don't um we want to give [clears throat] everyone a chance. So, [clears throat] everyone a chance. So, >> okay. Thank you very much both of you.

>> okay. Thank you very much both of you. >> Hi. I know you've talked a lot about CTX >> Hi. I know you've talked a lot about CTX and the P1NP this evening. It's evening and the P1NP this evening. It's evening for me. Uh I'm in New York State, but for me. Uh I'm in New York State, but how often do you reme do you recommend how often do you reme do you recommend that the CTX and the P1NP be repeated that the CTX and the P1NP be repeated uh for someone who has um had a year of uh for someone who has um had a year of Uh I'm so sorry. I was just reading this Uh I'm so sorry. I was just reading this thing about Dr. Greger said that all the thing about Dr. Greger said that all the studies on the benefits of K's were studies on the benefits of K's were deemed fraudulent. This is absolutely deemed fraudulent. This is absolutely not true. So Dr. Greger um said that the not true. So Dr. Greger um said that the benefits of of K were deemed fraudulent.

benefits of of K were deemed fraudulent. this was true that there were a couple this was true that there were a couple of studies in the big landmark Japanese of studies in the big landmark Japanese study that got received um got um study that got received um got um rescended and those got taken out and it rescended and those got taken out and it got reanalyzed got reanalyzed and the and there was still benefit and and the and there was still benefit and it didn't really change the results that it didn't really change the results that much and PubMed did not retract the much and PubMed did not retract the article that was redone with these other article that was redone with these other these up. There were a couple of studies these up. There were a couple of studies where they took them out of the where they took them out of the analysis, but PubMed did not retract all analysis, but PubMed did not retract all of that data. So that and and and to say of that data. So that and and and to say that that that data was fraudulent, that that that data was fraudulent, I I don't think that that's true. And I I don't think that that's true. And then um you don't need Dr. McCormack to then um you don't need Dr. McCormack to tell you that you can be on estrogen or tell you that you can be on estrogen or HRT with Prolia.

HRT with Prolia. Okay, Linda, let's go with you. Okay. Okay, Linda, let's go with you. Okay. So, uh, so I know you've talked a lot So, uh, so I know you've talked a lot about CTX and the P1NP, about CTX and the P1NP, but my my question is is but my my question is is if you have a patient that's done the if you have a patient that's done the one-year course of a vanity and then one-year course of a vanity and then follows up immediately with um reclass, follows up immediately with um reclass, how often would you repeat the CTX and how often would you repeat the CTX and do you always do the P1 and P at the do you always do the P1 and P at the same time?

same time? Yeah. So, um, so for a venity usually, Yeah. So, um, so for a venity usually, um, that's a pretty easy rebound and you um, that's a pretty easy rebound and you don't even need to get the CTX and the don't even need to get the CTX and the P1 NP at the transition point. Mo like P1 NP at the transition point. Mo like for prolia, prolia those is the biggest for prolia, prolia those is the biggest one where you really need to know what one where you really need to know what the CTX and the P1 NPS are into the the CTX and the P1 NPS are into the transition. But usually all we do for transition. But usually all we do for avenity to reclass is three months into avenity to reclass is three months into the reclass we check the CTX and the the reclass we check the CTX and the P1NP make sure that the reclass is P1NP make sure that the reclass is sufficiently sufficiently sufficiently reducing the CTX. The CTX should be like reducing the CTX. The CTX should be like 200 or something like that 200 or less.

200 or something like that 200 or less. And then if that's the case, then And then if that's the case, then right around the year mark, then it it right around the year mark, then it it gets rechecked to see whether another gets rechecked to see whether another dose of reclass is needed and when dose of reclass is needed and when another dose of reclass is needed.

another dose of reclass is needed. >> Okay. So that's that's the protocol that >> Okay. So that's that's the protocol that you would normally follow. you would normally follow.

>> It is a very easy rebound. >> It is a very easy rebound. >> What do you mean by easy rebound? >> What do you mean by easy rebound? It it just you just do you can even do It it just you just do you can even do fossamax with it. it because so so the fossamax with it. it because so so the so um prolia the reason why the rebound so um prolia the reason why the rebound is so bad is because the um the what is so bad is because the um the what happens is that the class the osteoclass happens is that the class the osteoclass don't get killed like a in a don't get killed like a in a bisphosphinate they just get um they get bisphosphinate they just get um they get split into two and these are called split into two and these are called osteomorphs and then when the re when osteomorphs and then when the re when the prolia is gone they fuse back the prolia is gone they fuse back together And but this whole time these together And but this whole time these osteomorphs are being generated. So now osteomorphs are being generated. So now you got a ton of osteoclasts that are you got a ton of osteoclasts that are active all at the same time and then active all at the same time and then they just start breaking down all the they just start breaking down all the bone that you that you just built and um bone that you that you just built and um and you really have to shut these and you really have to shut these osteoclast down really quickly and you osteoclast down really quickly and you have to know the right time. So and have to know the right time. So and prolia is a drug that lasts anywhere prolia is a drug that lasts anywhere from 6 to 9 months. So you need to know from 6 to 9 months. So you need to know when the se when these osteoclasts are when the se when these osteoclasts are starting to get active and when they starting to get active and when they when they hit a certain point is that's when they hit a certain point is that's when you trigger the IV reclass a venity when you trigger the IV reclass a venity just doesn't have this kind of a problem just doesn't have this kind of a problem because the mechan because the mechanism because the mechan because the mechanism isn't the same as with prolia.

isn't the same as with prolia. >> Okay. Right. >> Okay. Right. Very easy rebound. Really easy rebound. Very easy rebound. Really easy rebound. >> Okay. Thank you.

>> Okay. Thank you. >> Hi. >> Hi. >> Hi. >> Hi. >> Hi. >> Um what I'd like to know is um what the >> Um what I'd like to know is um what the research says about someone who is research says about someone who is osteoporosis in the hip and femoral osteoporosis in the hip and femoral neck. um neck. um 2 point le it's less than -3 in the high 2 point le it's less than -3 in the high twos um but spine is fine. What does the twos um but spine is fine. What does the research say about the osteob? Will that research say about the osteob? Will that help the spine?

help the spine? >> Um I'm gonna let Margie answer this >> Um I'm gonna let Margie answer this question. question. question. >> Okay. So here's the deal on osteob.

>> Okay. So here's the deal on osteob. So osteob boost when they did the So osteob boost when they did the research, you know, they were looking research, you know, they were looking for improvement. So they were looking at for improvement. So they were looking at bone density. They didn't really see bone density. They didn't really see that that that didn't happen in the that that that didn't happen in the research. So then sometimes when the research. So then sometimes when the research doesn't show what they were research doesn't show what they were looking for, they then try to look back.

looking for, they then try to look back. So all it showed was there was less bone So all it showed was there was less bone loss in one vertebrae. So it's just one loss in one vertebrae. So it's just one vertebrae L1. So the research was never vertebrae L1. So the research was never for never for osteoporosis. It was for for never for osteoporosis. It was for osteopenedia to prevent bone loss. So osteopenedia to prevent bone loss. So the research is not robust. There was the research is not robust. There was actually articles written in I think actually articles written in I think osteoporosis international saying you osteoporosis international saying you know what kind of research is this? And know what kind of research is this? And truthfully you know we know exercise truthfully you know we know exercise works. Um and you know it's just on you works. Um and you know it's just on you wear it on the hip. So to me wear it on the hip. So to me [clears throat] you know I I just I [clears throat] you know I I just I don't see the value of it. I think there don't see the value of it. I think there >> on the bottom good.

>> on the bottom good. >> Yeah. So anyway, so I don't so to me I'm >> Yeah. So anyway, so I don't so to me I'm not a fan because I don't see the not a fan because I don't see the research really isn't showing there's research really isn't showing there's any great improvement and the thing and any great improvement and the thing and then there were some people that had to then there were some people that had to drop out of the study because it caused drop out of the study because it caused back pain. So I if I the one I like if back pain. So I if I the one I like if anyone's going to do vibration is the anyone's going to do vibration is the low intensity is the Maridon low low intensity is the Maridon low intensity vibration unit. Um but again intensity vibration unit. Um but again to me the key is the exercise. These are to me the key is the exercise. These are all adjunks, but you know, I don't I all adjunks, but you know, I don't I don't find that the research is don't find that the research is supportive. Like sometimes what happens supportive. Like sometimes what happens is there can be so many claims, you is there can be so many claims, you know, oh, and then the newspapers get a know, oh, and then the newspapers get a hold of it and oh, it's so great, you hold of it and oh, it's so great, you know, and people get so excited, but if know, and people get so excited, but if you look at what it actually showed, it you look at what it actually showed, it isn't very positive. So that's that's my isn't very positive. So that's that's my I wouldn't I I don't think it's worth I wouldn't I I don't think it's worth it.

>> Okay. So Melanie dropped in Irene's >> Okay. So Melanie dropped in Irene's question. So unfortunately Irene is question. So unfortunately Irene is giving 24-hour giving 24-hour calcium numbers calcium numbers um in millim moles per day and I'm um in millim moles per day and I'm thinking that um Irene might be in a thinking that um Irene might be in a different country because we we look at different country because we we look at milligrams per day here. So I don't milligrams per day here. So I don't know. Um, she is saying that her know. Um, she is saying that her endocrinologist endocrinologist endocrinologist showed that th that was a loss of showed that th that was a loss of calcium.

calcium. calcium. I can't confirm that cuz I don't I don't I can't confirm that cuz I don't I don't I don't know millim moles compared to I don't know millim moles compared to millig.

millig. millig. Somebody wants to put it in claude. Somebody wants to put it in claude. Melanie, can you put this in claude and Melanie, can you put this in claude and change um 6.66 66 millm moles per day of change um 6.66 66 millm moles per day of calcium to milligrams per day and then calcium to milligrams per day and then 10.62 10.62 10.62 her endocrinologist tested her kidneys her endocrinologist tested her kidneys and confirmed all is normal.

and confirmed all is normal. Um, so what I do, um, Melanie, I don't Um, so what I do, um, Melanie, I don't think you have to. I'll just say what I think you have to. I'll just say what I do. When, uh, 24-hour urine calciums are do. When, uh, 24-hour urine calciums are high, then I also look at the, um, first high, then I also look at the, um, first of all, I look at the serum calcium of all, I look at the serum calcium level. If the serum calcium is over 10, level. If the serum calcium is over 10, I look at PTH. So, serum calcium and PTH I look at PTH. So, serum calcium and PTH and 24-hour urine calcium. If they're and 24-hour urine calcium. If they're all elevated, then I'm worried about all elevated, then I'm worried about parathyroid disease.

parathyroid disease. Um if the serum cal if the if the serum Um if the serum cal if the if the serum calcium is in the right range um calcium is in the right range um actually if it is um if if if it's in actually if it is um if if if it's in the right range and then the PTH is the right range and then the PTH is normal or um in the right range normal or um in the right range especially with D. VA using D. VA's Steven especially with D. VA using D. VA's Steven Boon's calculator Boon's calculator and the 24-hour urine calcium is high, and the 24-hour urine calcium is high, then I think about things like metabolic then I think about things like metabolic acidosis. And metabolic acidosis is when acidosis. And metabolic acidosis is when either there is um too high of um either there is um too high of um acidity level in the body because of acidity level in the body because of either toxicity either toxicity or diet. sugar, high sugar diets will or diet. sugar, high sugar diets will cause um an acidic pH. Um so I'm looking cause um an acidic pH. Um so I'm looking at the first morning pH. And if it's at the first morning pH. And if it's acidic, then I give potassium and acidic, then I give potassium and magnesium. There's an electrolyte drink.

magnesium. There's an electrolyte drink. It's called um seeking health optimal It's called um seeking health optimal electrolytes. And often after a month or electrolytes. And often after a month or so, I can redo the 24-hour so, I can redo the 24-hour urine calcium and see that to come down.

urine calcium and see that to come down. So then I have to if I know that they So then I have to if I know that they need more electrolytes, maybe they just need more electrolytes, maybe they just need more minerals and more need more minerals and more electrolytes, but also maybe they have electrolytes, but also maybe they have some toxicity or something that's some toxicity or something that's driving that. And then I try to figure driving that. And then I try to figure that out. So that's kind of the whole that out. So that's kind of the whole >> hi Dr. from Milman. Um, thank you so >> hi Dr. from Milman. Um, thank you so much and thank you to Margie as well.

much and thank you to Margie as well. This has been um, great. A lot of This has been um, great. A lot of wonderful information. Um, I have a wonderful information. Um, I have a question regarding um, HRT. Do you question regarding um, HRT. Do you prefer bio identical HRT in like a patch prefer bio identical HRT in like a patch or cream form or something like by Juva, or cream form or something like by Juva, which is a pill, but my which is a pill, but my gynecologist is gynecologist is saying that it's as close to saying that it's as close to bioididentical as a cream um, or a patch bioididentical as a cream um, or a patch would be. and actually has even would be. and actually has even gone to say that it's better because um it has say that it's better because um it has both the both the um estrogen and uh the progesterone um estrogen and uh the progesterone together. together. Um so there's no you know with Um so there's no you know with compounding facilities um things could compounding facilities um things could be off. So okay so um I never um be off. So okay so um I never um recommend an oral estrogen. Oral recommend an oral estrogen. Oral estrogens are associated with clots in estrogens are associated with clots in the legs um and um increased risk of the legs um and um increased risk of stroke. So um once or estrogen goes stroke. So um once or estrogen goes through the liver and goes through first through the liver and goes through first pass metabolism, it increases the pass metabolism, it increases the clotting pathway and that does not clotting pathway and that does not happen with topical or vaginal estrogen.

happen with topical or vaginal estrogen. So, I never ever ever So, I never ever ever not ever even once have I ever not ever even once have I ever [laughter] [laughter] [laughter] um uh prescribed oral estrogen. Not um uh prescribed oral estrogen. Not ever. So um so then when I'm looking at ever. So um so then when I'm looking at and the the level is something like two and the the level is something like two times the um normal risk of of in the times the um normal risk of of in the general population of clotting oral general population of clotting oral estrogens are at two times higher risk.

estrogens are at two times higher risk. Um so I don't care whether it's combined Um so I don't care whether it's combined with progesterone or not. I would just with progesterone or not. I would just never do that. Um uh bioididentical never do that. Um uh bioididentical um um um means that means that um so I I only recommend bioididentical um so I I only recommend bioididentical um hormones. That doesn't mean that so um hormones. That doesn't mean that so that means that it's estradiol that means that it's estradiol and it's not something like a conjugated and it's not something like a conjugated estrogen which which estrogen which which obs used to to give back in the day.

obs used to to give back in the day. That's that's a lot of where the um That's that's a lot of where the um higher risk came from was the conjugated higher risk came from was the conjugated estrogens.

estrogens. estrogens. So So So So if I'm giving a topical estrogen, the So if I'm giving a topical estrogen, the um the um the the pathway or the decision tree for the the pathway or the decision tree for the patient is this the patch. Um you you patient is this the patch. Um you you put it on twice a week. Um, there could put it on twice a week. Um, there could be if a p person is sensitive to be if a p person is sensitive to adhesive, they might have a problem with adhesive, they might have a problem with a patch. If they're in a hot tub or a a patch. If they're in a hot tub or a sauna or they're sweating a lot, patch sauna or they're sweating a lot, patch might fall off. Um, if they swim, then might fall off. Um, if they swim, then the patch might not be convenient. The the patch might not be convenient. The creams only come from compoundingies.

creams only come from compoundingies. Uh, the patches only come from Uh, the patches only come from commercialies. commercialies. commercialies. So, the patches are covered by regular So, the patches are covered by regular insurance. And then the creams. Um, insurance. And then the creams. Um, yeah. I mean, do compounding pharmacies yeah. I mean, do compounding pharmacies make some mistakes in concentration?

make some mistakes in concentration? I think that they I mean I it would be I think that they I mean I it would be would be ridiculous of me to say that would be ridiculous of me to say that they never miss make mistakes. So, they they never miss make mistakes. So, they could um I work with certain could um I work with certain compoundingies that I've been working compoundingies that I've been working with for 10 years. So I, you know, have with for 10 years. So I, you know, have complete confidence in them as far as um complete confidence in them as far as um concentration and and being as good as a concentration and and being as good as a compounding pharmacy is going to be.

compounding pharmacy is going to be. So did that answer your question? So did that answer your question? >> It does. Um, one more thing though, the >> It does. Um, one more thing though, the Bjuva that it is it it is estradile. So Bjuva that it is it it is estradile. So I will say does that matter? Um, because I will say does that matter? Um, because it's still it's still >> Okay.

>> Okay. >> Okay. >> No. No. any oral estrogen, no matter >> No. No. any oral estrogen, no matter what it is, whether it's bioididentical what it is, whether it's bioididentical or whether it's synthetic or whether or whether it's synthetic or whether it's a conjugated aquin estrogen, it it's a conjugated aquin estrogen, it increases the clotting risk by two times increases the clotting risk by two times over the general population.

over the general population. >> That's unbelievable information. I can't >> That's unbelievable information. I can't believe doctors um offer that. believe doctors um offer that.

>> Um um >> Um um >> you don't have to answer that. >> you don't have to answer that. >> Yeah, [laughter] I won't even tell you >> Yeah, [laughter] I won't even tell you what I think, right? because I mean it what I think, right? because I mean it was kind of similar to the other patient was kind of similar to the other patient that that that >> totally totally thank you so much.

>> totally totally thank you so much. >> All right, so here's the deal. It's now >> All right, so here's the deal. It's now like we have like five more minutes like we have like five more minutes because as I said we put the limit on.

because as I said we put the limit on. So before just one though I just wanted So before just one though I just wanted to talk about the course because there's to talk about the course because there's an early bird special just so that's an early bird special just so that's it's tell them just give them the it's tell them just give them the information when it starts.

information when it starts. >> Yeah. Okay. So the cohort starts August >> Yeah. Okay. So the cohort starts August 15th and so that's on a Saturday because 15th and so that's on a Saturday because and so it starts on a Saturday because and so it starts on a Saturday because that's when we drop in the first bit of that's when we drop in the first bit of content. So contents come in on Saturday content. So contents come in on Saturday into the portal and then we have the into the portal and then we have the live Q&As's on Thursdays and um we have live Q&As's on Thursdays and um we have the new peptide module coming out. So the new peptide module coming out. So there's lots and lots of good there's lots and lots of good information. There's I don't know how information. There's I don't know how many bonus bonus modules there are.

many bonus bonus modules there are. There's six or seven of them, maybe There's six or seven of them, maybe eight. So, you get to work on the bonus eight. So, you get to work on the bonus modules in your own time. If you come in modules in your own time. If you come in early, like if you come in now, you can early, like if you come in now, you can start working on the bonus modules. Uh, start working on the bonus modules. Uh, and um there's it's just a really great and um there's it's just a really great course and I, you know, I I love course and I, you know, I I love teaching it and and I think you guys teaching it and and I think you guys will feel really supported and and I I will feel really supported and and I I just I really don't think that it just I really don't think that it matters where you start from.

matters where you start from. um that you can get a lot out of it and um that you can get a lot out of it and that you just build. And if if it if that you just build. And if if it if it's it's too much effort, then you do it's it's too much effort, then you do the effort that you can. And even if you the effort that you can. And even if you pick up one small thing a

week, you're pick up one small thing a week, you're going to be in so much better off than going to be in so much better off than you are in 14 weeks. And [snorts] you you are in 14 weeks. And [snorts] you know the price is really um I had to know the price is really um I had to price it compared to like how much price it compared to like how much access you have to me and and 10 weeks access you have to me and and 10 weeks of of access to me two two hours a lot of of access to me two two hours a lot of people most of the time most of the of people most of the time most of the time all the questions get answered in time all the questions get answered in that two hours most of the time. Um, and that two hours most of the time. Um, and we usually have 120 people uh in the we usually have 120 people uh in the class and um and so class and um and so any anything else that you can think of?

any anything else that you can think of? >> I think it's important to let them know >> I think it's important to let them know how much it is because the price is much how much it is because the price is much less until August 1st. When does it when less until August 1st. When does it when does the early bird does the early bird >> Yeah, I mean the early bird's 7.97 and >> Yeah, I mean the early bird's 7.97 and then Margie has a coupon which makes it then Margie has a coupon which makes it $6.97.

$6.97. $6.97. >> Great. So the coupon Melanie, do you >> Great. So the coupon Melanie, do you have all the information? Well, we'll have all the information? Well, we'll send it out in the replay. He did did send it out in the replay. He did did drop it in and and yeah.

drop it in and and yeah. >> Okay. But we'll also have it in the >> Okay. But we'll also have it in the replay. Um so I I think we're going to replay. Um so I I think we're going to end questions because we could go on for end questions because we could go on for another hour and I think two hours we another hour and I think two hours we we've noticed that two hours is really a we've noticed that two hours is really a lot of time and um but this is I wanted lot of time and um but this is I wanted people to get a feel. The other reason people to get a feel. The other reason that we do this is that people, you that we do this is that people, you know, I think it's good to sort of if know, I think it's good to sort of if you're going to invest in a program, get you're going to invest in a program, get a sense of what a Q&A would be like. You a sense of what a Q&A would be like. You know, you get the material and then know, you get the material and then you'll discuss the material in terms of you'll discuss the material in terms of a Q. So, you just get to understand the a Q. So, you just get to understand the level and how Dr. Milman helps people.

level and how Dr. Milman helps people. It's very different when you're in the It's very different when you're in the class because you're working all class because you're working all together and you know, and you have together and you know, and you have information to start with. So, is there information to start with. So, is there any any any >> So, somebody Helen's asking if there's >> So, somebody Helen's asking if there's another Q&A. We usually do this a couple another Q&A. We usually do this a couple times a year. Um times a year. Um I um can a person that's had breast I um can a person that's had breast cancer take um no. No. Um people who cancer take um no. No. Um people who have had breast cancer um there are have had breast cancer um there are herbs that I recommend that wouldn't be herbs that I recommend that wouldn't be good for somebody who has breast cancer good for somebody who has breast cancer and I don't think it's responsible to and I don't think it's responsible to have um people that are that complicated have um people that are that complicated in the class when we're talking about in the class when we're talking about hormones. So, no, I don't allow that.

hormones. So, no, I don't allow that. Um, Um, Um, >> okay. So, I think I'm gonna put it back >> okay. So, I think I'm gonna put it back to everybody so we can see everybody.

to everybody so we can see everybody. Sorry we didn't get to get to every Sorry we didn't get to get to every single person. Um, oh, look who Marty's single person. Um, oh, look who Marty's here. Marty's here. How many times have here. Marty's here. How many times have you taken the class?

you taken the class? >> Marty's here from Australia. Marty. >> Marty's here from Australia. Marty. [laughter] >> Marty. >> Marty. >> Unfortunately, I missed out on asking >> Unfortunately, I missed out on asking questions. I got questions. A questions. I got questions. A >> Oh, well I I joined late because I had >> Oh, well I I joined late because I had strength training. So strength training. So >> Oh, well good for you, Marty.

>> Oh, well good for you, Marty. >> Good for you. Well, you've had some good >> Good for you. Well, you've had

some good improvements, haven't you, Marty?

improvements, haven't you, Marty? Marty's taken the class multiple times. Marty's taken the class multiple times. >> Yeah. I hope they've stayed that way.

>> Yeah. I hope they've stayed that way. I'm about to do tests again, so I'm about to do tests again, so >> don't say that, Marty. >> don't say that, Marty.

And there's Susette. Susette was in my And there's Susette. Susette was in my last class. last class. Suzette, do you like it? Suzette, do you like it? >> Suzette, >> Suzette, >> Suzette, >> would you recommend it, Susette? Yeah.

>> would you recommend it, Susette? Yeah. Yes. I was thinking um when the Yes. I was thinking um when the questions were coming about the um you questions were coming about the um you know the oral estrogen and the the other know the oral estrogen and the the other doctor with the um bisphosphinate like I doctor with the um bisphosphinate like I I I knew what you were going to say. I I I knew what you were going to say. I was going to say you wind up knowing was going to say you wind up knowing more than a lot of the general more than a lot of the general practitioners after the class and practitioners after the class and wondering why they're recommending what wondering why they're recommending what they're recommending and then you know they're recommending and then you know trying to find good help. So I would trying to find good help. So I would recommend it you know yeah a million recommend it you know yeah a million times over. Phenomenal. And I'll be your times over. Phenomenal. And I'll be your an in the alumni group this time, too.

an in the alumni group this time, too. >> Okay. Great to see you. >> Okay. Great to see you. >> Yeah, that is the problem. And hopefully >> Yeah, that is the problem. And hopefully that's our goal, Dr. Milman and I.

that's our goal, Dr. Milman and I. That's why we're training practitioners, That's why we're training practitioners, too, because we want to change that. We too, because we want to change that. We want to change what's out there.

want to change what's out there. Unfortunately, not everybody comes from Unfortunately, not everybody comes from the same perspective or, you know, they the same perspective or, you know, they don't they don't learn all this in don't they don't learn all this in medical school and so they don't have medical school and so they don't have the knowledge base and it's just the knowledge base and it's just unfortunate. So, we want everyone to do unfortunate. So, we want everyone to do as well as they can. [laughter] as well as they can. [laughter] Anyway, all right. So, how if you want Anyway, all right. So, how if you want to write anything in the chat, anything to write anything in the chat, anything you've gained from tonight, that'll you've gained from tonight, that'll always always always >> make sure to to get um Margie's coupon >> make sure to to get um Margie's coupon and um and I'll just I if if anybody um and um and I'll just I if if anybody um like if the early bird expires on you, like if the early bird expires on you, call my clinic, tell them you were in call my clinic, tell them you were in the live Q&A, tell them you want the live Q&A, tell them you want Margie's coupon, and we'll off we'll Margie's coupon, and we'll off we'll we'll keep it. We'll keep we'll keep the we'll keep it. We'll keep we'll keep the early bird for you.

early bird for you. >> No. Well, that's that's good. [laughter] >> No. Well, that's that's good. [laughter] Anyway, everybody, how I always end my Anyway, everybody, how I always end my classes is we think of a word and we'll classes is we think of a word and we'll just all So, Dr. Milman, you want to just all So, Dr. Milman, you want to pick the word? What word would you like pick the word? What word would you like to pick?

to pick? >> Um, >> Um, >> Um, how about um how about um confidence? confidence? confidence? >> Confidence. Okay, that's a good one. So, >> Confidence. Okay, that's a good one. So, thank you so much everybody for coming.

thank you so much everybody for coming. I hope everybody got something out of I hope everybody got something out of today. I'm sure you did. Am I right? You today. I'm sure you did. Am I right? You can. [laughter] can. [laughter] Yeah. Whenever you're with Dr. Milman, I Yeah. Whenever you're with Dr. Milman, I always learn things. I have I've become always learn things. I have I've become a genius from you, Dr. Milman.

a genius from you, Dr. Milman. [laughter] No, it's true. You always [laughter] No, it's true. You always learn things and you're always so learn things and you're always so generous with sharing your information generous with sharing your information and helping people. And that's why we and helping people. And that's why we get along so well because you know you get along so well because you know you have such a big heart and your goal is have such a big heart and your goal is to really make a difference for people to really make a difference for people which you really do. So on that note which you really do. So on that note everybody okay so we're gonna say bye.

everybody okay so we're gonna say bye. Thank you Dr. Milman. Confidence. Ready? Thank you Dr. Milman. Confidence. Ready? So those three things. One two three.

So those three things. One two three. Bye. Thank you. Thank you Dr. Milman. Bye. Thank you. Thank you Dr. Milman. Oh, unmute everybody. Not everybody's Oh, unmute everybody. Not everybody's unmuted. Wait, unmute. We have to do unmuted. Wait, unmute. We have to do this again. Unmute. And we'll just say this again. Unmute. And we'll just say that it that it Thank you, Dr.

Thank you, Dr. >> Dr. B. Bye. Thank you. >> Dr. B. Bye. Thank you. >> Bye everybody. >> Bye everybody. >> Confidence. >> Confidence. >> Confidence. >> See you guys all soon.

>> See you guys all soon. >> Kitty cat. >> Kitty cat. >> Bye. >> Bye. >> Bye. >> Bye. >> Bye. >> Bye. >> Meeting chat. Why can't I save the chat? >> Meeting chat. Why can't I save the chat?

Oh, no. Melanie, can you save the chat? Oh, no. Melanie, can you save the chat?