Pre-Session Setup and Introduction

Yeah, I'll record this in a minute. Yep. Yeah, I'll record this in a minute. Yep. But I just want to get it on YouTube, But I just want to get it on YouTube, right? Can you imagine if I don't record right? Can you imagine if I don't record it? I have done that. I've done that it? I have done that. I've done that twice and I will Okay, twice and I will Okay, record this in a minute.

record this in a minute. >> You're going to hear two noises. >> You're going to hear two noises. >> I just want to get it on YouTube, right? >> I just want to get it on YouTube, right?

Can you imagine if I don't record it? Can you imagine if I don't record it? >> Okay, >> Okay, >> Okay, >> I have done that. Okay, I think it's got >> I have done that. Okay, I think it's got on YouTube now. Let's go back. Okay, I on YouTube now. Let's go back. Okay, I think we're good. And now I'll record.

think we're good. And now I'll record. Yep, it's on YouTube. I'll record here Yep, it's on YouTube. I'll record here and we are good to go. Um, let me just and we are good to go. Um, let me just get this set. Record get this set. Record and record to the computer.

and record to the computer. Okay, we are good. All right. So, what Okay, we are good. All right. So, what I'm going to do, I'm just going to You I'm going to do, I'm just going to You don't have to mute yet. Okay. I'm just don't have to mute yet. Okay. I'm just Okay. Okay. So, hang on.

Okay. Okay. So, hang on.

Welcome and Class Overview

All right, welcome everybody to Strong All right, welcome everybody to Strong Bones for Life. This is so nice. There Bones for Life. This is so nice. There are people I know, but there's a lot of are people I know, but there's a lot of new people here, which makes this so new people here, which makes this so much fun. And before we I'm really much fun. And before we I'm really excited because I love Before we even excited because I love Before we even get started, let me tell for those who get started, let me tell for those who don't know me, I'm Margie Bishinger. I'm don't know me, I'm Margie Bishinger. I'm a physical therapist, integrative health a physical therapist, integrative health coach. I also am a happiness trainer and coach. I also am a happiness trainer and I've been working with people with I've been working with people with osteopenia and osteoporosis for over 35 osteopenia and osteoporosis for over 35 years. No, no, not 35. For over 30 years years. No, no, not 35. For over 30 years now and the good news is that I I as now and the good news is that I I as we'll talk about it's it's I really love we'll talk about it's it's I really love this because there's so much that we can this because there's so much that we can do and we're going to go into that. But do and we're going to go into that. But before we get started, what I'd love to before we get started, what I'd love to do, I'm going to change it to gallery so do, I'm going to change it to gallery so we can see each other. And what I how I we can see each other. And what I how I like to start the class, so you can like to start the class, so you can unmute everybody and show your videos unmute everybody and show your videos for those who want to. And um but what for those who want to. And um but what I'd like to do, I want everybody to put I'd like to do, I want everybody to put an intention out there that they are an intention out there that they are going to get something from this session going to get something from this session that's really going to make a positive that's really going to make a positive difference in their lives. And so just I difference in their lives. And so just I always believe in putting good always believe in putting good intentions out there like set a positive intentions out there like set a positive intention. And then what we're going to intention. And then what we're going to do, I like to get the energy going. For do, I like to get the energy going. For those who know me, they know this those who know me, they know this routine very well, but a lot of you are routine very well, but a lot of you are new here. And so what I want you to do, new here. And so what I want you to do, we're just going to say, you can unmute we're just going to say, you can unmute and just say, "Hi, good energy." So and just say, "Hi, good energy." So ready on the count of three and put your ready on the count of three and put your best energy out. This

juices me up. It best energy out. This juices me up. It really helps actually. Okay, ready? On really helps actually. Okay, ready? On the count of three. One, two, three. Hi.

the count of three. One, two, three. Hi. Good. [singing] Good. [singing] Good energy. Good energy. >> Good energy. >> Good energy. >> Good energy. >> Good energy.

>> So, we are all juiced up. But Melanie, >> So, we are all juiced up. But Melanie, now you can mute everybody who doesn't now you can mute everybody who doesn't mute. And I'm just going to change this mute. And I'm just going to change this for a second and tell you how the day is for a second and tell you how the day is going to work. Okay. So before we start, going to work. Okay. So before we start, I just want to ask people that, you I just want to ask people that, you know, just want to know how you're know, just want to know how you're feeling about this because if you have feeling about this because if you have osteoporosis, osteopenia, or concerned osteoporosis, osteopenia, or concerned about bone loss, what I've been hearing about bone loss, what I've been hearing for over for so many years is a few for over for so many years is a few things. Number one, overwhelm. Okay.

things. Number one, overwhelm. Okay. Number two, I hear confusion. People Number two, I hear confusion. People just do not know where to start. There's just do not know where to start. There's just so so besides the overwhelm, just so so besides the overwhelm, there's confusion. And then the third there's confusion. And then the third thing I hear all the time is people are thing I hear all the time is people are afraid. They're afraid they're going to afraid. They're afraid they're going to fall. They're afraid to do things in fall. They're afraid to do things in their life. So fear sets in. So just their life. So fear sets in. So just write in the chat if any of those if one write in the chat if any of those if one of those if any of those are things that of those if any of those are things that you're dealing with because that's what you're dealing with because that's what I hear so often. Okay. So let's see.

I hear so often. Okay. So let's see.

Setting Intentions and Group Energy

Melanie, you want to read them off? Melanie, you want to read them off? >> Yeah. So fear, overwhelming, >> Yeah. So fear, overwhelming, overwhelming and confusing information, overwhelming and confusing information, uncertainty, uncertainty, uncertainty, uh fear, fracture, unfortunate surprise uh fear, fracture, unfortunate surprise by DEXA, by DEXA, um bone drugs, um bone drugs, uh conflicting medication, fear it uh conflicting medication, fear it cannot be slowed or reversed, no cannot be slowed or reversed, no direction, confusing information, direction, confusing information, and all of those.

and all of those. >> Okay. So, so you guys are in the right >> Okay.

Participant Concerns and Emotional Landscape

So, so you guys are in the right place because that's what we're going to place because that's what we're going to deal with today. And before I get deal with today. And before I get started, it's funny. I I just thought I started, it's funny. I I just thought I would read something. You know, I was would read something. You know, I was just looking at different things people just looking at different things people have written me and so on and so forth.

have written me and so on and so forth. And um someone Barbara who's in the And um someone Barbara who's in the community had written this to me and she community had written this to me and she started doing something with um she she started doing something with um she she went to one of Claudia. Claudia Tamas is went to one of Claudia. Claudia Tamas is someone I'd had on and she's an on she's someone I'd had on and she's an on she's an Onero physical therapist Onero an Onero physical therapist Onero instructor and she was thanking me for instructor and she was thanking me for Claudia's class and Sheni said and not Claudia's class and Sheni said and not not trying to toot my own horn but I not trying to toot my own horn but I just thought this was really helpful.

just thought this was really helpful. I'm grateful I found you on the internet I'm grateful I found you on the internet like so many others I was devastated by like so many others I was devastated by a severe as I'm reading this here

a severe as I'm reading this here because I printed up diagnosis and was because I printed up diagnosis and was deep desperate to find more help than I deep desperate to find more help than I received upon diagnosis. I headed to the received upon diagnosis. I headed to the internet hoping to find something. I internet hoping to find something. I found you and I found Dr. from found you and I found Dr. from McCormick's book, Great Bones, and my McCormick's book, Great Bones, and my osteoporosis deep dive began. Since osteoporosis deep dive began. Since then, I've taken many courses, including then, I've taken many courses, including your 20 incredible 2024 and 2025 your 20 incredible 2024 and 2025 summits, your your road map, Sher summits, your your road map, Sher Betts's six week strength training Betts's six week strength training course, and Claudia's classes. These are course, and Claudia's classes. These are classes I have. I'm currently enrolled classes I have. I'm currently enrolled in your and Dr. Milman's Restore and in your and Dr. Milman's Restore and Rebuild course for my third time, my toe Rebuild course for my third time, my toe pro rides. Anyway, the point is, she pro rides. Anyway, the point is, she said, "My devastation has changed to said, "My devastation has changed to optimism. You are so right. Osteoporosis optimism. You are so right. Osteoporosis is an opportunity." And then she just is an opportunity." And then she just thanked me and she thanked everyone for thanked me and she thanked everyone for the community because the community the community because the community being part of it. But the point is our being part of it. But the point is our goal I really look at this I honestly goal I really look at this I honestly look at osteoporosis like everything in look at osteoporosis like everything in life but I look at a diagnosis as an life but I look at a diagnosis as an opportunity an opportunity to stop cuz opportunity an opportunity to stop cuz because you could feel fine and then you because you could feel fine and then you get you know you go and you get this get you know you go and you get this Dexa and you're like oh no and you're Dexa and you're like oh no and you're like think your whole life is falling like think your whole life is falling apart. But I truly look at it as an apart. But I truly look at it as an opportunity, an opportunity to look at opportunity, an opportunity to look at your life, see what areas may be missing your life, see what areas may be missing or where maybe you're not paying or where maybe you're not paying attention because the bones are not in attention because the bones are not in isolation. Usually there's something isolation. Usually there's something going on. And then when you address that going on. And then when you address that and all the things to do to improve your and all the things to do to improve your bones, you know, nutrition, exercise are bones, you know, nutrition, exercise are so and stress reduction are so good for so and stress reduction are so good for you that it ends up being so much you that it ends up being so much positive change that's happened. And positive change that's happened.

Personal Story and Philosophy on Osteoporosis

And then people really do look back and and then people really do look back and and honestly tell me this was a blessing in honestly tell me this was a blessing in disguise because their life is so disguise because their life is so different now and it took this diagnosis different now and it took this diagnosis to be that catalyst for change. So to be that catalyst for change. So that's really my philosophy on this. And that's really my philosophy on this. And on that note, that's how we're going to on that note, that's how we're going to look at today. But I am going to share look at today. But I am going to share slides and let me just get these up for slides and let me just get these up for a second. I'm so busy talking to a second. I'm so busy talking to everybody. I usually get them up right everybody. I usually get them up right away, but I didn't. So this will just away, but I didn't. So this will just Let me just make sure this is the right Let me just make sure this is the right slides. Yep.

slides. Yep. Okay, let's put this on slideshow. Okay, let's put this on slideshow. And lately, I've had to put these up And lately, I've had to put these up twice. Let's just see here. One more twice. Let's just see here. One more second. Sorry.

second. Sorry. Whoops. Oops. Whoops. Whoops. Whoops. Whoops. Oops. Whoops. Whoops. Whoops. Whoops. Let's fix this. And let's move Whoops. Let's fix this. And let's move this. And here. Okay. Melanie, can you this. And here. Okay. Melanie, can you see me or do I need to do this again?

see me or do I need to do this again? >> You need to do it again. Like, >> You need to do it again. Like, >> isn't that the craziest? It takes me >> isn't that the craziest? It takes me twice now to get the slides up like I on twice now to get the slides up like I on my side. It looks perfect, but that's my side. It looks perfect, but that's okay. All right, let's do it again. We okay. All right, let's do it again. We now this will come up. This always does.

now this will come up. This always does. Okay. Are we good now? Okay. Are we good now? Can you see the slides, Melanie? Can you see the slides, Melanie?

>> That's good. >> That's good. >> Okay, great. So, strong bones for life. >> Okay, great. So, strong bones for life. And that's our goal. It's not just for And that's our goal. It's not just for the moment. It's for life so that we can the moment. It's for life so that we can live a vibrant, wonderful, healthy life.

live a vibrant, wonderful, healthy life. Now, this woman is 95. Can you believe? Now, this woman is 95. Can you believe? okay. And just a disclaimer because the okay. And just a disclaimer because the information is not considered as medical information is not considered as medical advice. I'm just helping to it's not advice. I'm just helping to it's not intended to replace consultation with intended to replace consultation with your health care provider or physician.

your health care provider or physician. So, this is information to help you get So, this is information to help you get on your path. So our objectives today, on your path. So our objectives today, what we're I'm going to talk about is what we're I'm going to talk about is the four keys that I have seen really the four keys that I have seen really improve bone health. Like what is it improve bone health. Like what is it that works? And what we'll understand is that works? And what we'll understand is some root causes and critical testing some root causes and critical testing that's often overlooked. We'll go over that's often overlooked.

Session Objectives and Structure

We'll go over the most important I'm going to go over the most important I'm going to go over this part in detail because people this part in detail because people really I I get questions daily. Well, really I I get questions daily. Well, what calcium should I take? What what calcium should I take? What magnesium should I take? So, I'm magnesium should I take? So, I'm actually going to go in detail into this actually going to go in detail into this and show you what I like and take and um and show you what I like and take and um you know, not that it's the only thing, you know, not that it's the only thing, but just give you some concrete things but just give you some concrete things that you can that I think are really that you can that I think are really good. Like, we'll talk about the good. Like, we'll talk about the components of an exercise program to components of an exercise program to build bone and prevent fractures. And build bone and prevent fractures. And then we'll go on something I think is then we'll go on something I think is really really important again overlooked really really important again overlooked about stress, happiness, and bone health about stress, happiness, and bone health and maybe a few things we can do.

and maybe a few things we can do. Okay. But again, since this is all the Okay. But again, since this is all the so the whole class is 90 minutes today, so the whole class is 90 minutes today, um I'm going to try to keep this part um I'm going to try to keep this part which I end to take sometimes I talk which I end to take sometimes I talk more than I want to. So I'm trying to more than I want to. So I'm trying to keep this part around 45 minutes and keep this part around 45 minutes and then there'll be 45 minutes for then there'll be 45 minutes for questions. I think the best thing if you questions. I think the best thing if you have a question pertaining to this have a question pertaining to this ideally I mean you can you can really ideally I mean you can you can really anything if you want but um write it in anything if you want but um write it in the chat then and then that's our the chat then and then that's our easiest way to get as many questions easiest way to get as many questions answered as possible. And so I think all answered as possible. And so I think all of you know this but I just to put of you know this but I just to put everybody on the same page when we think everybody on the same page when we think of osteoporosis the diagnosis it just of osteoporosis the diagnosis it just means poorest bones that your bones are means poorest bones that your bones are becoming weak and brittle. You know it becoming weak and brittle. You know it means there's a couple things. It's low means there's a couple things. It's low bone mass there's a deterioration of bone mass there's a deterioration of bone tissue compromised bone strength bone tissue compromised bone strength and disruption of bone architecture. And and disruption of bone architecture. And so if we look at this we see the bone on so if we look at this we see the bone on the left is nice strong bone with good the left is nice strong bone with good cross links. This is through a cross links. This is through a microscope where the bone on the right microscope where the bone on the right here, we see it's disrupted. So, it's here, we see it's disrupted. So, it's much more likely to fracture. So, that's much more likely to fracture. So, that's what we're dealing with here. And why what we're dealing with here. And why why does it matter? Like, what's the big why does it matter? Like, what's the big deal?

Well, it's really prevalent, deal? Well, it's really prevalent, especially in the United States. One in especially in the United States. One in two American women over 50 will break a two American women over 50 will break a bone in their lifetime due to bone in their lifetime due to osteoporosis. In in the world, it's one osteoporosis. In in the world, it's one in three. Um, in for men, just so you in three. Um, in for men, just so you know, it's one in four in the United know, it's one in four in the United States and one in five worldwide. And States and one in five worldwide. And the sad thing is 24% of people who the sad thing is 24% of people who fracture a hip will die within a year of fracture a hip will die within a year of the hip fracture due to complications.

the hip fracture due to complications. There's over 300,000 hip fractures in There's over 300,000 hip fractures in United States and one in four if they United States and one in four if they survive they end up in a nursing home.

survive they end up in a nursing home. So we don't want to be any of these So we don't want to be any of these statistics and we don't have to. That's statistics and we don't have to. That's the good part. So, as we said, so here the good part.

Understanding Osteoporosis: Definitions and Prevalence

So, as we said, so here are the four keys that we're going to go are the four keys that we're going to go through. And given that this is just, through. And given that this is just, you know, one talk, we're we're not you know, one talk, we're we're not going to go in detail, but I want to going to go in detail, but I want to give you concrete things in each area give you concrete things in each area that you can put to use. So, number one, that you can put to use. So, number one, test. And this is really overlooked test. And this is really overlooked because I just think so often people get because I just think so often people get the diagnosis and medication. I'm not the diagnosis and medication. I'm not anti-medation. There's definitely a anti-medation. There's definitely a place for medication. I really believe place for medication. I really believe in that. Um, but it's not. We need to in that. Um, but it's not. We need to test. We need to see what are the root test. We need to see what are the root causes. This is just not done in causes. This is just not done in conventional medicine. And I'm going to conventional medicine. And I'm going to show you some some two tests that are show you some some two tests that are beyond critical. Number two, optimizing beyond critical. Number two, optimizing nutrition and digestion. And we're going nutrition and digestion. And we're going to really go into I where I find people to really go into I where I find people are really confused around the are really confused around the supplements. So, I'm going to talk today supplements. So, I'm going to talk today about the key supplements that I think about the key supplements that I think are really most important and key are really most important and key nutrients. Then talk about exercise.

nutrients. Then talk about exercise. what exactly? Because we want to do what what exactly? Because we want to do what works. We don't want to waste our time.

works. We don't want to waste our time. And then just a little bit about why I And then just a little bit about why I think stress and happiness are so think stress and happiness are so important to our bones and what we can important to our bones and what we can do. So if that sounds good and you're do. So if that sounds good and you're in, put in the chat, I am in. [laughter] in, put in the chat, I am in. [laughter] So the goal is to come out with some So the goal is to come out with some concrete things that you can put to concrete things that you can put to action. And then I also there I do have action. And then I also there I do have programs. I see a fair amount of people programs. I see a fair amount of people are I didn't um from my are on my are I didn't um from my are on my membership. So they see me every month membership. So they see me every month and we do we do Q&A. So a lot of this is and we do we do Q&A. So a lot of this is going to be review for you. But I will going to be review for you. But I will tell you if if anybody wants to tell you if if anybody wants to continue, I'll tell you what's available continue, I'll tell you what's available and I've made things really really and I've made things really really inexpensive inexpensive inexpensive because I I want to help people as much because I I want to help people as much as possible. Anyway, all right. So let's as possible. Anyway, all right. So let's go to key one. And if you have question, go to key one. And if you have question, write them in chat. Melanie, if there's write them in chat. Melanie, if there's something really critical for me to stop something really critical for me to stop while I'm talking, just let me know and while I'm talking, just let me know and I'm I'm happy to do that. Okay. So, I'm I'm happy to do that. Okay. So, first of all, we have to assess our bone first of all, we have to assess our bone health. You know, it's not like, okay, health. You know, it's not like, okay, well, let's just go over this because, well, let's just go over this

because, all right, so we all know about this the all right, so we all know about this the DEXA test, right? We all know because DEXA test, right? We all know because that's how most of you have found out that's how most of you have found out that that's the gold standard test. And that that's the gold standard test. And basically, they look at your bone basically, they look at your bone density and they compare it to a density and they compare it to a 30-year-old and then look at standard 30-year-old and then look at standard deviations away. And so they say if it's deviations away.

Bone Health Assessment and Testing

And so they say if it's minus one or above your normal minus1 to minus one or above your normal minus1 to 2.5 is osteopenia. 2.5 is osteopenia. Minus 2.5 or lower is osteoporosis. And Minus 2.5 or lower is osteoporosis. And minus 2.5 or lower plus really and you minus 2.5 or lower plus really and you have a fracture then they sometimes have a fracture then they sometimes called severe osteoporosis. But the called severe osteoporosis. But the fracture is what's called a fragility fracture is what's called a fragility fracture. You're just standing and you fracture. You're just standing and you fell. It's not like you fell down an fell. It's not like you fell down an entire flight of stairs. Anyway, um you entire flight of stairs. Anyway, um you know, so I mean this is what we use and know, so I mean this is what we use and this is the gold standard and it's very this is the gold standard and it's very helpful. Is it perfect? No, because it helpful. Is it perfect? No, because it just tells us how much bone we have just tells us how much bone we have density. It doesn't tell us quality, but density. It doesn't tell us quality, but very very helpful. But there's nothing very very helpful. But there's nothing major that happens between minus 2.4 and major that happens between minus 2.4 and minus 2.5. It's just, you know, it's minus 2.5. It's just, you know, it's just the same thing, but it's just a just the same thing, but it's just a little more lost bone. So that's why little more lost bone. So that's why it's called osteoporosis. But I look at it's called osteoporosis. But I look at both of those as bone loss that we both of those as bone loss that we wanted to deal with. And again, and the wanted to deal with. And again, and the number will matter. You know, if you number will matter. You know, if you have minus 3.5 or lower, it we really do have minus 3.5 or lower, it we really do need to look into things like need to look into things like medication, etc. But it it is helpful.

medication, etc. But it it is helpful. Couple I'm not going to go into this in Couple I'm not going to go into this in detail because, as I said, I could talk detail because, as I said, I could talk five hours, but I what I do love is the five hours, but I what I do love is the TBS. If you can get that, you know, it's TBS. If you can get that, you know, it's tacular bone score. It's some software tacular bone score. It's some software they put over and they can look at bone they put over and they can look at bone quality. Um, again, you have to weigh it quality. Um, again, you have to weigh it because you want to stay with your same because you want to stay with your same machine. Just something to know about.

machine. Just something to know about. There's also rims and fracks and um the There's also rims and fracks and um the rims to me is it helps with bone rims to me is it helps with bone quality, but it certainly doesn't take quality, but it certainly doesn't take the place of the DEXA. So, to me, it's the place of the DEXA. So, to me, it's it's an adjunct, not in lie of and it's an adjunct, not in lie of and everything gets a FRA, which is just everything gets a FRA, which is just your 10-year risk assessment of of a your 10-year risk assessment of of a fall. All right, but this is what's fall. All right, but this is what's missing. This is what's not talked missing. This is what's not talked about, and I think this is so critical.

about, and I think this is so critical. So pay attention here. So there's two So pay attention here. So there's two things that happen. That's your bones things that happen. That's your bones because you have these bones. And what because you have these bones. And what happens is there's something, you know, happens is there's something, you know, you don't have the same bones that you you don't have the same bones that you were born with. Your skeleton changes were born with. Your skeleton changes every 7 to 10 years because we want to every 7 to 10 years because we want to keep the bones fresh and healthy. And so keep the bones fresh and healthy. And so you have cells called osteoclast you have cells called osteoclast and they break down the bones. They make and they break down the bones. They make these small, it's hard to see, but they these small, it's hard to see, but they make these small little pits in the make these small little pits in the bone. So they break down bone and then bone. So they break down bone and then the breakdown is released of the the breakdown is released of the collagen is released into the collagen is released into the bloodstream and then there are the bloodstream and

then there are the builder cells the bees the osteoblast builder cells the bees the osteoblast and they fill those pits with new and they fill those pits with new collagen so you have strong bone so you collagen so you have strong bone so you don't have the same bone it's always don't have the same bone it's always being repaired and and and this this is being repaired and and and this this is good this is good this remodeling the good this is good this remodeling the problem is when the resorption the problem is when the resorption the osteoclass activity outweighs the osteoclass activity outweighs the osteoblast and we have net bone osteoblast and we have net bone breakdown.

breakdown. breakdown. And so you know why does this happen? And so you know why does this happen? Well, one of the reasons for women if we Well, one of the reasons for women if we can see these curves is menopause. You can see these curves is menopause. You know um when we lose the estrogen know um when we lose the estrogen there's a huge reduction can be up to there's a huge reduction can be up to 20% bone loss between you know 20% bone loss between you know pmenopause and menopause. So you know pmenopause and menopause. So you know that's because of loss of estrogen. So that's because of loss of estrogen. So menopause men they lose it gradually menopause men they lose it gradually over time. So that's one reason over time. So that's one reason hormones. But now the good news is hormones. But now the good news is things have changed majorly. So now things have changed majorly. So now people going through menopause are put people going through menopause are put on bio identical hormone replacement and on bio identical hormone replacement and they can prevent that. And I'm not going they can prevent that. And I'm not going to go into all of this because this is a to go into all of this because this is a whole talk in itself. But there you you whole talk in itself. But there you you need to figure out the root cause. And need to figure out the root cause. And this is what's missing. I see too many this is what's missing. I see too many people like celiac disease for example people like celiac disease for example is everybody knows about that. Every is everybody knows about that. Every doctor is going to test for celiac. And doctor is going to test for celiac. And if you have celiac, that's a huge reason if you have celiac, that's a huge reason why you're not absorbing nutrients and why you're not absorbing nutrients and losing bones. But gluten sensitivity is losing bones. But gluten sensitivity is much more common and that's not tested much more common and that's not tested for, but you can. And I've seen so many for, but you can. And I've seen so many people in this community who have had people in this community who have had that. And you know that's inflammation.

that. And you know that's inflammation. And when there's inflammation, that can And when there's inflammation, that can cause two things with gluten cause two things with gluten sensitivity. one the inflammation causes sensitivity. one the inflammation causes those osteoclass to break down bone and those osteoclass to break down bone and also in terms of in terms of sometimes also in terms of in terms of sometimes you know if you have you have issues you know if you have you have issues with your gut with gluten sensitivity with your gut with gluten sensitivity you're not absorbing so there's many you're not absorbing so there's many reasons and many reasons with what's reasons and many reasons with what's called gut dispiosis but any issues with called gut dispiosis but any issues with the gut you know we know people who have the gut you know we know people who have Crohn's and colitis we know that but Crohn's and colitis we know that but anybody that has any type of digestive anybody that has any type of digestive issue can really affect their bones issue can really affect their bones hormones. So, there's many different hormones. So, there's many different things, medications. The other thing I things, medications. The other thing I see a lot, proton pump inhibitors, you see a lot, proton pump inhibitors, you know, people have issues with their know, people have issues with their stomach and they're on, you're never stomach and they're on, you're never supposed to be on these. You know, this supposed to be on these. You know, this is the Advil and the Nexium. You're is the Advil and the Nexium. You're never supposed to be on these forever, never supposed to be on these forever, but people are. So, there's many but people are. So, there's many different reasons why people are losing different reasons why people are losing bone, but you I really do believe step bone, but you I really do believe step one is figuring this out, figuring out one is figuring this out, figuring out getting the right blood work, getting getting the right blood work, getting the right tests. But today I just want the right tests. But today I just want to talk about two because my goal is not to talk about two because my goal is not to overwhelm [laughter] to overwhelm [laughter] since you already [gasps] since you already [gasps] you know but I just want to tell you you know but I just want to tell you about these two tests because I think about these two tests because I think these are essential and most doctors are these are essential and most doctors are not getting them. So the first one is not getting them. So the first one is the CTX. It's C terminal cross link the CTX. It's C terminal cross link telepagen.

telepagen. telepagen. I wrote it underneath. Um, but the thing I wrote it underneath. Um, but the thing with the CTX is that they and you know with the CTX is that they and you know what? I'll give you these slides. So, what? I'll give you these slides. So, when you get the replay, you will um when you get the replay, you will um have these slides so you don't have to have these slides so you don't have to worry about writing everything down. Um, worry about writing everything down. Um, but anyway, and and everyone's going to but anyway, and and everyone's going to get the replay as well. But anyway, CTX get the replay as well. But anyway, CTX what CTX measures. So we talked about what CTX measures. So we talked about that collagen when there's when when the that collagen when there's when when the when um you know when the osteoclass are when um you know when the osteoclass are digging out the bone and the collagen's digging out the bone and the collagen's released that is what is measured. So released that is what is measured. So you can actually see what's going on or you can actually see what's going on or how how what's happening. Are you having how how what's happening. Are you having high numbers of bone breakdown or not?

high numbers of bone breakdown or not? And so I mean we like it you know I've And so I mean we like it you know I've I've worked with Dr. Milman. I work with I've worked with Dr. Milman. I work with Dr. Keith McCormick and you know so who Dr.

Root Causes and Importance of Comprehensive Testing

Keith McCormick and you know so who sees so so many CTXs and we've really sees so so many CTXs and we've really seen we like it to be more like a 350 or seen we like it to be more like a 350 or lower you know anything definitely lower lower you know anything definitely lower than 400 but CTX over that really is than 400 but CTX over that really is telling us we're having active breakdown telling us we're having active breakdown of bone and you know when you get the of bone and you know when you get the bone density you don't know is it maybe bone density you don't know is it maybe you never acquired as a kid you were a you never acquired as a kid you were a couch potato or you didn't have good couch potato or you didn't have good nutrition or you had anorexia. So, we nutrition or you had anorexia. So, we don't know. Did you lose bone many years don't know. Did you lose bone many years ago or is there a process going on where ago or is there a process going on where you're actively losing bone and it you're actively losing bone and it really really matters in how you're really really matters in how you're going to treat it. So, this CTX is so going to treat it. So, this CTX is so important and for people going on important and for people going on medication, we want to know is it medication, we want to know is it working, is it not? So, so I'm such a working, is it not? So, so I'm such a big believer in the CTX. Um the second big believer in the CTX. Um the second one is the P1NP one is the P1NP procolagen type one N terminal procolagen type one N terminal propeptide. Again you don't need to know propeptide. Again you don't need to know the name but the P1MPP that measures the the name but the P1MPP that measures the bone building cells and ideally we'd bone building cells and ideally we'd like them around one10enth at least of like them around one10enth at least of the breakdown cells you know so we want the breakdown cells you know so we want to or more is fine but we but if it's to or more is fine but we but if it's too high sometimes it could indicate too high sometimes it could indicate there's a fracture or other reasons why there's a fracture or other reasons why we have too much of this. But the point we have too much of this. But the point is this is so so helpful in figuring out is this is so so helpful in figuring out what to do. And here's the interesting what to do. And here's the interesting thing. So many conventional doctors thing. So many conventional doctors never did these. And when I was this never did these. And when I was this past year, well, yeah, in 2026 in April past year, well, yeah, in 2026 in April when I went to I every year I go to the when I went to I every year I go to the bone the bone health and osteoporosis bone the bone health and osteoporosis foundation puts on an interdisciplinary foundation puts on an interdisciplinary symposium in DC and it's all symposium in DC and it's all conventional medicine, but I like to be conventional medicine, but I like to be on the edge. I want to know exactly on the edge. I want to know exactly what's happening with medication, with what's happening with medication, with everything. So I always go and this is everything. So I always go and this is the first year when they did the urine the first year when they did the urine review that one of the physicians said review that one of the physicians said how they're finding these these bone how they're finding these these bone markers are called so so helpful. So markers are called so so helpful. So they were so positive about them. So I they were so positive about them. So I think things are changing because but if think things are changing because but if you ask the doctors you know that you you ask the doctors you know that you want the CTX and you can order this want the CTX and you can order this yourself as well. Um but the you know I yourself as well. Um but the you know I think it used to be that the doctors think it used to be that the doctors were like what I don't think these are were

like what I don't think these are effective but the truth is right now effective but the truth is right now what I find and is that people are be what I find and is that people are be are being able to get these tests and it are being able to get these tests and it really does help the physician but really does help the physician but here's the key the reason they used to here's the key the reason they used to say maybe it wasn't accurate is there a say maybe it wasn't accurate is there a couple things that have to be done has couple things that have to be done has to be fasting um number two is you can't to be fasting um number two is you can't have biodin collagen or bone broth have biodin collagen or bone broth because that will interfere with it for because that will interfere with it for 48 hours. No vigorous exercise for 24 48 hours. No vigorous exercise for 24 hours. That will affect more the P1MP.

hours. That will affect more the P1MP. But here's the key. Always the same But here's the key. Always the same time. It has to be in the morning, too.

time. It has to be in the morning, too. As early as you can, you know, like, you As early as you can, you know, like, you know, you because it changes. The CTX know, you because it changes. The CTX will change different times of the day.

will change different times of the day. So, if you get it at two, it's not going So, if you get it at two, it's not going to be accurate. So, you want it as early to be accurate. So, you want it as early as you can in the morning and when as you can in the morning and when you're repeating at the same time. And I you're repeating at the same time. And I know my husband's an OB/GYN and of know my husband's an OB/GYN and of course I got him ordering all of these course I got him ordering all of these on and he's just like Margie you're on and he's just like Margie you're right this is so helpful because if we right this is so helpful because if we see 800 if we see a very high number on see 800 if we see a very high number on that CTX something is happening we need that CTX something is happening we need to deal with you know it just gives us to deal with you know it just gives us so much information. So my big thing, so much information. So my big thing, you know, there are many other tests and you know, there are many other tests and I do go through that in in my roadmap I do go through that in in my roadmap program, but I think to start with, you program, but I think to start with, you want to know what's happening and that's want to know what's happening and that's absolutely critical. So make sure you absolutely critical. So make sure you get these tests at any time. If you've get these tests at any time. If you've never gotten them, it's not too late at never gotten them, it's not too late at all. Okay, so let's talk about all. Okay, so let's talk about nutrients. This is what I'm going to nutrients. This is what I'm going to spend the most time on because I I get I spend the most time on because I I get I get emails like everybody and I talk to get emails like everybody and I talk to people in my community and people are people in my community and people are just just just confused. So, let's just go what has to confused. So, let's just go what has to be done. All right, there are many be done. All right, there are many different nutrients that build bone and different nutrients that build bone and these are some of them. But let's go to these are some of them. But let's go to the critical ones I want to make sure the critical ones I want to make sure you have. And I always do believe in you have. And I always do believe in food first. You know, if you can get food first. You know, if you can get from your food, great. We only from your food, great. We only supplement what we can't get from our supplement what we can't get from our food. And you can't supplement over a food. And you can't supplement over a really horrible diet. We're not going to really horrible diet. We're not going to go into the bambon dips and sugar and go into the bambon dips and sugar and processed food. Um, but you know, that processed food.

Key Blood Tests for Bone Health

Um, but you know, that definitely reduces absorption of your definitely reduces absorption of your nutrients. So, we want to um, you know, nutrients. So, we want to um, you know, anytime you can get food first, great.

anytime you can get food first, great. So, let's talk about calcium. As a So, let's talk about calcium. As a matter of fact, I got two questions just matter of fact, I got two questions just recently about this and um so because recently about this and um so because people are so confused, you know, do I people are so confused, you know, do I need calcium? Do I not? Um what's in the need calcium? Do I not? Um what's in the paper that calcium doesn't work or, you paper that calcium doesn't work or, you know, is it going to ruin my heart?

know, is it going to ruin my heart? Okay, here's the deal. So, first of all, Okay, here's the deal. So, first of all, in

different countries, this is so in different countries, this is so crazy, they have different amounts of crazy, they have different amounts of what they recommend for calcium. So, in what they recommend for calcium. So, in in the United States where I live, but I in the United States where I live, but I know there are people from other know there are people from other countries here, which is always so much countries here, which is always so much fun. Um, but in other countries it's fun. Um, but in other countries it's less. It's a thousand. It's 800. Um, you less. It's a thousand. It's 800. Um, you know, but here's here's what they found.

know, but here's here's what they found. So, I like to go to 800 to a thousand a So, I like to go to 800 to a thousand a day. And food first and supplement only day. And food first and supplement only is needed. And here's the my rationale is needed. And here's the my rationale for this. Not just my rationale, Dr.

for this. Not just my rationale, Dr. Milman, other physicians as well. Um, Milman, other physicians as well. Um, because more is not better. This is one because more is not better. This is one situation where more is not better. And situation where more is not better. And there was one study done and I have the there was one study done and I have the study done here. It was in 2021 and they study done here. It was in 2021 and they it it was relatively large study and it it was relatively large study and they looked at post-menopausal women who they looked at post-menopausal women who were taking a thousand milligrams a day were taking a thousand milligrams a day or over you know and they found that or over you know and they found that beyond that there was 15% higher risk of beyond that there was 15% higher risk of cardiovascular dis disease and coronary cardiovascular dis disease and coronary heart disease. So we don't want you too heart disease. So we don't want you too much cow. Now, the problem with the much cow. Now, the problem with the study is that they didn't have K2 and study is that they didn't have K2 and they didn't have, you know, to make the they didn't have, you know, to make the vitamins that make sure the calcium gets vitamins that make sure the calcium gets in the bones and not other places. So, in the bones and not other places. So, they didn't they just talked about the they didn't they just talked about the calcium and so, you know, but still to calcium and so, you know, but still to me, when you see a caution like that, we me, when you see a caution like that, we certainly don't want to increase any any certainly don't want to increase any any calcium going any other places than calcium going any other places than where we want it, our bones, our teeth.

where we want it, our bones, our teeth. We don't want it in our joints. We don't We don't want it in our joints. We don't want it in our arteries. and the you want it in our arteries. and the you know 800 to a,000 is enough to be bone know 800 to a,000 is enough to be bone protective. So that's you know why protective. So that's you know why myself as well as I work a lot with Dr.

myself as well as I work a lot with Dr. Milman, we we do a training program Milman, we we do a training program together. Um, you know, that's been our together. Um, you know, that's been our recommendation. And so, you don't want recommendation. And so, you don't want the absorption. It's called the the absorption. It's called the fractional absorption. 390 is the most fractional absorption. 390 is the most at any point if you're taking at any point if you're taking supplements. So, you don't want to take supplements. So, you don't want to take like 600 at one time. So, let's go like 600 at one time. So, let's go through which ones I like. So, so my through which ones I like. So, so my here's what you do. First of all, oh, so here's what you do. First of all, oh, so what you're going to do, you're going to what you're going to do, you're going to try to calculate, you know, over a try to calculate, you know, over a couple days, sort of see what calcium couple days, sort of see what calcium you're getting in your diet. And there's you're getting in your diet. And there's a great app, it's called chronometer a great app, it's called chronometer that you can use to help you. You can that you can use to help you. You can also you can also look at the um if you also you can also look at the um if you look at the package, it might say like look at the package, it might say like 300% 300% 300% calcium. No, it won't say that. It'll calcium. No, it won't say that. It'll say 30% calcium. you add a zero and say 30% calcium. you add a zero and that's that's some 300 mg. So or you you that's that's some 300 mg. So or you you know there are charts and other things know there are charts and other things but this chronometer is great. It's an but this chronometer is great. It's an app. It's super easy and I'm not going app. It's super easy and I'm not going to go into this in detail but oxalates to go into this in detail but oxalates and so ox oxalates are substances that and so ox oxalates are substances that are in plant food plants and different are in plant food plants and different things. And what happens is they can things. And what happens is they can interfere with bone health because they interfere with bone health because they bind to the calcium and they reduce the bind to the calcium and they reduce the absorption and they can also cause these absorption and they can also cause these crystals. So a lot of symptoms can come crystals. So a lot of symptoms can come from

oxalates. But the my key point here from oxalates. But the my key point here is that if we're calculating our food, is that if we're calculating our food, we don't want to calculate the high we don't want to calculate the high oxalate food because that calcium is oxalate food because that calcium is going to be bound up and you're not able going to be bound up and you're not able to use it. So I just wrote some of the to use it. So I just wrote some of the key ones. Spinach, Swiss chard, beets, key ones. Spinach, Swiss chard, beets, almonds. Those are high oxalate food.

almonds. Those are high oxalate food. Lower ox so choose lower oxalate greens Lower ox so choose lower oxalate greens like collards, bok choy, and kale.

like collards, bok choy, and kale.

Nutrition and Supplementation for Bone Health

But again, this is a whole discussion But again, this is a whole discussion we're not going to talk about right now. we're not going to talk about right now.

But my key here is we're talking about But my key here is we're talking about calcium, calculating it. If you look up calcium, calculating it. If you look up spinach, I must I think it's like 260 spinach, I must I think it's like 260 milligrams, but you can't count that cuz milligrams, but you can't count that cuz it's bound up. Okay, so these are my it's bound up. Okay, so these are my faves. collard greens. I'm such a big faves. collard greens. I'm such a big believer. It's so easy to prepare. You believer. It's so easy to prepare. You can also use collard greens as a wrap.

can also use collard greens as a wrap. In my um membership, we had a couple a In my um membership, we had a couple a couple of chefs come and give us some couple of chefs come and give us some really good collard green recipes, but really good collard green recipes, but you can make like if you're eating like you can make like if you're eating like a turkey burger or something, instead of a turkey burger or something, instead of the bun, use the collard green. It's the bun, use the collard green. It's it's yummy. And you know, there's it's yummy. And you know, there's different ways you can use collards. So, different ways you can use collards. So, that's big thing. If you're from the that's big thing. If you're from the south, they use that all the time. um south, they use that all the time. um you know that's like part of their you know that's like part of their recipes. Bk choy so easy. Sauté it up.

recipes. Bk choy so easy. Sauté it up. It's 158. And kale as well. So those are It's 158. And kale as well. So those are all good greens. They also have all all good greens. They also have all sorts of other nutrients besides just sorts of other nutrients besides just the calcium. And there's other ways to the calcium. And there's other ways to get calcium as well. I didn't put this get calcium as well. I didn't put this in, but another two of my favorite.

in, but another two of my favorite. Instead of chia seeds, which is higher Instead of chia seeds, which is higher oxalate, basil seeds are phenomenal. You oxalate, basil seeds are phenomenal. You just throw them in your smoothies. They just throw them in your smoothies. They have protein in them. I'm a big Dr.

have protein in them. I'm a big Dr. McCormack got me into basil seeds. McCormack got me into basil seeds. They're great. And the other thing is They're great. And the other thing is Gerald Steiner. It's a mineral water Gerald Steiner. It's a mineral water that has high calcium. It's sparkling.

that has high calcium. It's sparkling. Um but it's it's a natural, so it Um but it's it's a natural, so it doesn't have phosphoric acid. So totally doesn't have phosphoric acid. So totally safe and you're getting good minerals safe and you're getting good minerals and just easy way to get calcium. So you and just easy way to get calcium. So you can get it all from your food. Great. If can get it all from your food. Great. If not, so subtract either the th00and or not, so subtract either the th00and or the 800 from what you're getting in your the 800 from what you're getting in your diet and that is what you supplement. So diet and that is what you supplement. So um these are ones I personally like.

um these are ones I personally like. There's other good ones but what the There's other good ones but what the type of calcium matters. So I like type of calcium matters. So I like calcium malate or sometimes it's called calcium malate or sometimes it's called calcium dalate. That's a very easily calcium dalate. That's a very easily absorbed

calcium. And um this is a good absorbed calcium. And um this is a good one designs for health and there's 250 one designs for health and there's 250 milligrams per capsule. So this is a milligrams per capsule. So this is a very good one. Um this also has some very good one. Um this also has some vitamin D in it. 500 I use. We can talk vitamin D in it. 500 I use. We can talk about that after. Um, I also like about that after. Um, I also like calcium citrate. And calcium citrate's calcium citrate. And calcium citrate's interesting because if you are a person interesting because if you are a person that's eating the oxalate, if you take a that's eating the oxalate, if you take a little calcium citrate that binds that little calcium citrate that binds that helps bind to it and not it um is helps bind to it and not it um is actually you can use that for that as actually you can use that for that as well. But calcium citrate is is also a well. But calcium citrate is is also a very good easily absorbed calcium.

very good easily absorbed calcium. Calcium MCHA microristline Calcium MCHA microristline hydroxyappatite. hydroxyappatite. hydroxyappatite. Some people don't you know if you can Some people don't you know if you can use it it's a good calcium. I know Dr.

use it it's a good calcium. I know Dr. Milman says she finds people sometimes Milman says she finds people sometimes have stomach upsets from it. I haven't have stomach upsets from it. I haven't found that many people, but anyway, found that many people, but anyway, those three are all good, all very good those three are all good, all very good brands. And just talking about brands. And just talking about supplements, the today, let's see. Yeah, supplements, the today, let's see. Yeah, it started yesterday, the 7th to the it started yesterday, the 7th to the 9th. Um, so I have a full script account 9th. Um, so I have a full script account and I can't actually, you know what, and I can't actually, you know what, Melanie, I think you know how much Melanie, I think you know how much discounts it is. I'm not allowed since discounts it is. I'm not allowed since this is on YouTube to talk about the this is on YouTube to talk about the amount of discounts I give on um social amount of discounts I give on um social media, but Melanie, put it in the chat.

media, but Melanie, put it in the chat. I think you know or I'll write it in the I think you know or I'll write it in the chat if not. Melie, tell me if you don't chat if not. Melie, tell me if you don't know and I will um we where where I can know and I will um we where where I can help write it in later. Um but anyway, help write it in later. Um but anyway, so for the next three days up until the so for the next three days up until the 9th, there's an extra an extra discount 9th, there's an extra an extra discount on the full script. So, if you need on the full script. So, if you need supplements, this is absolutely the time supplements, this is absolutely the time to buy because there's more discount to buy because there's more discount than usual. Um, so yeah, here's the QR than usual. Um, so yeah, here's the QR code as well, but I'll give that to you code as well, but I'll give that to you later. Okay. Yeah. So, this is the full later. Okay. Yeah. So, this is the full script. What I like, it's very script. What I like, it's very important. Do not do not do not do not important. Do not do not do not do not order supplements off of Amazon order supplements off of Amazon [clears throat] because sometimes the [clears throat] because sometimes the third party who sends it to you, you third party who sends it to you, you don't know where it's stored. You don't don't know where it's stored. You don't know how hot the warehouse is. There's know how hot the warehouse is. There's so many things. There's just there's so many things. There's just there's been too many things that I I use Amazon been too many things that I I use Amazon for a lot of things. I order tons of for a lot of things. I order tons of stuff. I will never ever order a stuff. I will never ever order a supplement on Amazon because too many supplement on Amazon because too many things we don't I don't trust. I really things we don't I don't trust. I really don't trust. And I'm not a big believer.

don't trust. And I'm not a big believer. I love Costco. I think Costco has a lot I love Costco. I think Costco has a lot of great things. You know, unless you of great things. You know, unless you know the brand, I I just don't believe know the brand, I I just don't believe in buying the cheapest because it in buying the cheapest because it matters. A lot of them have fillers in matters. A lot of them have fillers in them. We don't know. So the reason I them. We don't know. So the reason I like full script is they have like full script is they have practitioner grade brands. They do practitioner grade brands. They do third-party testing and you know I put third-party testing and you know I put my my protocols things I like and they my my protocols things I like and they also are are are inexpensive. You get also are are are inexpensive. You get the discount but they also I think it's the discount but they also I think it's a good deal. $50 or more you get free a good deal. $50 or more you get free shipping and shipping could be like $10 shipping and shipping could be like $10 at least and if you want they do auto at least and if you want they do auto refill anyway. I'm such a big believer.

refill anyway. I'm such a big believer. I I've been so happy and you get things I I've been so happy and you get things really quick, you know, even on regular really quick, you know, even on regular shipping. It's very quick. But anyway, shipping. It's very quick. But anyway, so they're having the sale to the 9th.

so they're having the sale to the 9th. So that's or you can make it easy. My So that's or you can make it easy. My supplements for less tinyurl.com. supplements for less tinyurl.com.

So let's go into the rest. So that's So let's go into the rest. So that's calcium. Okay. Vitamin D very very calcium. Okay. Vitamin D very very important. Um it unlocks, you know, important. Um it unlocks, you know, calcium absorption. You can get some in calcium absorption. You can get some in fatty fish. um best to take it with a fatty fish. um best to take it with a meal containing the fat. Now, the meal containing the fat. Now, the interesting thing though is this is not interesting thing though is this is not another thing and that's why I don't I another thing and that's why I don't I don't like when D and K2 are together don't like when D and K2 are together unless you know for sure you're getting unless you know for sure you're getting the right amount of D with the K2. Um so the right amount of D with the K2. Um so I I'm a big believer when you go to the I I'm a big believer when you go to the doctor, you get your serum 25 hydroxy doctor, you get your serum 25 hydroxy vitamin D, you get that measured and vitamin D, you get that measured and most doctors do. Most doctors do. I just most doctors do. Most doctors do. I just recently heard I I don't know sometimes recently heard I I don't know sometimes it's covered sometimes it's not but very it's covered sometimes it's not but very very important because if you're very important because if you're deficient in this you absolutely need to deficient in this you absolutely need to this will have a major negative effect this will have a major negative effect on your bones on your bones there's not one answer in there's such a there's not one answer in there's such a difference in what people prescribe and difference in what people prescribe and how much I would say you want at least how much I would say you want at least 45 or at least 40 nanogs per mill with 45 or at least 40 nanogs per mill with with the vitamin D. Um, but it's with the vitamin D. Um, but it's interesting. I just recently interviewed interesting. I just recently interviewed Dr. David Pearlmutter who has a Dr. David Pearlmutter who has a phenomenal book on the brain and I I had phenomenal book on the brain and I I had a podcast with him which is really a podcast with him which is really really good um brain defenders. But really good um brain defenders. But anyway, and he likes for the brain 60 to anyway, and he likes for the brain 60 to 80 which is quite high. So it really 80 which is quite high. So it really depends and I'm not you know there's not depends and I'm not you know there's not one right answer. So that's you check one right answer. So that's you check with your practitioner. But my key here with your practitioner. But my key here is get the measurement. Don't just say is get the measurement. Don't just say okay I'm going to take 2,000. Um, I okay I'm going to take 2,000. Um, I think it's important and it's good to think it's important and it's good to get out in the sunlight for your arms get out in the sunlight for your arms for short periods of time. You know, the for short periods of time. You know, the sunlight is good. Obviously, we don't sunlight is good. Obviously, we don't want to burn or don't want to have want to burn or don't want to have anything with skin cancer, but you know, anything with skin cancer, but you know, a little sun certainly isn't a problem, a little sun certainly isn't a problem, but anyway, the V and your vitamin D but anyway, the V and your vitamin D levels could be different in the summer levels could be different in the summer and the winter, but very very important.

and the winter, but very very important. So, two supplements I like, I mean, this So, two supplements I like, I mean, this is just an inexpensive one, the Jarro.

is just an inexpensive one, the Jarro. If you like soft gels, you know, this is If you like soft gels, you know, this is a good one. It comes in 2500. It comes a good one. It comes in 2500. It comes in 5,000. Now, this one, Dr. Milman got in 5,000. Now, this one, Dr. Milman got me into this one. I didn't know about me into this one. I didn't know about this. I mean, I know about metagenics, this. I mean, I know about metagenics, but this one is like the deal of the but this one is like the deal of the century because you can put as many century because you can put as many drops as you need. So, you know, because drops as you need. So, you know, because sometimes maybe you're maybe another sometimes maybe you're maybe another supplement like I take I'll tell you supplement like I take I'll tell you later, Osteoben. And so, that has I later, Osteoben. And so, that has I think a thousand that has a thousand D think a thousand that has a thousand D in it. And I and for me, I actually need in it. And I and for me, I actually need 5,000 just to have a decent vitamin D 5,000 just to have a decent vitamin D level. So, I can just take four. You level. So, I can just take four. You can't really buy four. I mean, you could can't really buy four. I mean, you could you could buy like 1,000, but this you you could buy like 1,000, but this you just do four drops and it lasts forever.

just do four drops and it lasts forever. I've never seen a bottle last so long. I've never seen a bottle last so long. You know, my husband and I both use You know, my husband and I both use this. It's crazy how long it lasts. So, this. It's crazy how long it lasts. So, anyway, that's one that is is the deal anyway, that's one that is is the deal of the century. And it tastes pretty of the century. And it tastes pretty good. It's like a mint flavor and it's a good. It's like a mint flavor and it's a little tiny drop. So, I put it on the little tiny drop. So, I put it on the spoon and um but this is good, too. If spoon and um but this is good, too. If you're if you're traveling, that would you're if you're traveling, that would be a pain in the neck. But anyway, get be a pain in the neck. But anyway, get it tested and then see what you need.

it tested and then see what you need. All right, magnesium really really All right, magnesium really really important. It's important for calcium important. It's important for calcium absorption. This for somebody who has absorption. This for somebody who has constipation, constipation, constipation, this is very helpful, but you have to this is very helpful, but you have to get a certain form, the calcium citrate.

get a certain form, the calcium citrate. The problem with magnesium is most The problem with magnesium is most people are deficient. You know, it used people are deficient. You know, it used to be in more of our food. it's farmed to be in more of our food. it's farmed out. So you want what you want is at out. So you want what you want is at least a 2 to one. So if you're taking a least a 2 to one. So if you're taking a thousand you the RDA what they say the thousand you the RDA what they say the for women is 320 and men is 420. That's for women is 320 and men is 420. That's the amount. And and most adults they've the amount. And and most adults they've done studies most people are not getting done studies most people are not getting this. They're not getting this. And so this. They're not getting this. And so what you want again you can get this what you want again you can get this from food that's for sure. But what you from food that's for sure. But what you want at least two to one. And so if want at least two to one. And so if you're taking your thousand calcium, you you're taking your thousand calcium, you want at least 500 magnesium, but many want at least 500 magnesium, but many supplements have one one ratio. And so supplements have one one ratio. And so let's just go over a couple different let's just go over a couple different ones. So this is magnesium citrate that ones. So this is magnesium citrate that I think is a very again there's other I think is a very again there's other brands that are good, but I've been brands that are good, but I've been asked time and time again, every time I asked time and time again, every time I do a talk and they just mention they're do a talk and they just mention they're like, "Please what? Give me one you like, "Please what? Give me one you like." So I want So this talk I I wanted like." So I want So this talk I I wanted to make sure I give you things you like.

to make sure I give you things you like. Okay. So Pure Encapsulations is a very Okay. So Pure Encapsulations is a very good brand magnesium citrate. It's 150 good brand magnesium citrate. It's 150 milligrams per capsule. But and you can milligrams per capsule. But and you can take this to bowel tolerance. You know, take this to bowel tolerance. You know, you can keep taking it's so many people you can keep taking it's so many people have been able to get off serious have been able to get off serious medication for constipation when they medication for constipation when they just up their magnesium. So that's I just up their magnesium. So that's I think it's been really helpful for think it's been really helpful for people. Again, you like to figure out people. Again, you like to figure out the root cause of the constipation, but the root cause of the constipation, but meantime, you're this is great. you're meantime, you're this is great. you're getting your magnesium and you know this getting your magnesium and you know this is also helping with the constipation so is also helping with the constipation so it could be very very helpful for it could be very very helpful for people. Um this one I think is really people. Um this one I think is really good magnesium malate. This is the type good magnesium malate. This is the type I I'll show you what I take later the I I'll show you what I take later the osteoben but I like magnesium malate.

osteoben but I like magnesium malate. It's a very good wellabsorbed form and It's a very good wellabsorbed form and it um good for muscle aches energy. It's it um good for muscle aches energy. It's just it's just a good um you know just it's just a good um you know another good brand of magnesium. This is another good brand of magnesium. This is designs for health and all these are on designs for health and all these are on full script. Okay. So now this is full script. Okay. So now this is interesting. So mag but but you saw how interesting. So mag but but you saw how much is in it. So 180 per capsule. This much is in it. So 180 per capsule. This is 150. Okay. And you know depending if is 150. Okay. And you know depending if you have some from food but if we're you have some from food but if we're trying to get like 400 or 300, you know, trying to get like 400 or 300, you know, so you see how you can do that with so you see how you can do that with maybe two capsules. Now look at this.

maybe two capsules. Now look at this. So magnesium L3enate they've shown can So magnesium L3enate they've shown can cross the bloodb brain barrier. So this cross the bloodb brain barrier. So this is what they're thinking can really be is what they're thinking can really be helpful for cognition, you know, any helpful for cognition, you know, any kind of brain issues. And so it's um a kind of brain issues. And so it's um a lot of people are very excited about lot of people are very excited about this. Now the um but here's the deal. So this. Now the um but here's the deal. So so this is good and people take it so this is good and people take it before bed or in the evening. These both before bed or in the evening. These both are good. Um, I always liked this design are good. Um, I always liked this design sprout and then my friend Mirror sprout and then my friend Mirror Desessie got me into this one because it Desessie got me into this one because it has um even less additives. So, and it's has um even less additives. So, and it's less expensive actually. Um, but both less expensive actually. Um, but both are both are good. So, with this are both are good. So, with this though, look how little per capsule. This is the look how little per capsule. This is the problem. 48 milligrams. So, you have to problem. 48 milligrams. So, you have to take a lot more per capsule. You can mix take a lot more per capsule. You can mix it up too. Um, but but anyway, this is it up too. Um, but but anyway, this is what they've been talking about for also what they've been talking about for also brain issues. And I know that when I brain issues. And I know that when I spoke Dr. Pearl Mutter, you know, he spoke Dr. Pearl Mutter, you know, he likes this as well for the brain. So you likes this as well for the brain. So you get so different different magnesiums get so different different magnesiums for different things. It does help when for different things. It does help when to take it. It does help in the evening to take it. It does help in the evening with sleep and it does help with with sleep and it does help with relaxation. So if you want to take it relaxation. So if you want to take it later in the evening, some people even later in the evening, some people even take it not that long before bed, you take it not that long before bed, you can play around with it. Okay, so that's can play around with it.

Calcium: Sources, Dosage, and Absorption

Okay, so that's magnesium. Um the other thing I just magnesium. Um the other thing I just will mention if you absolutely absorb will mention if you absolutely absorb nothing there's also trans ddermal nothing there's also trans ddermal magnesium you know you can soak in it magnesium you know you can soak in it you can um there's a magnesium muscle you can um there's a magnesium muscle cream there are other things um that's cream there are other things um that's that's really not on full script the um that's really not on full script the um trying to think what is it called there trying to think what is it called there is one I like um what is it bone health is one I like um what is it bone health naturally um living I'll have to think naturally um living I'll have to think about the one there but anyway if if you about the one there but anyway if if you um I I I'll think about it before the um I I I'll think about it before the end. But anyway, there's um you know, end. But anyway, there's um you know, that's also another option. If you truly that's also another option. If you truly don't absorb anything, you can get it don't absorb anything, you can get it through soaking your feet. Living the through soaking your feet. Living the good life naturally is one that if you good life naturally is one that if you are going to do it that way. And I'm are going to do it that way. And I'm pretty sure, yeah, I think it's happy.

pretty sure, yeah, I think it's happy. They give um I've met the person who They give um I've met the person who started that and she gave my community a started that and she gave my community a um 10% discount. So, if you use happy um 10% discount. So, if you use happy but anyway um so anyway, let's go on.

but anyway um so anyway, let's go on. This is super super super important. And This is super super super important. And when you go to the doctor, they will say when you go to the doctor, they will say probably calcium. What I see though is probably calcium. What I see though is people are taking too much calcium. You people are taking too much calcium. You know, the doctor will say, "Oh, 1,200." know, the doctor will say, "Oh, 1,200." So then someone's taking 1,200 So then someone's taking 1,200 milligrams and they're getting it in milligrams and they're getting it in their food. We don't want it. It's the their food. We don't want it. It's the combination.

combination. combination. And we, you know, certainly don't want And we, you know, certainly don't want more than that. So I think that's a huge more than that. So I think that's a huge takeaway. So hope that was all clear.

takeaway. So hope that was all clear. Okay. Vitamin K2. Okay. Vitamin K2. Vitamin K2 is critical. It activates two Vitamin K2 is critical. It activates two proteins. One is called osteocalin and proteins. One is called osteocalin and that makes sure the calcium gets into that makes sure the calcium gets into the bones and the teeth where it's the

bones and the teeth where it's supposed to get and also matrix GLA supposed to get and also matrix GLA protein that sweeps it out of the soft protein that sweeps it out of the soft tissue so it's not going in your tissue so it's not going in your arteries. It's not going in your joints.

arteries. It's not going in your joints. Two main types. Tremendous confusion on Two main types. Tremendous confusion on this. [clears throat] There's there's this. [clears throat] There's there's MK4 and MK7. The truth is both are MK4 and MK7. The truth is both are really really good. You know, both are really really good. You know, both are good. Um so MK good. Um so MK 180 mil micrograms of MK7 is a dose 180 mil micrograms of MK7 is a dose that's been used in the research and I'm that's been used in the research and I'm not going to go through all the research not going to go through all the research today. Um but you know and it has shown today. Um but you know and it has shown improve doesn't show improvements in improve doesn't show improvements in bone density. It's shown um reduction in bone density. It's shown um reduction in bone loss. It's shown reduct reduction bone loss. It's shown reduct reduction in bone height. Um so and then 45 micro in bone height. Um so and then 45 micro milligrams much higher dose of MK4 is milligrams much higher dose of MK4 is what they used in research and that what they used in research and that showed reduction in fractures showed reduction in fractures significant reduction in fractures. So significant reduction in fractures. So the interesting thing should I put okay the interesting thing should I put okay let's go back for a second so after let's go back for a second so after doing much we used to always recommend doing much we used to always recommend and again I said I Dr. Milman and I and again I said I Dr. Milman and I teach a practitioner course and so we teach a practitioner course and so we work very closely together. So always work very closely together. So always recommended in the past 45 milligrams recommended in the past 45 milligrams you know ideally it was like three you know ideally it was like three because that showed in the research more because that showed in the research more I mean higher better benefit for I mean higher better benefit for fractures which at the end of the day fractures which at the end of the day that's our goal we don't you know it's that's our goal we don't you know it's not our number on our DEXA at the end of not our number on our DEXA at the end of the day our goal is to prevent fractures the day our goal is to prevent fractures right so 45 milligrams and she's was right so 45 milligrams and she's was doing that for many many 15 years but doing that for many many 15 years but most people don't want to take it three most people don't want to take it three times a day, you need to take it in times a day, you need to take it in small amounts because it doesn't have a small amounts because it doesn't have a long halflife. So, it's like 15 long halflife. So, it's like 15 milligrams. She was doing twice a day milligrams. She was doing twice a day and really had significant and very few and really had significant and very few fractures. So, anyway, but what's fractures. So, anyway, but what's happened over time is that it actually happened over time is that it actually started with Dr. Milman doing a big deep started with Dr. Milman doing a big deep dive. She said, I'm going to really do dive. She said, I'm going to really do massive research on the heart and the massive research on the heart and the bones. And there's a huge relationship.

bones. And there's a huge relationship. I've had a couple podcasts on that. Not I've had a couple podcasts on that. Not going to go into that. But what we found going to go into that. But what we found is the research on the heart which we is the research on the heart which we all don't want heart disease was with all don't want heart disease was with MK7.

MK7. MK7. So what and there was also a study So what and there was also a study showing that what's called to get the showing that what's called to get the calcium to be used properly right that calcium to be used properly right that we didn't need such high doses of MK4 we didn't need such high doses of MK4 that even even five milligrams was that even even five milligrams was enough. So with all that in mind, and enough. So with all that in mind, and I'm not going to go into the research I'm not going to go into the research today, what we found was that if you today, what we found was that if you take just this thorn, vitamin K, you get take just this thorn, vitamin K, you get both. We figured, you know, why would we both. We figured, you know, why would we not want both forms? So each capsule of not want both forms? So each capsule of this thorn, it has some K1, which most this thorn, it has some K1, which most of us get enough K1 in our diet if we of us get enough K1 in our diet if we eat any kind of greens, but this comes eat any kind of greens, but this comes with 1 milligram. It has K2 MK4 5 with 1 milligram. It has K2 MK4 5 milligrams and K2 MK7 90 micrograms. So milligrams and K2 MK7 90 micrograms. So if you take two of these a day, you if you take two of these a day, you know, take two capsules a day, you're know, take two capsules a day, you're getting 10 milligrams of MK4 and you're getting 10 milligrams of MK4 and you're getting the 180 micrograms of MK7. So getting the 180 micrograms of MK7. So you're sort of getting the both of best you're sort of getting the both of best of both worlds. So this has been our of both worlds. So this has been our

recommendation. Now the other things are recommendation. Now the other things are not bad and and any K2 is still good. So not bad and and any K2 is still good. So it's not as this is the only thing. This it's not as this is the only thing. This is just what after all the research also is just what after all the research also with the heart. Another option though with the heart. Another option though for K2, you know, another if you just for K2, you know, another if you just wanted to take these separately. Um so wanted to take these separately. Um so Thor has a K2 liquid which is really Thor has a K2 liquid which is really good and um one [clears throat] one good and um one [clears throat] one milligram per drop. So you would need milligram per drop. So you would need around 15 you could take or you could around 15 you could take or you could take less. You know, you could just do take less. You know, you could just do the 10. But this is um it's a very good the 10. But this is um it's a very good brand and you know you just have to sort brand and you know you just have to sort of put it on a spoon so you get the of put it on a spoon so you get the drops out. But I you know so this is drops out. But I you know so this is another option and this is I found this another option and this is I found this one a good a good um K2. It's very tiny one a good a good um K2. It's very tiny pills and you just need one a day of the pills and you just need one a day of the um MK7. So you could also combine this um MK7. So you could also combine this and you don't have to. This is just what and you don't have to. This is just what we've come up with to get the best of we've come up with to get the best of the heart and the bones and prevent the heart and the bones and prevent fractures as well as make sure the fractures as well as make sure the calcium gets into the bones. But just calcium gets into the bones. But just take K2. Too many people don't take it.

take K2. Too many people don't take it. You can get it in food. I'm not going to You can get it in food. I'm not going to go through that. Like natto is a go through that.

Magnesium: Forms, Dosage, and Supplementation

Like natto is a Japanese food that's very very slimy, Japanese food that's very very slimy, but it has like very high K2 and in but it has like very high K2 and in Japan where they have this. They have Japan where they have this. They have less fractures and better bones. So So less fractures and better bones. So So anyway, but I think it's a supplement anyway, but I think it's a supplement that's very very helpful. Okay, this one that's very very helpful. Okay, this one I think is really exciting. That's why I think is really exciting. That's why I'm talking about it. And so it's so I'm talking about it. And so it's so genine and post-menopausal bone. So genine and post-menopausal bone. So there were studies and they shown it there were studies and they shown it actually increased bone density at the actually increased bone density at the femoral hip versus a placebo. There were femoral hip versus a placebo. There were gains at both the lumbar spine and total gains at both the lumbar spine and total hip. And you know so there was some hip. And you know so there was some increase with the genosine. And genine increase with the genosine. And genine is a very very very weak type of is a very very very weak type of estrogen. Um, I mean it's not even it estrogen. Um, I mean it's not even it has those type of effects, but the has those type of effects, but the genocine is not even from soy in in the genocine is not even from soy in in the one that it was they use genine. I one that it was they use genine. I forgot what this called, you know, a a forgot what this called, you know, a a glycon whatever. Anyway, but this was so glycon whatever. Anyway, but this was so interesting. Ready for the next one.

interesting. Ready for the next one. This was very interesting. They did a This was very interesting. They did a study. I love this. Now, they did this study. I love this. Now, they did this with people who were on corticosteroids.

with people who were on corticosteroids. you know, people who had um you know, you know, people who had um you know, had an issue and so they were on these had an issue and so they were on these steroids and they looked at um it was in steroids and they looked at um it was in 2023 and they so they took 54 milligrams 2023 and they so they took 54 milligrams a day of genine and they compared it to a day of genine and they compared it to people taking Foszmax which is a people taking Foszmax which is a bisphosphinate which stops bone loss and bisphosphinate which stops bone loss and they found that both of them both of they found that both of them both of them had the same increase in bone them had the same increase in bone density and they also found they both density and they also found they both decrease CTX. So that's the point of decrease CTX. So that's the point of when you take fosmax it stops bone loss.

when you take fosmax it stops bone loss. So both of these the genine equal and So both of these the genine equal

and the fosmax for this population the fosmax for this population but there's something called sclerostin but there's something called sclerostin and that's what a medication called a and that's what a medication called a venity works on which the sclerostin venity works on which the sclerostin like puts the brakes on on um bone like puts the brakes on on um bone building and so it um yeah so it was building and so it um yeah so it was raised we don't want the brakes on bone raised we don't want the brakes on bone building but it was raised so it was building but it was raised so it was raised with the fosmax lowered with the raised with the fosmax lowered with the genine which is fantastic and there's genine which is fantastic and there's some other metabolic effects. So this some other metabolic effects. So this was really fantastic.

was really fantastic. So to me this is like again always check So to me this is like again always check with your physician but there's really with your physician but there's really not a downside. So once I read all this not a downside. So once I read all this that's so this is now if you're on that's so this is now if you're on estrogen you know do you really need estrogen you know do you really need genocide? Probably not. You know is it genocide? Probably not. You know is it harmful? No. They work a little harmful? No. They work a little different pathways but but for people different pathways but but for people who aren't this is I I think this is so who aren't this is I I think this is so this is what I personally take osteoben this is what I personally take osteoben and you take four and what it what it and you take four and what it what it has you take four capsules a day and so has you take four capsules a day and so it has the genine the 54 milligrams that it has the genine the 54 milligrams that was the amount studied it has D3 a000 um was the amount studied it has D3 a000 um which for most people probably isn't which for most people probably isn't enough it has K1 which is 100 which I enough it has K1 which is 100 which I don't think most people need K1 if they don't think most people need K1 if they eat leafy greens but no harm. It has eat leafy greens but no harm. It has calcium has a wonderful dalate which is calcium has a wonderful dalate which is one I like 400 and it has magnesium is one I like 400 and it has magnesium is dali 400 which is you know a good dose dali 400 which is you know a good dose if you're getting if well again this if you're getting if well again this might not work for you if you're if you might not work for you if you're if you have a thousand already in your diet but have a thousand already in your diet but if you have you know if you have 400 or if you have you know if you have 400 or 600 milligrams in your diet this could 600 milligrams in your diet this could be good and then it's a 1:1 ratio be good and then it's a 1:1 ratio calcium to magnesium which is good and calcium to magnesium which is good and zinc. Zinc's very good for the bones.

zinc. Zinc's very good for the bones. You can even take more zinc, but You can even take more zinc, but there's, you know, eight eight there's, you know, eight eight milligrams is good. So, this you can milligrams is good. So, this you can take two in the morning, you know, two I take two in the morning, you know, two I take two at breakfast, two at dinner.

take two at breakfast, two at dinner. But I think this is a really great But I think this is a really great supplement. And when I met the people supplement. And when I met the people from I was at a conference, Designs for from I was at a conference, Designs for Health, there were there were Health, there were there were practitioners who were using this and practitioners who were using this and they said they've had just really really they said they've had just really really good results with this. Again, always good results with this. Again, always check with your practitioner and check check with your practitioner and check with your physician. But I think this is with your physician. But I think this is a really good I I just think this is a a really good I I just think this is a good option for people who don't want to good option for people who don't want to be on on hormones or which again I'm not be on on hormones or which again I'm not anti hormones at all. I'm very for anti hormones at all. I'm very for hormones but you're getting you're you hormones but you're getting you're you know you're getting some benefits and know you're getting some benefits and you know and you're it's reducing bone you know and you're it's reducing bone breakdown. So I just think it's a really breakdown. So I just think it's a really good option. Now years ago people always good option. Now years ago people always ask me this question because I used to ask me this question because I used to really believe that you shouldn't take really believe that you shouldn't take calcium with magnesium. They're going to calcium with magnesium. They're going to block the absorption. What I found over block the absorption. What I found over the years talking to so many people and the years talking to so many people and I'm not a scientist but what I found is I'm not a scientist but what I found is that does occur but more at higher that does occur but more at higher levels. So when you're taking this it levels. So when you're taking this it seem you know when you're taking these seem you know when you're taking these combination things it seems to be okay combination things it seems to be okay as long as we're not you know taking it as long as we're not you

know taking it at higher levels. That being said if I at higher levels. That being said if I wasn't taking this I used to take my wasn't taking this I used to take my calcium in the morning and my magnesium calcium in the morning and my magnesium in the evening. So, if you're not taking in the evening. So, if you're not taking something like this that has it something like this that has it together, I I I did separate it, but together, I I I did separate it, but there's no hard and fast rule. And too there's no hard and fast rule. And too many really amazing practitioners and many really amazing practitioners and too many people I spoke to um convinced too many people I spoke to um convinced me that yeah, you can take things me that yeah, you can take things together that as long as they're not in together that as long as they're not in high doses. So, I mean, you don't take high doses. So, I mean, you don't take things with your medications or things with your medications or anything.

anything. anything. Okay, I'm not going to go into this in Okay, I'm not going to go into this in detail, but this is one other thing I detail, but this is one other thing I found that's really really a big problem found that's really really a big problem is protein. And you know, and it matters is protein. And you know, and it matters because it's, you know, we need protein because it's, you know, we need protein for our bones. Ideally, um 1 to 1.2 to for our bones. Ideally, um 1 to 1.2 to 1.6 kilograms per um I mean grams per 1.6 kilograms per um I mean grams per kilogram over three meals. Anyway, I kilogram over three meals. Anyway, I realized that it always takes me longer.

realized that it always takes me longer. I thought I could zip through this in 45 I thought I could zip through this in 45 minutes. Okay, the best sources are wild minutes. Okay, the best sources are wild caught. You know, there's fish, wild caught. You know, there's fish, wild caught's better, pasture-raised, caught's better, pasture-raised, grass-fed, and if you're vegetarian, grass-fed, and if you're vegetarian, lentils, beans, hemp. So, if you can get lentils, beans, hemp. So, if you can get it from your diet, absolutely. It's it from your diet, absolutely. It's super important. If not, my favorite um super important.

Vitamin D and K2: Roles and Recommendations

If not, my favorite um again, there's good protein powders, but again, there's good protein powders, but we love the I happen to really love this we love the I happen to really love this perfect amino, and it's um it's perfect amino, and it's um it's essential. It's it's essential amino essential. It's it's essential amino acids. So, it's just an it's already acids. So, it's just an it's already broken down. So, it's very useful in the broken down. So, it's very useful in the body and people have had really good body and people have had really good results with this. It's very very sweet results with this. It's very very sweet the powders. Um, but they also have the powders. Um, but they also have tablets and people tell I never took tablets and people tell I never took them coated but talking to more people them coated but talking to more people it's better to take it coated anyway.

it's better to take it coated anyway. Um, so yeah. So, perfect amino is Um, so yeah. So, perfect amino is something that I think is really good. something that I think is really good.

All right. So, we're going to just do a All right. So, we're going to just do a very little more but some people need to very little more but some people need to leave I know before we finish. So I just leave I know before we finish. So I just wanted to tell people real quickly about wanted to tell people real quickly about the road map. If this is something that the road map. If this is something that I have that um you know I put together I have that um you know I put together after my summit when people were like after my summit when people were like there were so many talks. I think there there were so many talks. I think there were 60 talks people were like loved it were 60 talks people were like loved it but like ah and so I just went through but like ah and so I just went through these things you know each class each these things you know each class each each subject had like a whole class. So each subject had like a whole class. So if you're a person that wanted you know if you're a person that wanted you know so there's a class on all the testing in so there's a class on all the testing in detail what blood tests do you need what detail what blood tests do you need what you know nutrition way more in detail you know nutrition way more in detail exercise I'm going to go through exercise I'm going to go through exercise a little bit way more in detail exercise a little bit way more in detail and stress and happiness way more in and stress and happiness way more in detail so anyway you can look at that detail so anyway you can look at that but I what I wanted to do is give it to but I what I wanted to do is give it to you super super cheap so um anyway it's you super super cheap so um anyway it's normally and it comes with a bunch of normally and it comes with a bunch of other exercise classes too but um so for other exercise classes too but um so for this because you're coming to the this because you're coming to the

webinar if um if you want it's just $47 webinar if um if you want it's just $47 which is the cheapest really I've had it which is the cheapest really I've had it um yeah unless someone had bought the um yeah unless someone had bought the summit with it years ago but anyway so summit with it years ago but anyway so if if you want it this is the code it'll if if you want it this is the code it'll and it's just write save 150 but I just and it's just write save 150 but I just wanted to mention this for those who wanted to mention this for those who can't stay so if you write save 150 it's can't stay so if you write save 150 it's normally 197 it's just 47 so that's if normally 197 it's just 47 so that's if you wanted the basic information some of you wanted the basic information some of you know this a bunch of you have this you know this a bunch of you have this but I just wanted to let you know about but I just wanted to let you know about that. Okay. And so and I'll tell I'll that. Okay. And so and I'll tell I'll say it later but at the bottom of that say it later but at the bottom of that my favorite thing and I think and there my favorite thing and I think and there are people here who are in the are people here who are in the community. My favorite thing though community. My favorite thing though honestly I think that's important. It honestly I think that's important. It gives you the b more knowledge than gives you the b more knowledge than we're going through today in much more we're going through today in much more depth. But my favorite thing is the depth. But my favorite thing is the community. So at the very bottom if you community. So at the very bottom if you click it just $29 a month you get you click it just $29 a month you get you get the membership. But anyway I'll go get the membership. But anyway I'll go into that more at the end. But anyway, into that more at the end. But anyway, let's talk about exercise. This is let's talk about exercise. This is critical. So, what I want is in your critical. So, what I want is in your program, whatever program you're doing, program, whatever program you're doing, you want five things. You want you want five things. You want resistance training. This is really resistance training. This is really what's making the difference. That's what's making the difference. That's like the weight training. We want like the weight training. We want weightbearing and impact. You know, weightbearing and impact. You know, that's that's like walking, jumping.

that's that's like walking, jumping. Now, not that everybody can jump. You Now, not that everybody can jump. You know, you can just start with gentle know, you can just start with gentle heel drops. Balance is essential. Static heel drops. Balance is essential. Static balance. standing on one foot, dynamic balance. standing on one foot, dynamic balance, tai chi, um there's so many, balance, tai chi, um there's so many, you know, also moving balance. There's you know, also moving balance. There's so many different things and I always so many different things and I always have all these in I I've had a lot of have all these in I I've had a lot of balance instructors come to our class, balance instructors come to our class, even doing cognition where you're, you even doing cognition where you're, you know, counting backwards while you're on know, counting backwards while you're on one foot. We've had people do that also one foot. We've had people do that also because I think the more you practice because I think the more you practice this, otherwise you lose it as you get this, otherwise you lose it as you get older postures and critical and aerobic.

older postures and critical and aerobic. And so all of these, these are just And so all of these, these are just showing overhead press. That's me doing showing overhead press. That's me doing some of my Onero. Um, you know, not that some of my Onero. Um, you know, not that you should, again, you don't do Oniero you should, again, you don't do Oniero without instruction. That's why I love without instruction. That's why I love working with therapists. So, there's working with therapists. So, there's resistance training, bands, weights, resistance training, bands, weights, machines, many ways, you know, machines, many ways, you know, weightbearing, walking, jumping, weightbearing, walking, jumping, jogging, dancing, and balance. This is jogging, dancing, and balance. This is Matt Jeffs. He's done numerous Tai Chi Matt Jeffs. He's done numerous Tai Chi Chiang workshops, which are amazing. I Chiang workshops, which are amazing. I just I I I still do them. My husband and just I I I still do them. My husband and I do them on a regular basis. We do at I do them on a regular basis. We do at least at least three times a week we do least at least three times a week we do his classes. We still just keep watching his classes. We still just keep watching the re doing the replays. We love them.

the re doing the replays. We love them. All right. I think a lot of you know All right. I think a lot of you know this, but let's I'm just curious. So, this, but let's I'm just curious. So, write in the chat and Melanie, you um write in the chat and Melanie, you um you let us know. Safe or not safe for you let us know. Safe or not safe for someone with osteoporosis or even someone with osteoporosis or even osteopenia?

>> Not safe. >> Not safe. >> Okay. You are [clears throat] Well, >> Okay. You are [clears throat] Well, we'll talk. I'm not saying anything till we'll talk. I'm not saying anything till the end. Okay. What about this one with the end. Okay.

What about this one with rotation? Is this better or worse than rotation? Is this better or worse than the other one too?

the other one too? Toe touch, which you see a lot. You go Toe touch, which you see a lot. You go to a senior center, you'll see this to a senior center, you'll see this sometimes.

sometimes. sometimes. >> Also not safe. >> Also not safe. >> Okay. Is this better or worse than the >> Okay. Is this better or worse than the first one?

first one? >> Worse. >> Worse. >> Worse. >> Okay. How about this one? She's actually >> Okay. How about this one? She's actually going higher. You know, she's actually going higher. You know, she's actually um going up so that she's like, as if um going up so that she's like, as if you can see her back's being rounded you can see her back's being rounded here.

here. here. Not good. Not safe. Not good. Not safe. >> Okay. And what about this one? This is >> Okay. And what about this one? This is the sheetated abdominal machine at the the sheetated abdominal machine at the What do we think about this one?

What do we think about this one? >> That is also a not safe. >> That is also a not safe. >> Boy, you guys, you're all right. >> Boy, you guys, you're all right.

[laughter] See you guys listen right. We [laughter] See you guys listen right. We want to avoid forward bending, rotation, want to avoid forward bending, rotation, you know, spinal rounding of the spine.

you know, spinal rounding of the spine. So all of those did that. So for anybody So all of those did that. So for anybody with osteo osteopenia too, osteoporosis with osteo osteopenia too, osteoporosis and why is that? If we look here, this and why is that? If we look here, this is this is the front of the spine. This is this is the front of the spine. This is the back of the spine. And we see is the back of the spine. And we see this is a nice square vertebrae. But this is a nice square vertebrae. But look what happens with osteoporosis and look what happens with osteoporosis and fractures. They occur in the front of fractures. They occur in the front of the spine here. So if we take this and the spine here. So if we take this and we bend it forward, all the force is we bend it forward, all the force is fulcrrimming which is already weak. And fulcrrimming which is already weak. And so they have done studies at the Mayo so they have done studies at the Mayo Clinic years ago, they'll never repeat Clinic years ago, they'll never repeat it, which showed when people just did it, which showed when people just did rounding there was an 89% fracture rate rounding there was an 89% fracture rate versus just doing stren back versus just doing stren back strengthening 16%. So that was really strengthening 16%. So that was really good. You know, the control group was good. You know, the control group was much was in the 50s and 60s. Okay. So much was in the 50s and 60s. Okay. So what they used to say is absolutely no what they used to say is absolutely no rounding. Well, that's not possible and rounding. Well, that's not possible and that's crazy because in your normal that's crazy because in your normal life, you know, you're in bed, you can't life, you know, you're in bed, you can't help yourself. So they changed that help yourself. So they changed that because people were so fearful. So the because people were so fearful. So the Canadian clinical practice guidelines in Canadian clinical practice guidelines in modified that to no rapid repetitive modified that to no rapid repetitive sustained weighted or end range sustained weighted or end range twisting. So that's going to the twisting. So that's going to the extremes of rotation rotation safe doing extremes of rotation rotation safe doing it lengthened. Um we had we just it lengthened. Um we had we just recently had a class on that in the recently had a class on that in the community about you know safe mobility community about you know safe mobility but so so rotation we don't want all of but so so rotation we don't want all of that and the rounding flexion is that and the rounding flexion is rounding of the spine. So we want to rounding of the spine. So we want to avoid, you know, again, in your avoid, you know, again, in your exercise. So in an exercise program, you exercise. So in an exercise program, you you want to make modifications so that you want to make modifications so that you don't do that.

you don't do that. Okay. And lastly, I'm not going to I Okay. And lastly, I'm not going to I can't go into the exercise because each can't go into the exercise because each one is like a whole hour. Um, and I want one is like a whole hour. Um, and I want to have time for questions, but to have time for questions, but lifestyle. This is critical, and I

think lifestyle. This is critical, and I think this is what changes the needle. I have this is what changes the needle. I have to be honest. All right. [snorts] to be honest. All right. [snorts] Studies, these are real studies, not Studies, these are real studies, not made up. Post-menopausal women, higher made up. Post-menopausal women, higher anxiety was associated with lower bone anxiety was associated with lower bone density of the spine and femoral neck.

density of the spine and femoral neck. Social stress, high social stress linked Social stress, high social stress linked to greater bone loss over six years. And to greater bone loss over six years. And life satisfaction, they did surveys of life satisfaction, they did surveys of people were satisfied with their life.

people were satisfied with their life. Higher life satisfaction predicted Higher life satisfaction predicted reduced bone loss in 10ear study of reduced bone loss in 10ear study of Finnish women. So there's real real Finnish women. So there's real real serious, you know, this is real stuff.

serious, you know, this is real stuff. And this is my favorite part [laughter] And this is my favorite part [laughter] because in my membership we have once because in my membership we have once and the people who are in it I know I and the people who are in it I know I have some friends who are in this in you have some friends who are in this in you can write in the chat what what you can write in the chat what what you think we have the best time in this think we have the best time in this class because I really I found this as a class because I really I found this as a physical therapist.

physical therapist. I was working with chronic pain and I I was working with chronic pain and I had gone through a bad part of my life had gone through a bad part of my life at one point and I was working with at one point and I was working with chronic pain and they're like oh you're chronic pain and they're like oh you're so happy. I'm like I'm so happy if they so happy.

Genistein and Additional Bone Health Supplements

I'm like I'm so happy if they only knew what I went through. But the only knew what I went through. But the truth was I was happy despite my truth was I was happy despite my circumstances and I said what is it I'm circumstances and I said what is it I'm doing? So I started teaching them and doing? So I started teaching them and like things changed. Then I went I like things changed. Then I went I trained with Marcy Shyoff. I really took trained with Marcy Shyoff. I really took positive psychology learned how to teach positive psychology learned how to teach this. But it's really it was amazing how this. But it's really it was amazing how chronic pain people change so much. So chronic pain people change so much. So it's been part of everything I've done it's been part of everything I've done for 40 years. But anyway key thing here for 40 years. But anyway key thing here I know we've gone through a lot is I know we've gone through a lot is kaizen. It's a Japanese term. I mean, kaizen. It's a Japanese term. I mean, small consistent steps create lasting small consistent steps create lasting change. So, you know, you do one thing, change. So, you know, you do one thing, you pick one thing. Maybe I'll add one you pick one thing. Maybe I'll add one supplement, you know, or maybe I will supplement, you know, or maybe I will next time I talk to the doctor, get the next time I talk to the doctor, get the CTX. I'll work [clears throat] on my CTX. I'll work [clears throat] on my root causes. Maybe I'll work figure out root causes. Maybe I'll work figure out my root causes. Or maybe I will, you my root causes. Or maybe I will, you know, do something, go out in nature to know, do something, go out in nature to reduce my stress or I'll increase some reduce my stress or I'll increase some balance exercises or something. one balance exercises or something. one thing and then you build on it. And thing and then you build on it. And that's what's so exciting. I mean, there that's what's so exciting. I mean, there have been so many people that, you know, have been so many people that, you know, I I I printed up a bunch of what people I I I printed up a bunch of what people have written to me um because because have written to me um because because there's so much that can be done. So, there's so much that can be done. So, this is funny. This is a patient of mine this is funny. This is a patient of mine who now is much older. I I had saw her who now is much older. I I had saw her when she was young and she already had when she was young and she already had bone loss, but she's been doing bone loss, but she's been doing fantastic since we made the changes. We fantastic since we made the changes. We figured out what was causing her figured out what was causing her inflammation. Anyway, um but anyway, inflammation. Anyway, um but anyway, this was her son and you know, and he this was her son and you know, and he would be so excited when she brought would be so excited when she brought home

kale because she'd make kale chips, home kale because she'd make kale chips, his favorite dessert, you know, his his favorite dessert, you know, his favorite snack. So, it's sort of, you favorite snack. So, it's sort of, you know, what we do and then we teach the know, what we do and then we teach the younger generation. It makes it can make younger generation. It makes it can make such a difference. All right. So I just such a difference. All right. So I just for those people who want to learn more, for those people who want to learn more, I have this road map that's really I have this road map that's really inexpensive and it go it's pre-recorded inexpensive and it go it's pre-recorded so you can do it at your own time but so you can do it at your own time but really goes into all of this in much really goes into all of this in much more detail if you want the knowledge.

more detail if you want the knowledge. The other thing I do have though if you The other thing I do have though if you do oh this is my I think that's do oh this is my I think that's important. We need knowledge and important. We need knowledge and knowledge is power. Um I really believe knowledge is power. Um I really believe knowledge is power because if you're knowledge is power because if you're with if you if you understand the why with if you if you understand the why and then you can have a conversation and then you can have a conversation with your physician if they say you know with your physician if they say you know I'm not against medication but you need I'm not against medication but you need to know about the medications you need to know about the medications you need to know and you need to know about your to know and you need to know about your root causes you need to know you know root causes you need to know you know what different things mean about your what different things mean about your blood sugar and your calcium levels I blood sugar and your calcium levels I mean different things anyway so I think mean different things anyway so I think I think the road map has tremendous I think the road map has tremendous value otherwise I wouldn't have created value otherwise I wouldn't have created it Um, but what really has the this to it Um, but what really has the this to me and there are people here who are in me and there are people here who are in the club is this club because we're a the club is this club because we're a community and so every month we have a community and so every month we have a live Q&A two hours. So, and you submit live Q&A two hours. So, and you submit your question beforehand. So, if I don't your question beforehand. So, if I don't know it, I'll oftentimes, you know, I know it, I'll oftentimes, you know, I can consult with an expert or I can do can consult with an expert or I can do my own research also to not that I'm my own research also to not that I'm your practitioner, but to help you your practitioner, but to help you figure out your path and it changes over figure out your path and it changes over time. So, that's why when we meet every time. So, that's why when we meet every month, it just works out. And if you month, it just works out. And if you can't come, you still can submit the can't come, you still can submit the questions. Then every month we have a questions. Then every month we have a guest expert and then we have a guest expert and then we have a happiness workshop. So there's three happiness workshop. So there's three live classes and then there's over 135.

live classes and then there's over 135. So you have access to all the classes So you have access to all the classes that we've had and we've had classes on that we've had and we've had classes on so many strength training and tai chi so many strength training and tai chi and cooking classes. So there's a whole and cooking classes. So there's a whole library. You have access to all of those library. You have access to all of those classes which is which is so great. But classes which is which is so great. But this September, so to me, this is the this September, so to me, this is the deal of the century be because this deal of the century be because this September, so it's $29 a month, which September, so it's $29 a month, which everyone says I have to increase the everyone says I have to increase the price. Um, but we'll see. Um, price. Um, but we'll see. Um, as people people who know me, I try to as people people who know me, I try to make things reasonable because I know make things reasonable because I know how hard it is to afford things and I I how hard it is to afford things and I I really want to help people. But anyway, really want to help people. But anyway, this September, what I'm having, this is this September, what I'm having, this is why this month is exceptionally good, is why this month is exceptionally good, is um on the 11th, I'm having Dr. Lisa um on the 11th, I'm having Dr.

Protein and Diet for Bone Strength

Lisa Grimmer who's a physical therapist in DC Grimmer who's a physical therapist in DC specializing in osteoporosis and um I specializing in osteoporosis and um I met her during the conference and she met her during the conference and she actually lectured to everyone there. Um actually lectured to everyone there. Um but anyway, so she's doing a combination but anyway, so she's doing a combination because Pilates has a lot of benefit if because Pilates has a lot of benefit if you do it safe for osteoporosis plus you do it safe for osteoporosis

plus strength training. So this class is strength training. So this class is going to be both and it's going to come going to be both and it's going to come with a second video to have a home with a second video to have a home exercise program you can do with it. So exercise program you can do with it. So that's this Friday. I mean this is like that's this Friday. I mean this is like what's included this month. Then on then what's included this month. Then on then we have a two-hour live Q&A with me. And we have a two-hour live Q&A with me. And then I just switched things around. My then I just switched things around. My daughter had come two months ago because daughter had come two months ago because she's like the manifestation queen and she's like the manifestation queen and she did a program with everybody for the she did a program with everybody for the happiness class on manifesting. You happiness class on manifesting. You know, how do you manifest what know, how do you manifest what [clears throat] you want? And it was so [clears throat] you want? And it was so good that I thought, you know, I should good that I thought, you know, I should really have more I should have more really have more I should have more special guests come to the happiness special guests come to the happiness class. So, I have a hypnotherapist, class. So, I have a hypnotherapist, Diana Whitley, who's amazing, and she's Diana Whitley, who's amazing, and she's going to do a program, Calm Your Mind: going to do a program, Calm Your Mind: Hypnosis for Stress, anxiety, and better Hypnosis for Stress, anxiety, and better sleep. So, it's going to come with sleep. So, it's going to come with something you can play even and learn something you can play even and learn before you go to sleep to help your before you go to sleep to help your sleep because so many people are sleep because so many people are suffering with sleep. Anyway, the point suffering with sleep. Anyway, the point is each of those classes is $32. So, and is each of those classes is $32. So, and I'm selling that one, too, because I'm selling that one, too, because everybody there's so many people who everybody there's so many people who have issues. So, anyway, that's $64 and have issues. So, anyway, that's $64 and that for my members, it's just it's that for my members, it's just it's included. So anyway, where that is that included. So anyway, where that is that is if you if you do buy this bone. So is if you if you do buy this bone. So it's as I said it's 197 you put in um it's as I said it's 197 you put in um save 150 so it's 47 and then there's a save 150 so it's 47 and then there's a little box right here join the happy little box right here join the happy bones club for 29 a month. Um if you bones club for 29 a month. Um if you just wanted to do the club we can put just wanted to do the club we can put the um I think it's tinyurl.comappy the um I think it's tinyurl.comappy bones club. I'm pretty sure it's that.

bones club. I'm pretty sure it's that. We can check that mail in it and we'll We can check that mail in it and we'll put that. If you just wanted to do the put that. If you just wanted to do the club, you can do it for either 29 a club, you can do it for either 29 a month or 2.90 a year. But anyway, those month or 2.90 a year. But anyway, those are okay. So, my feeling on all of this are okay. So, my feeling on all of this is that you really deserve it all. You is that you really deserve it all. You know, we deserve to enjoy life. We know, we deserve to enjoy life.

Programs, Membership, and Community Resources

We deserve to dance with our grandchildren. deserve to dance with our grandchildren. We want to live, not to worry about We want to live, not to worry about falls and fractures. We want to enjoy falls and fractures. We want to enjoy the things in life that we love. And we the things in life that we love. And we want to be happy for no reason. I I just want to be happy for no reason. I I just think as we get older, I mean, we always think as we get older, I mean, we always want this, but it's even more important.

want this, but it's even more important. That's what I'm realizing in my life. That's what I'm realizing in my life. You know, you have x amount of time here You know, you have x amount of time here and [clears throat] we can and I you and [clears throat] we can and I you know, I'm not going to read them now. I know, I'm not going to read them now. I brought some of the I brought some brought some of the I brought some things from different people that they things from different people that they have said, but but basically the main have said, but but basically the main gist was I know that um Tina had said gist was I know that um Tina had said that, you know, these programs have that, you know, these programs have changed her life because she was changed her life because she was diagnosed. She had no idea what to do.

diagnosed. She had no idea what to do. I'm I'll just read a little bit. She I'm I'll just read a little bit. She felt she was being told that medication felt she was being told that medication was her only option, which as I said, was her only option, which as I said, I'm not anti-medication, but too often I'm not anti-medication, but too often it's given too soon. She joined my it's given too soon. She joined my program. She joined the program. She's program. She

joined the program. She's thanking me. And said she found both a thanking me. And said she found both a community and life-changing information.

community and life-changing information. But then she said something that really But then she said something that really was great that she said, which I always was great that she said, which I always say being diagnosed changed her life.

say being diagnosed changed her life. She goes, "That changed my life for the She goes, "That changed my life for the better." So I I think, you know, look at better." So I I think, you know, look at this as an opportunity. look at this as this as an opportunity. look at this as what's my next step? And and when you what's my next step? And and when you get into I'm gonna I think that's the get into I'm gonna I think that's the end. I'm gonna go I'm gonna stop. When end. I'm gonna go I'm gonna stop. When you get into that mode of instead of you get into that mode of instead of being like a victim like, oh, poor me, being like a victim like, oh, poor me, you know, you get nowhere that takes you you know, you get nowhere that takes you nowhere and you're stuck. And if you nowhere and you're stuck. And if you change that and everybody finds himself, change that and everybody finds himself, I always say it's this is one of my I always say it's this is one of my happiness things being a victor and not happiness things being a victor and not a victim. You know, when you're sitting a victim. You know, when you're sitting in that, oh, poor me and I'm gonna fall in that, oh, poor me and I'm gonna fall and I'm gonna fracture and blah blah and I'm gonna fracture and blah blah blah blah blah, you get nowhere. But if blah blah blah, you get nowhere. But if you stop, okay, instead of focusing on you stop, okay, instead of focusing on the problem, let's focus on solutions the problem, let's focus on solutions and get into action. What can I do?

and get into action. What can I do? Okay, you know what? I'm going to find Okay, you know what? I'm going to find I'm going to really increase my exercise I'm going to really increase my exercise or I'm going to, you know, really look or I'm going to, you know, really look at my nutrition or what I'm doing.

at my nutrition or what I'm doing. Whatever it is, I'm going to work on my Whatever it is, I'm going to work on my stress every morning. I'm going to take stress every morning. I'm going to take a walk. whatever it is, it's um you a walk. whatever it is, it's um you know, it changes everything. And then know, it changes everything. And then like these people, you look back and like these people, you look back and you're like, "Wow, I live such a you're like, "Wow, I live such a different life now." And anyway, that's different life now." And anyway, that's my goal for people. So, I am ready.

my goal for people. So, I am ready. Melanie, you want to read me the Melanie, you want to read me the questions? So, I hope you wrote them in questions? So, I hope you wrote them in chat.

chat. chat. >> Yeah, I'll go through the questions. I >> Yeah, I'll go through the questions. I wrote those down as they came in and wrote those down as they came in and then I guess then I guess >> it's interesting though. I have to say I >> it's interesting though. I have to say I was like, "Okay, last time I did this, I was like, "Okay, last time I did this, I spent too long. I'm going to make this spent too long. I'm going to make this shorter [laughter] and so I cut a bunch shorter [laughter] and so I cut a bunch of things out. So, they don't need all of things out. So, they don't need all that information and I still spoke too that information and I still spoke too long. Okay, but I'm ready. I'm ready to long. Okay, but I'm ready. I'm ready to answer questions. Okay. Um, I've heard answer questions. Okay. Um, I've heard calcium supplements do not prevent calcium supplements do not prevent fractures and even with K end up in the fractures and even with K end up in the heart also. Can I take is it strontium?

heart also. Can I take is it strontium? Uh, but heard that helps. I can't take Uh, but heard that helps. I can't take strontium sorry but heard that helps.

strontium sorry but heard that helps. >> Okay, great question. Um, so that's the >> Okay, great question. Um, so that's the reason it's called the calcium paradox.

reason it's called the calcium paradox.

Exercise for Bone Health: Principles and Safety

It's called, you know, you're taking It's called, you know, you're taking calcium and here you don't have enough calcium and here you don't have enough for your bones, but it's going into your for your bones, but it's going into your heart. Well, that's why we don't want heart. Well, that's why we don't want too much and that's why we want the K2 too much and that's why we want the K2 to get into the bones and that's why we to get into the bones and that's why we don't want too much. So, if you can get don't want too much. So, if you can get it from your diet, great. If not, then it from your diet, great. If not, then you take the calcium. So, it's very you take the calcium. So, it's very safe. Um, what was the part of Wait, she safe. Um, what was the part of Wait, she asked me, is it safe, right, about the asked me, is it safe, right, about the calcium? She heard it gets into the calcium? She heard it gets into the heart. Well, that's like that study I heart. Well, that's like that study I showed you. If you take too much, yes, showed you. If you take too much, yes, you can have those problems. So, you you can have those problems. So, you want to you don't want to take too much.

want to you don't want to take too much. You want to add up what you're getting. You want to add up what you're getting. If you get enough from your food, If you get enough from your food, [clears throat] you don't need it. If [clears throat] you don't need it. If not, then you supplement, but only to not, then you supplement, but only to 800,000. You know, no, I wouldn't take 800,000. You know, no, I wouldn't take more than 1,000 milligrams. And um more than 1,000 milligrams. And um Stratium. Okay, this is a really Stratium. Okay, this is a really interesting question. And because there interesting question. And because there are supplements and the supplement is are supplements and the supplement is fine, but not I would never take I fine, but not I would never take I wouldn't I I'm not I'm not a believer in wouldn't I I'm not I'm not a believer in stratium because strum is heavier. It's stratium because strum is heavier. It's a heavier element than calcium. So what a heavier element than calcium. So what happens on the dexa is that it shows up happens on the dexa is that it shows up that you've increased bone density but that you've increased bone density but you haven't. It's just that the strium you haven't. It's just that the strium shows up. So it's it's there where the shows up. So it's it's there where the calcium was and it shows up heavier. So calcium was and it shows up heavier. So what's so sad is I've seen this all the what's so sad is I've seen this all the time. People are so excited. Oh my god, time. People are so excited. Oh my god, I've taken this boost and you know in my I've taken this boost and you know in my it it it's increased my bone density.

it it it's increased my bone density. But it hasn't. It's not accurate. So the But it hasn't. It's not accurate. So the interesting question Dr. Milman and I interesting question Dr. Milman and I are talking about this because and I are talking about this because and I will get back to, you know, is that for will get back to, you know, is that for the people who are on it, can you get the people who are on it, can you get off it? I I always thought and so Dr.

off it? I I always thought and so Dr. Milman, Dr. McCormick and I are going to Milman, Dr. McCormick and I are going to discuss this because if you're on it discuss this because if you're on it already and you stop it, what happens?

already and you stop it, what happens? You know, so if you're if you are taking You know, so if you're if you are taking it, don't stop it yet because I'm I'm it, don't stop it yet because I'm I'm really researching this. But if you've really researching this. But if you've never taken it, I wouldn't because I um never taken it, I wouldn't because I um you know, it's going to mess up your you know, it's going to mess up your DEXA. It's not making your bones any DEXA. It's not making your bones any stronger and it's you know there's no stronger and it's you know there's no reason there's no reason to take it and reason there's no reason to take it and it started strontium renolate strontium it started strontium renolate strontium renolate was in Europe now it's renolate was in Europe now it's different and they took that off the different and they took that off the market because of different issues with market because of different issues with the heart and blood different different the heart and blood different different things so that was taken off the market things so that was taken off the market so here there's a supplement strontium so here there's a supplement strontium citrate which is different they don't citrate which is different they don't have the same problems but we don't know have the same problems but we don't know exactly so you know so to me there's exactly so you know so to me there's just no reason to take it there's a just no reason to take it there's a million and good things you can do, but million and good things you can do, but that's not one of them.

that's not one of them. Next question. Next question. >> Sure. Um, I saw your podcast with Dr. >> Sure. Um, I saw your podcast with Dr. McCormack and Dr. Milman on the McCormack and Dr. Milman on the correlation between osteo parosis and correlation between osteo parosis and heart disease. The takeaway from this heart disease. The

takeaway from this was importance of lifestyle, was importance of lifestyle, weightbearing exercise, diet, use of K2, weightbearing exercise, diet, use of K2, K4. Is there anything else that you K4. Is there anything else that you would recommend to lower heart disease would recommend to lower heart disease while improving bone strength? You know, while improving bone strength? You know, I would watch that very carefully I would watch that very carefully because if you do they also both I have because if you do they also both I have two different do two different podcasts two different do two different podcasts on the heart and there are some on the heart and there are some phenomenal supplements if you do and phenomenal supplements if you do and they're on full script too. Um they're they're on full script too. Um they're um I'm trying to think arterosol and um um I'm trying to think arterosol and um there's a couple different ones and there's a couple different ones and doctor I I personally I don't have any doctor I I personally I don't have any heart issues myself so and I haven't heart issues myself so and I haven't used that. However, both of them love used that. However, both of them love these two supplements. And so in I can these two supplements. And so in I can put them in the replay underneath. I'll put them in the replay underneath. I'll write the name of them. But if you do write the name of them. But if you do have heart issues, these were really have heart issues, these were really good supplements in terms of um you know good supplements in terms of um you know in terms of helping with different in terms of helping with different things and also nitrous oxide also. So things and also nitrous oxide also. So both of them talk about the supplements.

both of them talk about the supplements. So I think if you already have heart So I think if you already have heart issues there there are some very good issues there there are some very good supplements they talk about. The other supplements they talk about. The other takeaway from his both actually a couple takeaway from his both actually a couple things is that there are some hard tests things is that there are some hard tests that you just want to check you know that you just want to check you know different things that you just want to different things that you just want to check out and I'm not going to go check out and I'm not going to go through them but if you go through in through them but if you go through in the um you know if you go go through the um you know if you go go through that it was a recent podcast with Dr.

that it was a recent podcast with Dr. McCormack, he he lays out the different McCormack, he he lays out the different testing. So, I think um I think they're testing. So, I think um I think they're good for everybody to have just to make good for everybody to have just to make sure that you don't have any issues sure that you don't have any issues because then you can deal with them. But because then you can deal with them. But other things he talked about which are other things he talked about which are super important for bones is he talked super important for bones is he talked about homocyine and I think all of us about homocyine and I think all of us should get that test. The homocyine should get that test. The homocyine um you know what happens is if your um you know what happens is if your homoy it's a marker of inflammation and homoy it's a marker of inflammation and it's a marker of B vitamin. So it's easy it's a marker of B vitamin. So it's easy to correct, but if your homocyine is too to correct, but if your homocyine is too high, it can affect your heart, but it high, it can affect your heart, but it also affects the bones. It makes them also affects the bones. It makes them more fragile, more brittle, and a lot of more fragile, more brittle, and a lot of people are are you can be high because people are are you can be high because they have um something called MTHFR. But they have um something called MTHFR. But regardless, it it's a supplement.

regardless, it it's a supplement. There's a supplement called homocyine There's a supplement called homocyine supreme that that for most people can do supreme that that for most people can do the trick. So the point is you it also, the trick. So the point is you it also, you know, it's important to look at. So you know, it's important to look at. So I would just go more thoroughly. There's I would just go more thoroughly. There's a transcript under YouTube you can get a transcript under YouTube you can get into both, you know, both of those. But into both, you know, both of those. But there are I'll put those heart there are I'll put those heart supplements in the um underneath when supplements in the um underneath when you get the replay for this. I'll just you get the replay for this. I'll just um I'll put what they are. I know one's um I'll put what they are. I know one's called Artol. It's by a company called called Artol. It's by a company called um Cal Calroy, I think, or Cal um they um Cal Calroy, I think, or Cal um they also have a good arthritis one, too. I'm also have a good arthritis one, too. I'm pretty sure it's just Croy. C A L R O Y.

pretty sure it's just Croy. C A L R O Y. I'll I'll put those under. Okay. So, I'll I'll put those under. Okay. So, yeah. So, that's what I would say. I yeah. So, that's what I would say. I think it's interesting because there's a think it's interesting because there's a huge correlation. And Dr. McCormack, for huge correlation. And Dr. McCormack, for those who don't know, is really those who don't know, is really brilliant. He wrote this book here. I brilliant. He wrote

this book here. I actually have it on my shelf. Great actually have it on my shelf. Great books, which is not, you know, like fun books, which is not, you know, like fun reading, but it's more like you use like reading, but it's more like you use like an encyclopedia. If you have a question an encyclopedia. If you have a question or want to look something up, it's or want to look something up, it's really, really, really good. Um, and really, really, really good. Um, and he's just so, so brilliant. And he does he's just so, so brilliant. And he does consults, too. So, I asked him. I'm consults, too. So, I asked him. I'm always I know him really well and I always I know him really well and I always I I said is there anything you always I I said is there anything you want to talk about in the podcast? He want to talk about in the podcast? He goes yes I have to talk about heart goes yes I have to talk about heart disease. I see this too often and it's disease. I see this too often and it's missed. So there are like easy tests missed. So there are like easy tests that you can get in your blood work just that you can get in your blood work just to prevent things and there's a to prevent things and there's a correlation also between bone loss you correlation also between bone loss you know people with osteoporosis and heart know people with osteoporosis and heart disease. So anyway okay next question.

disease. So anyway okay next question. >> Uh what type of collagen do you >> Uh what type of collagen do you recommend for osteoporosis? The collagen recommend for osteoporosis? The collagen I like that I use is designs for health I like that I use is designs for health and it's called what is it called?

and it's called what is it called? Everybody or every it's designs for Everybody or every it's designs for health. I have it upstairs. It's called health. I have it upstairs. It's called um somebody could write it in the chat.

um somebody could write it in the chat. It's called I think it's every I could It's called I think it's every I could look it up in a minute but someone I look it up in a minute but someone I know people use it who are in the know people use it who are in the community. Um and it has forone and community. Um and it has forone and forone they did studies with and forone they did studies with and actually showed you know positive actually showed you know positive benefits on the bone. So that's the benefits on the bone. So that's the reason I like that collagen and it's reason I like that collagen and it's easy, it's good. So I take that every easy, it's good. So I take that every day actually.

day actually. >> The whole body collagen. >> The whole body collagen. >> Yes, that's it. Whole body collagen. >> Yes, that's it. Whole body collagen. Yeah, that's on full script too.

Yeah, that's on full script too. >> Okay. And what is the test that tests >> Okay. And what is the test that tests for zulin when you have gluten in gluten for zulin when you have gluten in gluten sensitivity?

sensitivity? sensitivity? >> The test I like the best that will also >> The test I like the best that will also include the I'm not the test I like is a include the I'm not the test I like is a wheat zoomer by Vibrant America.

wheat zoomer by Vibrant America. and you can get Yeah. You know, it's and you can get Yeah. You know, it's interesting. I guess, you know, I guess interesting. I guess, you know, I guess the best place I I don't do I always the best place I I don't do I always when I was seeing patients oneonone, I when I was seeing patients oneonone, I was sending them to a local place to get was sending them to a local place to get the wheat zoomer. Um, but I'll find I the wheat zoomer. Um, but I'll find I have also I'll have to give you I'll put have also I'll have to give you I'll put this in the show notes as well. I don't this in the show notes as well. I don't know the we have doc for those who don't know the we have doc for those who don't know Dr. Kim Milman and I started a know Dr. Kim Milman and I started a practitioner program. So, we've trained practitioner program. So, we've trained nutritionists. We've trained, you know, nutritionists. We've trained, you know, people who already had a background in people who already had a background in in this integrative approach and they in this integrative approach and they have all of Dr. Milman's protocols and I have all of Dr. Milman's protocols and I mean, it's really been it's really and mean, it's really been it's really and they have to finish tests. So, they're they have to finish tests. So, they're really wellqualified. Like, I would really wellqualified. Like, I would um but they could probably get the tests um but they could probably get the tests for you as well because a lot of them for you as well because a lot of them are practitioners and a lot of them work are practitioners and a lot of them work throughout the country, you know. So um throughout the country, you know. So um but I think if you go to vibrant America but I think if you go to vibrant America you can probably find out where near you you can probably find out where near you you can order it too but that will show you can order

it too but that will show you that will show you zulin the wheat you that will show you zulin the wheat zoomer and I also think again I don't zoomer and I also think again I don't personally do them but I think yeah I personally do them but I think yeah I know on the GI map that's the other test know on the GI map that's the other test we'd love to see what the composition of we'd love to see what the composition of your gut um and well it's interesting your gut um and well it's interesting because I'll tell you what I'm doing in because I'll tell you what I'm doing in a minute the composition of your gut a minute the composition of your gut that will also give you information on that will also give you information on zul and the GI map. So, those are the zul and the GI map. So, those are the two. Um, I recently had another person two. Um, I recently had another person on the podcast, um, Dr. Oscar, what's on the podcast, um, Dr. Oscar, what's his last name? But anyway, he talked his last name? But anyway, he talked about this new probiotic, which is just about this new probiotic, which is just incredible. And it's it's really besides incredible. And it's it's really besides getting rid of I mean, besides giving getting rid of I mean, besides giving you good bacteria, it actually helps get you good bacteria, it actually helps get rid of, you know, by overpopulating rid of, you know, by overpopulating the other, you know, the the things that the other, you know, the the things that we don't want in the gut. It's a very we don't want in the gut.

Lifestyle, Stress, and Happiness for Bone Health

It's a very good It's too long to talk about now, good It's too long to talk about now, but anyway, what I'm going to do myself, but anyway, what I'm going to do myself, I want to take this probiotic. So, I'm I want to take this probiotic. So, I'm going to do my husband and I both I said going to do my husband and I both I said we're going to take a GI map and see I we're going to take a GI map and see I want to see the difference before and want to see the difference before and after this certain probiotic because it after this certain probiotic because it sounds quite incredible. He's had such sounds quite incredible. He's had such good results with people that nothing's good results with people that nothing's responded to as well. So, anyway, okay, responded to as well. So, anyway, okay, next. Hey, if you have a high 800 CTX next. Hey, if you have a high 800 CTX but also a have a 80 P1NP, the but also a have a 80 P1NP, the recommended ratio is 10 to1. Is this recommended ratio is 10 to1. Is this still a red flag? Very much of a red still a red flag? Very much of a red flag. Yes. If anything over for sure flag. Yes. If anything over for sure over 400, you're breaking down bone. 800 over 400, you're breaking down bone. 800 is very high. Now, it depends if you're is very high. Now, it depends if you're on medication or something, that's a on medication or something, that's a whole different story. Um, well, not whole different story. Um, well, not even you the No. So, this is a huge red even you the No. So, this is a huge red flag. your body's trying to keep up with flag. your body's trying to keep up with this bone loss, but this is which, you this bone loss, but this is which, you know, so this is something something you know, so this is something something you absolutely need to figure out what's absolutely need to figure out what's causing this. And yes, so in this Yes.

causing this. And yes, so in this Yes. in this I wouldn't, you know, to me that in this I wouldn't, you know, to me that that's one of our red flags. You know, that's one of our red flags. You know, such a high um such a high CTX, you you such a high um such a high CTX, you you know, we certainly don't want you to know, we certainly don't want you to have a a fracture. So, I would have a a fracture. So, I would definitely use that. I'm glad you got definitely use that. I'm glad you got the CTX, but yes, that's not okay just the CTX, but yes, that's not okay just because it's 1 to 10. It's too high, too because it's 1 to 10. It's too high, too much breakdown. You know, something's much breakdown. You know, something's going on. But at least, you know, so you going on. But at least, you know, so you can sort of figure out. And the nice can sort of figure out. And the nice thing about the CTX, I forgot to thing about the CTX, I forgot to mention, is that you don't have to wait mention, is that you don't have to wait a year for your bone density. Let's say a year for your bone density. Let's say you go on a medication, you can find out you go on a medication, you can find out three months later, like if you go on three months later, like if you go on some of these bone building, the P1MP is some of these bone building, the P1MP is going to tell you what's happening. Or going to tell you what's happening. Or if you do more natural treatments, if you do more natural treatments, usually it's like six months. You can usually it's like six months. You can see are you making progress. Know a lot see are you making progress. Know a lot of times when people have gone on of times when people have gone on hormones, they um CTX goes way down. So hormones, they um CTX goes way down. So yeah, so you can um No, I would yeah, so you can um No, I would definitely take action. And if you need definitely take action. And if you need one-on-one, that's where these one-on-one, that's where these practitioners could really help you if practitioners could really help you if you can't find a doctor near you.

you can't find a doctor near you. >> Okay. And what magnesium should you pair >> Okay. And what magnesium should you pair calcium with? calcium with? >> No, you can pair it with anything. It >> No, you can pair it with anything. It doesn't matter.

doesn't matter. >> Okay. Um, and should I take magnesium at >> Okay. Um, and should I take magnesium at the same time as calcium or a few hours the same time as calcium or a few hours apart?

apart? apart? >> Yeah, I sort of answered that. But the >> Yeah, I sort of answered that. But the thing is, again, if you're taking it thing is, again, if you're taking it separate, again, I used to always tell separate, again, I used to always tell people um, you know, that they compete people um, you know, that they compete with each other because they do at with each other because they do at higher levels. And so I used to say, so higher levels. And so I used to say, so I used to take when I was not taking the I used to take when I was not taking the osteoban, I would take the calcium in osteoban, I would take the calcium in the morning and take the um and and take the morning and take the um and and take the the magnesium later in the day the the magnesium later in the day because I find it helps with relaxation because I find it helps with relaxation and sleeping. Um and so I guess if you and sleeping. Um and so I guess if you if you don't care, I probably would if you don't care, I probably would separate them. But if you're taking a if separate them. But if you're taking a if you're taking a supplement that has you're taking a supplement that has both, it's fine to take it together. Or both, it's fine to take it together. Or some people only want to take some people only want to take supplements at a certain time. As I supplements at a certain time. As I said, I've I've talked to too many said, I've I've talked to too many people and I've learned that at a people and I've learned that at a smaller dose, it's probably fine if smaller dose, it's probably fine if they're together. So, but you know, they're together. So, but you know, certainly I I like magnesium. I think certainly I I like magnesium. I think most people like it later in the day, most people like it later in the day, either with dinner or later to help with either with dinner or later to help with relaxation and sleep.

relaxation and sleep. >> And uh what was the goal for the PN1P >> And uh what was the goal for the PN1P level? level? level? >> Well, it depends, you know, around >> Well, it depends, you know, around one10enth of the CTX. And I'm trying one10enth of the CTX. And I'm trying [clears throat] to think the actual [clears throat] to think the actual there are numbers I I don't know the there are numbers I I don't know the exact I can um I'll put those I'll put exact I can um I'll put those I'll put them in the um okay Melanie keep note of them in the um okay Melanie keep note of all these things I'm saying. So under all these things I'm saying. So under this re well well the interesting thing this re well well the interesting thing actually no I can't you know what I'll actually no I can't you know what I'll do I will have um under the replay I'll do I will have um under the replay I'll have like some notes I'll have like a have like some notes I'll have like a page of notes. So, um, the way you're page of notes. So, um, the way you're since the way you're going to get the since the way you're going to get the replay, it's not in a program. You're replay, it's not in a program. You're going to get the replay on a page. So, going to get the replay on a page.

Q&A: Supplements, Testing, and Practical Guidance

So, there'll be something you can click to there'll be something you can click to say resources from the class. So, I'll say resources from the class. So, I'll put that in um I'll I'll put the number put that in um I'll I'll put the number that we look for in for both CTX and that we look for in for both CTX and P1MP. And it's not standard. This is P1MP. And it's not standard. This is just Dr. Milman, Dr. McCormack and you just Dr. Milman, Dr. McCormack and you know he's seen so many um they don't know he's seen so many um they don't have like an absolute standard but this have like an absolute standard but this is what we found where bone is breaking is what we found where bone is breaking down what we like to you know more of down what we like to you know more of the functional values the functional values >> I'll put that underneath okay >> I'll put that underneath okay >> okay and what does a PPI like uh >> okay and what does a PPI like uh omerazole do to calcium absorption if omerazole do to calcium absorption if anything anything anything >> yeah this is the problem so what it does >> yeah this is the problem so what it does it reduces stomach acid and you know it reduces stomach acid and you know again if you have an ulcer if you have again if you have an ulcer if you have something you need this um So, it something you need this um So, it reduces stomach acid and you need reduces stomach acid and you need stomach acid to to absorb your food, to stomach acid to to absorb your food, to absorb the nutrients, you need stomach absorb the nutrients, you need stomach acid. Um, so in terms of Oh, you know acid. Um, so in terms of Oh, you know what I didn't say? I missed the most what I didn't say? I missed the most important thing on this whole thing.

important thing on this whole thing. Calcium carbonate is the one we don't Calcium carbonate is the one we don't want. [laughter] I somehow I left that want. [laughter] I somehow I left that out. We don't want calcium carbonate out. We don't want calcium carbonate because that is the least absorbed form, because that is the least absorbed form, the cheapest form, and it requires the cheapest form, and it requires stomach acid. So, we absolutely do not stomach acid. So, we absolutely do not want, you know, that's one I never ever want, you know, that's one I never ever recommend. Calcium carbonate. Um, and recommend. Calcium carbonate. Um, and same thing magnesium oxide. I didn't say same thing magnesium oxide. I didn't say I don't recommend that because that's I don't recommend that because that's the cheapest form, the least well the cheapest form, the least well absorbed. Um, but anyway, so yeah, so absorbed. Um, but anyway, so yeah, so they found I mean that's a risk factor they found I mean that's a risk factor for osteoporosis. When you reduce for osteoporosis. When you reduce stomach acid, you need that stomach acid stomach acid, you need that stomach acid to break down. So for the nutrient to break down. So for the nutrient absorption, you know, you need a highly absorption, you know, you need a highly acidic stomach. So when people have when acidic stomach. So when people have when you know chronic low stomach acid you know chronic low stomach acid they're not absorbing their nutrients.

they're not absorbing their nutrients. So, you know, it's not something you So, you know, it's not something you should just get off by any means, but should just get off by any means, but that's where you can work with, you that's where you can work with, you know, your physician or a more know, your physician or a more functional doctor to see what else.

functional doctor to see what else. Again, you know, if you have an ulcer, Again, you know, if you have an ulcer, things have to heal, but there are ways, things have to heal, but there are ways, there's other more natural things that there's other more natural things that you can take to eventually, you know, you can take to eventually, you know, for heartburn or whatever reason you're for heartburn or whatever reason you're having acid reflux, like there's many having acid reflux, like there's many other things you can do. Sometimes it's, other things you can do. Sometimes it's, you know, that there's issues with your you know, that there's issues with your gut that needs to be. So when you take gut that needs to be. So when you take this type of integrative approach and this type of integrative approach and look deeper and address the problems um look deeper and address the problems um you know don't just stop this though no you know don't just stop this though no but you could work with someone on you but you could work with someone on you know on on helping yourself because know on on helping yourself because there's other ways aloe vera there's the there's other ways aloe vera there's the um there's there's you know there's just um there's there's you know there's just different different things that can different different things that can really help with with acid reef other really help with with acid reef other things while you're on the why you're on things while you're on the why you're on that medication that are more natural that medication that are more natural and they don't have these negative side and they don't have these negative side effects effects effects Okay. Um, I have been using algae cal.

Okay. Um, I have been using algae cal. Is calcium from algae good? Is calcium from algae good? >> That's fine. The algae cal as long as >> That's fine. The algae cal as long as you don't add strontium boost to it, you don't add strontium boost to it, it's fine. I don't have a problem with it's fine. I don't have a problem with that.

that. that. >> Okay. And is taking seven different >> Okay. And is taking seven different magnesiums in one beneficial? magnesiums in one beneficial? >> You know, it's an interesting question.

>> You know, it's an interesting question. I've seen some of the good companies. I've seen some of the good companies. There's good companies that have that There's good companies that have that that out. Um, I don't there's no there's that out. Um, I don't there's no there's certainly nothing wrong with it as long certainly nothing wrong with it as long as it doesn't. Here's what messed me up.

as it doesn't. Here's what messed me up. Um, and it, as I said, magnesium oxide, Um, and it, as I said, magnesium oxide, oxy, is the cheapest form of magnesium, oxy, is the cheapest form of magnesium, the least well absorbed, and they they the least well absorbed, and they they they mess you up because the top the they mess you up because the top the container I had bought something or you container I had bought something or you buy a blend, you think you're getting buy a blend, you think you're getting like different things. I think I know like different things. I think I know the one you're talking about. I think the one you're talking about. I think that's all very good calcium,

um, a that's all very good calcium, um, a magnesium. Um, but they, you know, magnesium. Um, but they, you know, you'll buy a blend and you think you're you'll buy a blend and you think you're getting something and then it's like 80% getting something and then it's like 80% magnesium oxide, the cheapest form, and magnesium oxide, the cheapest form, and it gives you more magnesium. So, it's it gives you more magnesium. So, it's like, oh, I don't have to take as much.

like, oh, I don't have to take as much. Great. But it's not a well-absorbed Great. But it's not a well-absorbed form. And so, you know, you know, I form. And so, you know, you know, I would never. So, anyway, it depends would never. So, anyway, it depends what's in the seven. I think the one what's in the seven. I think the one you're talking about is I think it's you're talking about is I think it's very good. Um, in terms of the very good. Um, in terms of the magnesium, you know, the other ones magnesium, you know, the other ones though, I I bought a magnesium citrate though, I I bought a magnesium citrate thinking it's good for someone for thinking it's good for someone for constipation. It was actually for one of constipation. It was actually for one of my kids. And um, all of a sudden when my kids. And um, all of a sudden when they got it, I'm like, "Oh my god." I they got it, I'm like, "Oh my god." I looked at the back of the bottle like, looked at the back of the bottle like, "I can't believe I ordered you magnesium "I can't believe I ordered you magnesium oxide." It was like said magnesium oxide." It was like said magnesium citrate, but then when you turn it citrate, but then when you turn it around, it was only like a small around, it was only like a small percentage. So they can fake you because percentage. So they can fake you because it's cheaper. And you know, yes, there's it's cheaper. And you know, yes, there's magnesium citrate in it, but the magnesium citrate in it, but the majority was magnesium oxide. So, fine.

majority was magnesium oxide. So, fine. Is it better? No one's no one's measured Is it better? No one's no one's measured that. You know, it depends. I I recently that. You know, it depends. I I recently wrote a newsletter on that in terms of wrote a newsletter on that in terms of the magnesiums. Um, all the ones I show.

the magnesiums. Um, all the ones I show. The other one that I think is a good The other one that I think is a good brand is magnesium glycinate. Um, that's brand is magnesium glycinate. Um, that's that's another good type as well. And I that's another good type as well. And I have those. If you go into my full have those. If you go into my full script, I have all the ones I like in um script, I have all the ones I like in um you know, you could look under like the you know, you could look under like the bone protocol, but they're all the ones bone protocol, but they're all the ones I showed you. The only one I didn't show I showed you. The only one I didn't show you was magnesium glycinate, and the one you was magnesium glycinate, and the one that's from Pure Encapsulations or that's from Pure Encapsulations or there's one from Designs for Health.

there's one from Designs for Health. That's actually no, the Pure That's actually no, the Pure Encapsulations is the one I like. Encapsulations is the one I like.

>> Hey, um I went in for an initial >> Hey, um I went in for an initial evaluation with for Onro with Marne Lin evaluation with for Onro with Marne Lin last Friday. I also am in PT for a lower last Friday. I also am in PT for a lower back issue. I am supposed to have two back issue. I am supposed to have two private ONERO sessions this week. I was private ONERO sessions this week. I was sore for about a day after the sore for about a day after the evaluation. Also, some of my lower back evaluation. Also, some of my lower back issues have gotten worse over the past issues have gotten worse over the past few weeks, even before the ONERO. Should few weeks, even before the ONERO. Should I continue with an ONO now or should I I continue with an ONO now or should I postpone this until my other back issues postpone this until my other back issues are under control?

are under control? >> I think Marne's very good, but I think >> I think Marne's very good, but I think if you're sore right now, work with your if you're sore right now, work with your there's no harm in waiting. We certainly there's no harm in waiting. We certainly if your back is sore and irritated, we if your back is sore and irritated, we don't want to start lifting and don't want to start lifting and irritating. So, I would probably work irritating. So, I would probably work with your PT. You're seeing a PT for with your PT. You're seeing a PT for your back. So, I would work I think I your back. So, I would work I think I would put it on hold and tell Marne, you would put it on hold and tell Marne, you know, tell Marne that you were sore, know, tell Marne that you were sore, whatever. Um, but sometimes when you do whatever. Um, but sometimes when you do an I mean, the problem with evaluation an I mean, the problem with evaluation is sometimes when you're doing and is sometimes when you're doing and that's important for her to

know that that's important for her to know that just the evaluation itself hurt. You just the evaluation itself hurt. You know, sometimes you don't know until know, sometimes you don't know until you're doing things. So, I would I would you're doing things. So, I would I would wait. I would wait. Work with your PT wait. I would wait. Work with your PT and and get the get down exactly, you and and get the get down exactly, you know, tell them what you're going to be know, tell them what you're going to be doing, you know, narrow, whatever. And doing, you know, narrow, whatever. And she could probably work with Marne as she could probably work with Marne as well. You know, the therapist doesn't well. You know, the therapist doesn't want to keep you forever either. So, I want to keep you forever either. So, I think I think I would wait. Um, you think I think I would wait. Um, you know, cuz you can tell her what type of know, cuz you can tell her what type of exercises you'd be doing, but Marne exercises you'd be doing, but Marne would also modify things so that it's would also modify things so that it's safe for you, too, you know. So, I mean, safe for you, too, you know. So, I mean, you could talk to Marne, too, and see you could talk to Marne, too, and see what she says. She may say, "You know what she says. She may say, "You know what? We can do X, Y, and Z right now, what? We can do X, Y, and Z right now, which is fine, which isn't going to hurt which is fine, which isn't going to hurt your back, which is actually going to your back, which is actually going to help you learn to stabilize or help you learn to stabilize or something, you know." So, I I think I something, you know." So, I I think I think I think I would speak to both.

think I think I would speak to both. Make a plan with both of them. You can Make a plan with both of them. You can do either. I wouldn't do the intense.

do either. I wouldn't do the intense. Oh, Marne would never put you on the Oh, Marne would never put you on the intense ono. She wouldn't if your back intense ono. She wouldn't if your back is really sore. You would be doing other is really sore. You would be doing other preparatory things. maybe working on preparatory things. maybe working on stabilization, maybe working on So, so stabilization, maybe working on So, so yeah, they're not going to have you do yeah, they're not going to have you do um I had Yeah, like when I I've been um I had Yeah, like when I I've been doing for several years now. I have to doing for several years now. I have to think how long it is, but I've had some think how long it is, but I've had some injuries in between. [laughter] injuries in between. [laughter] I um I coughed and I hurt my rib, you I um I coughed and I hurt my rib, you know, I had had I had gotten some know, I had had I had gotten some respiratory things, so I had to like respiratory things, so I had to like stop. I wasn't going to do heavy lifting stop. I wasn't going to do heavy lifting where I injured my intercostals, you where I injured my intercostals, you know, my muscles. So, I had to stop for know, my muscles. So, I had to stop for a little bit. let that heal up and and I a little bit. let that heal up and and I think that happens sometimes with think that happens sometimes with exercise programs. recently I I was exercise programs. recently I I was doing something in my office and I doing something in my office and I tripped and I hit I hit a different area tripped and I hit I hit a different area [laughter] and so I had to also cut back [laughter] and so I had to also cut back my weight and do things you know so yeah my weight and do things you know so yeah so I talked to both would not work so I talked to both would not work through pain get your back healed up but through pain get your back healed up but you can start doing there's a lot of you can start doing there's a lot of preparatory things breathing stabilizing preparatory things breathing stabilizing there's there's things you could do that there's there's things you could do that aren't the heavy duty that that are aren't the heavy duty that that are going to help you so you may you could going to help you so you may you could do probably both but speak to both work do probably both but speak to both work on the um with your reg and ask the on the um with your reg and ask the regular PT who's helping your back as regular PT who's helping your back as well. And don't get discouraged. This well. And don't get discouraged. This sometimes happens.

sometimes happens. >> Okay, I'm going to try and combine these >> Okay, I'm going to try and combine these ones together because there are a lot of ones together because there are a lot of questions about taking the vitamins and questions about taking the vitamins and the and the minerals and supplements um the and the minerals and supplements um together.

together. together. >> I was I was I was going to only say an >> I was I was I was going to only say an hour and a half, 90 minutes, but I'll hour and a half, 90 minutes, but I'll I'll keep saying. Okay, keep going.

I'll keep saying. Okay, keep going. Yeah. Um, so a lot of people are asking Yeah. Um, so a lot of people are asking about if you take calcium, vitamin D, about if you take calcium, vitamin D, vitamin K, and magnesium, do they all

vitamin K, and magnesium, do they all need to be taken together? Which ones need to be taken together? Which ones can you take separately? Do vitamin D3 can you take separately? Do vitamin D3 and K2 work as the as the same? Um, and and K2 work as the as the same? Um, and are you going to end up taking too much are you going to end up taking too much if you take a multivitamin plus your if you take a multivitamin plus your food plus the other supplements?

food plus the other supplements? >> You know, it's an interesting Okay, a >> You know, it's an interesting Okay, a lot of good questions. Um, so no, you lot of good questions. Um, so no, you don't have to take them all together at don't have to take them all together at all. Um, I told you the reason I don't all. Um, I told you the reason I don't love take I mean D and K are both love take I mean D and K are both needed. You absolutely need vitamin D needed. You absolutely need vitamin D for calcium absorption. And I really for calcium absorption. And I really believe you need that K2 for the calcium believe you need that K2 for the calcium to get into the bones and not in the to get into the bones and not in the arteries and other places. But I believe arteries and other places. But I believe we want the right amount of K2 and we we want the right amount of K2 and we want the right amount of D when we look want the right amount of D when we look at our when we look at our numbers. And at our when we look at our numbers. And the D is different. For one person, they the D is different. For one person, they may need 2,000. another person needs may need 2,000. another person needs 5,000. And so, you know, a lot of the 5,000. And so, you know, a lot of the DK2s have 5,000 of, you know, they don't DK2s have 5,000 of, you know, they don't have the right amount. They either they have the right amount. They either they don't, some do, but it may not be for don't, some do, but it may not be for you. So, I I would take those you. So, I I would take those separately. Um, I think if you know, it separately. Um, I think if you know, it depends what works for you. It doesn't depends what works for you. It doesn't really make a difference. Magnesium a really make a difference. Magnesium a lot of people like to take at night like lot of people like to take at night like I said because it helps with relaxation I said because it helps with relaxation and sleep and um yeah so it depends you and sleep and um yeah so it depends you know always take it away from medication know always take it away from medication if you're on thyroid medication other if you're on thyroid medication other medication and um you know there's no medication and um you know there's no absolute way it has to be with D you absolute way it has to be with D you want it with food because you need the want it with food because you need the fat for absorb A D E and K you know if fat for absorb A D E and K you know if if anything is um you know some of them if anything is um you know some of them are better to um have with with food.

are better to um have with with food. Now, in terms of multivitamin, that's an Now, in terms of multivitamin, that's an interesting question. You know, I don't interesting question. You know, I don't think everybody needs a multivitamin. I think everybody needs a multivitamin. I think if you have a good diet and think if you have a good diet and you're, you know, getting like I don't you're, you know, getting like I don't take a multivitamin myself. So, um but take a multivitamin myself. So, um but if people aren't, you know, and that if people aren't, you know, and that gives you the bare minimum, gives you the bare minimum, it's it's um the one that I do, it's it's it's um the one that I do, it's interesting because I've had Barry tan interesting because I've had Barry tan on my um and that's another supplement I on my um and that's another supplement I happen to I didn't go through all the happen to I didn't go through all the supplements. I could have done this. 22 supplements. I could have done this. 22 it's you know and I don't like to it's you know and I don't like to overwhelm people start with just get overwhelm people start with just get these basics but anado tocoenol is is these basics but anado tocoenol is is really a very good um supplement like really a very good um supplement like 300 milligrams for the bones and um the 300 milligrams for the bones and um the what's my point with Barry um there was what's my point with Barry um there was a reason I brought him up [laughter] a reason I brought him up [laughter] when we're talking about magnesium D when we're talking about magnesium D I completely lost my train of thought I completely lost my train of thought oh I know I know I So anyway, when he oh I know I know I So anyway, when he was on so vi regular vitamin E, so this was on so vi regular vitamin E, so this is, you know, is um is different and is, you know, is um is different and there's some negative negative things there's some negative negative things about vitamin E and so you know that's about vitamin E and so you know that's why he had said he won't even take a why he had said he won't even take a multivitamin that has the regular multivitamin that has the regular vitamin E. Um it's called scopherel, I vitamin E. Um it's called scopherel, I guess. And so and so um guess. And so and so um the um so anyway, it's the tocoenol he the um so anyway, it's the tocoenol he likes. So there's one primal multi by by likes. So there's one primal multi by by designs for health that has that that designs for health that has that that good vitamin um E in it that anyway good vitamin um E in it that anyway that's what I was thinking of.

that's what I was thinking of. [laughter] [laughter] [laughter] But with multi I mean you know usually But with multi I mean you know usually there's such a small amount it's not there's such a small amount it's not going to be a problem but it depends. So going to be a problem but it depends. So I think if someone has a great diet they I think if someone has a great diet they probably don't need a multi you know is probably don't need a multi you know is it going to hurt you? um you know unless it going to hurt you? um you know unless you know again you don't want you have you know again you don't want you have to look here's the other thing I see so to look here's the other thing I see so we want a certain amount of calcium we want a certain amount of calcium let's say let's say we wanted 400 well let's say let's say we wanted 400 well if you're taking let's say you're taking if you're taking let's say you're taking osteoan that has 400 in it and then osteoan that has 400 in it and then you're taking a multi that's another 100 you're taking a multi that's another 100 you know sometimes you have to look at you know sometimes you have to look at all the places you're taking things from all the places you're taking things from because they have or they may have too because they have or they may have too much D you know each thing has extra D much D you know each thing has extra D in it so you need to really look at in it so you need to really look at everything but in general I don't think everything but in general I don't think everybody needs to be on a multi if everybody needs to be on a multi if you're having a Good. Well, I mean, diet you're having a Good. Well, I mean, diet is so important. We didn't talk that is so important. We didn't talk that much about it, but it's super super much about it, but it's super super important.

important. important. >> Hey, and just off the back of that, is >> Hey, and just off the back of that, is there one supplement that can be taken there one supplement that can be taken that includes all the nutrients that you that includes all the nutrients that you discussed? [clears throat] discussed? [clears throat] >> Not one. No. So, if you took, let's say, >> Not one. No. So, if you took, let's say, okay, so for example, you take osteoben, okay, so for example, you take osteoben, right? That has only a thousand D. So, right? That has only a thousand D. So, that's not enough for most people, but that's not enough for most people, but that has your calcium and magnesium in that has your calcium and magnesium in it, right? So, that would be good. And it, right? So, that would be good. And then it also has the genine which is then it also has the genine which is beneficial. So then you all you beneficial. So then you all you absolutely have to have I mean I guess absolutely have to have I mean I guess there's more you always can add things there's more you always can add things but for for absolute critical um what I but for for absolute critical um what I think you know the basics if you if think you know the basics if you if you're not getting stuff from your food you're not getting stuff from your food would be then the K2. So you could you would be then the K2. So you could you could have that osteoben could have that osteoben and you could take the um thorn K and you could take the um thorn K vitamin K that has both that's um two vitamin K that has both that's um two capsules a day and that would give you a capsules a day and that would give you a lot. You know, the only thing you need lot. You know, the only thing you need to add is your D, more D because that to add is your D, more D because that only has a thousand D. But I'm saying only has a thousand D. But I'm saying that would give you your K's, both K, that would give you your K's, both K, MK7, and MK4. That give you your MK7, and MK4. That give you your calcium. That would give you magnesium.

calcium. That would give you magnesium. As long as you're not overdoing it, you As long as you're not overdoing it, you check your diet. But I'm saying you check your diet. But I'm saying you could you could that's that's the could you could that's that's the closest that I've seen. Um I'm trying to closest that I've seen. Um I'm trying to think. Yeah, in terms of um you know, I think. Yeah, in terms of um you know, I mean, there are other supplements. I mean, there are other supplements. I didn't go into everything here, but for didn't go into everything here, but for the for the very basics um yeah, it's so the for the very basics um yeah, it's so funny because um funny because um you know I I'm not going to go into it, you know I I'm not going to go into it, but yeah, it would be nice, right, if but yeah, it would be nice, right, if there's just one thing you could you there's just one thing you could you could take, could take, but not exactly. And and different but not exactly. And and different values, you know, that's the problem.

values, you know, that's the problem. Like, you know, it's it's I mean, this Like, you know, it's it's I mean, this whole thing is not one-sizefits-all.

whole thing is not one-sizefits-all. That's the problem. That's the problem. >> Okay. um would love a recommendation on >> Okay. um would love a recommendation on the kind of practitioner to look for if the kind of practitioner to look for if interested in optimal treatment. Not interested in optimal treatment. Not sure my primary care doctor is the best.

sure my primary care doctor is the best. >> Okay. So, it depends where you live. Um >> Okay. So, it depends where you live. Um now, right? So, it it it really depends now, right? So, it it it really depends for the integrative approach. It's for the integrative approach. It's usually more of a functional medicine usually more of a functional medicine doctor. So, you could go to the doctor. So, you could go to the Institute of Functional Medicine. It's Institute of Functional Medicine. It's also IFM and they have find a also IFM and they have find a practitioner and then you could call and practitioner and then you could call and see do you do osteoporosis? You know see do you do osteoporosis? You know that's that's one option. A second that's that's one option. A second option is um we have these practitioners option is um we have these practitioners now some now they we have some in in the now some now they we have some in in the current cohort there are some physicians current cohort there are some physicians actually um but right now the people who actually um but right now the people who have finished are more nutritionist have finished are more nutritionist um you know but they could certainly um you know but they could certainly help you with your physician that's the help you with your physician that's the other thing so that's a possibility as other thing so that's a possibility as well and I will I will get that link in well and I will I will get that link in that so it'll be under this under this that so it'll be under this under this replay it'll resources. Just click that replay it'll resources. Just click that and I'll put these links that we've and I'll put these links that we've talked about. And Melanie, I hope you're talked about. And Melanie, I hope you're like making a list so I don't miss like making a list so I don't miss anything. [laughter] anything. [laughter] I always do that. I always like say, I always do that. I always like say, "Okay, I'll put this. I'll put that." "Okay, I'll put this. I'll put that." And then afterwards like, "Oh gosh, what And then afterwards like, "Oh gosh, what did I say exactly?" Um, but no, I got did I say exactly?" Um, but no, I got this. Um, so, oh, so those practitioners this. Um, so, oh, so those practitioners could certainly help you. They could could certainly help you. They could figure, you know, really because it's figure, you know, really because it's hard to figure out. It's very, very hard to figure out. It's very, very confusing. And so, that's that was why confusing. And so, that's that was why we created that program because Dr.

we created that program because Dr. Milman, if you live in California, she's Milman, if you live in California, she's amazing, but if you don't live in amazing, but if you don't live in California, she can't see you. She has a California, she can't see you. She has a class, but that's more of a done for you class, but that's more of a done for you class. It's phenomenal. And that next class. It's phenomenal. And that next class will be in March, I think. You class will be in March, I think. You know, where she really walks you through know, where she really walks you through every blood test and everything, but you every blood test and everything, but you have to do that yourself. The other have to do that yourself. The other person who's amazing if you can't find person who's amazing if you can't find someone in your area is um Dr. Keith someone in your area is um Dr. Keith McCormack. And um you can just Google McCormack. And um you can just Google him, but I'll put his information. He him, but I'll put his information. He does consults, but he would be working does consults, but he would be working with your doctor. Now, if and he's a with your doctor. Now, if and he's a good person if you're questioning, he's good person if you're questioning, he's the best person I know actually. If the best person I know actually. If you're questioning, should I go on you're questioning, should I go on medication? Should I not? You know, he medication? Should I not? You know, he looks at all your blood work and really looks at all your blood work and really helps figure out because there is a time helps figure out because there is a time and a place. If you're breaking down and a place. If you're breaking down bone and you're at risk for fracture, bone and you're at risk for fracture, you want to go, you know, that's when you want to go, you know, that's when you can the newer medications, you build you can the newer medications, you build bone, which is so incredible. you don't bone, which is so incredible. you don't stay on forever, but you have to have a stay on forever, but you have to have a plan because you can't just stop them.

plan because you can't just stop them. That's a whole another conversation, but That's a whole another conversation, but the point is he's very good, too. Dr.

the point is he's very good, too. Dr. Keith McCormick. So, I would say you can Keith McCormick. So, I would say you can to look at IFM. You can also I'm I'm to look at IFM. You can also I'm I'm trying to find out also who else, but I trying to find out also who else, but I will put our practitioners because they will put our practitioners because they could certainly help you and with your could certainly help you and with your doctor too, you know, make sure what doctor too, you know, make sure what you're doing. Um, and then you're doing. Um, and then or Dr. McCormick. He's he's a or Dr. McCormick. He's he's a chiropractor, but you know, but he he chiropractor, but you know, but he he doesn't so he won't put you on doesn't so he won't put you on medication or anything like that, but medication or anything like that, but he'll guide you so that you can and if he'll guide you so that you can and if you're

knowledgeable, you could work you're knowledgeable, you could work with your own doctors and people. So or with your own doctors and people. So or even if there is an osteo you know even if there is an osteo you know conventional osteoporosis doctor if if conventional osteoporosis doctor if if let's say you really do need a venity or let's say you really do need a venity or you need something a certain medication you need something a certain medication and we've seen incredible things you and we've seen incredible things you know again if you have any heart issues know again if you have any heart issues you wouldn't go on a venity but we've you wouldn't go on a venity but we've seen people gain like 12% seen people gain like 12% [clears throat] I mean serious increases [clears throat] I mean serious increases um and then you do we while you're doing um and then you do we while you're doing all these other things so those are all these other things so those are that's what I would say I would say try that's what I would say I would say try institute for functional medicine and institute for functional medicine and ask do you work with osteo process.

ask do you work with osteo process. That's one option. Dr. Keith McCormick, That's one option. Dr. Keith McCormick, if you live in California, Dr. Milman, if you live in California, Dr. Milman, um, if you live in DC, let me know um, if you live in DC, let me know because one of our practitioners who's because one of our practitioners who's in the train, no, no, she's in Virginia in the train, no, no, she's in Virginia sees people in Virginia and she's, you sees people in Virginia and she's, you certainly could see her even though certainly could see her even though she's not finished the program. She's she's not finished the program. She's very knowledgeable and she's a very knowledgeable and she's a physician. So, that's what I would say.

physician. So, that's what I would say. But, I'll put the pract the But, I'll put the pract the practitioners are really good. They're practitioners are really good. They're very knowledgeable and they could help very knowledgeable and they could help you, too.

you, too. Um if you had endo endometriosis in the Um if you had endo endometriosis in the past but are menopausal now is it okay past but are menopausal now is it okay to take uh genine?

to take uh genine? >> I don't think there's any >> I don't think there's any contraindication at all but I wouldn't contraindication at all but I wouldn't say I would check with your obey you say I would check with your obey you know check or you know check with your know check or you know check with your gynecologist. I don't I haven't heard gynecologist. I don't I haven't heard there's any issue with endometriosis but there's any issue with endometriosis but I would um I would I would check I I I would um I would I would check I I don't know the answer for sure on that don't know the answer for sure on that one.

one. one. >> Um where's this one? Uh doctors don't >> Um where's this one? Uh doctors don't need to sign off on supplements through need to sign off on supplements through full script. Correct.

full script. Correct. >> Oh no. Now the interesting thing is >> Oh no. Now the interesting thing is there's certain companies that if you there's certain companies that if you order it and Apex and um what's the order it and Apex and um what's the other one? Orthomolelecular. For some other one? Orthomolelecular. For some reason they make me say it's okay and I reason they make me say it's okay and I always do. I don't I don't um but for always do. I don't I don't um but for some reason they're not notifying me. So some reason they're not notifying me. So if that's one of your supplements, if that's one of your supplements, write immediately. I I wrote to full write immediately. I I wrote to full script. I'm like, I'm not getting this script. I'm like, I'm not getting this cuz some people wrote to my support team cuz some people wrote to my support team and they said that um you know they put and they said that um you know they put it they used to alert me like would that it they used to alert me like would that be okay and you know that the person be okay and you know that the person wants to get that and I don't have an wants to get that and I don't have an issue with that and so um but for some issue with that and so um but for some reason I'm not getting those reason I'm not getting those notifications. So if that's an issue I notifications. So if that's an issue I can put it in your account. So just can put it in your account. So just write because it ends on it ends like write because it ends on it ends like probably midnight I think Pacific on I'm probably midnight I think Pacific on I'm not sure if it's Pacific but it ends not sure if it's Pacific but it ends midnight on the 9th. So that's tomorrow.

midnight on the 9th. So that's tomorrow. So immediately write Amber is the person So immediately write Amber is the person who's in my support team who's who's in my support team who's fantastic, but just write and she'll

fantastic, but just write and she'll make sure and say what supplement you make sure and say what supplement you want and I will put it if it doesn't go want and I will put it if it doesn't go through. No, you can just order your own through. No, you can just order your own stuff for the most part and and they stuff for the most part and and they have they have um salts, they have have they have um salts, they have sunscreen, they have um Yeah. So they sunscreen, they have um Yeah. So they have other things that are good shampoos have other things that are good shampoos I think too. I don't buy the shampoo I think too. I don't buy the shampoo there, but the sunscreen I do. Yeah.

there, but the sunscreen I do. Yeah. >> Yeah. >> Yeah. >> Yeah. >> Um, should I trust my MD's blood test >> Um, should I trust my MD's blood test for DHEA, progesterone, estrogen, or for DHEA, progesterone, estrogen, or should I seek a different source?

should I seek a different source? >> No. Blood's blood. No, I think I think >> No. Blood's blood. No, I think I think that's fine. that's fine. >> Um, when recommending doses for >> Um, when recommending doses for supplements, does your weight or size supplements, does your weight or size factor into how much to take?

factor into how much to take? >> You know, they don't, which is an >> You know, they don't, which is an interesting point, right? It's a good interesting point, right? It's a good point, though. They don't really They point, though. They don't really They don't do that. But you wonder, right, if don't do that. But you wonder, right, if someone's like huge. That's a very someone's like huge. That's a very interesting question. They don't do interesting question. They don't do that. They don't say if you're over a that. They don't say if you're over a certain weight, you should have more.

certain weight, you should have more. But it's a it's a good point actually. But it's a it's a good point actually. >> Um, and do you find that Pilates can >> Um, and do you find that Pilates can strengthen bone?

strengthen bone? >> Yeah. Here's here's the interesting >> Yeah. Here's here's the interesting thing. Now, in general, if you you know, thing. Now, in general, if you you know, it's it's the forces.

it's it's the forces. So, like when you're contracting a So, like when you're contracting a muscle against the resistance, it's the muscle against the resistance, it's the pulling on that muscle on the bone pulling on that muscle on the bone that's saying, "Hey, we need more bone that's saying, "Hey, we need more bone here." So it's the force, you know, it's here." So it's the force, you know, it's the amount of weight that's really doing the amount of weight that's really doing it. So in Pilates in general, there it. So in Pilates in general, there isn't as much weight, but you can add isn't as much weight, but you can add resistance, you know. So again, you resistance, you know. So again, you know, major strength training is number know, major strength training is number one, but when I years ago working as a one, but when I years ago working as a physical therapist, there are certain I physical therapist, there are certain I had certain patients who just wouldn't had certain patients who just wouldn't do exercise, but they loved Pilates. So do exercise, but they loved Pilates. So I found a great Pilates instructor close I found a great Pilates instructor close by who was trained in osteoporosis. And by who was trained in osteoporosis. And so they were doing resistance, they were so they were doing resistance, they were doing and they both gained bone density.

doing and they both gained bone density. So I'm having two things. So I'm having So I'm having two things. So I'm having the Pilates person come on. Um so I the Pilates person come on. Um so I think Pilates, it wouldn't be the only think Pilates, it wouldn't be the only thing I would do. I think Pilates plus thing I would do. I think Pilates plus strength training. Um you know, you strength training. Um you know, you certainly when you're working against certainly when you're working against resistance, that's the philosophy. Um resistance, that's the philosophy. Um you know, the bones can respond to the you know, the bones can respond to the forces placed upon it. So it's that forces placed upon it. So it's that resistance, but it's whole body doing resistance, but it's whole body doing things. Um, so you know, but you need to things. Um, so you know, but you need to be safe in terms of the Pilates and um be safe in terms of the Pilates and um there's very very very good handouts there's very very very good handouts from the Bone Health and Osteoporosis from the Bone Health and Osteoporosis Foundation Foundation Foundation um that you know talk about safe Pilates um that you know talk about safe Pilates and um I'll put that also in the and um I'll put that also in the resource sheet [laughter] resource sheet [laughter] but but you want to do it safely. You but but you want to do it safely. You don't want the rounding poses. You don't don't want the rounding

poses. You don't want the extreme rotation poses. So I want the extreme rotation poses. So I think safe Pilates as part of a program think safe Pilates as part of a program is is great. Again, you don't want the is is great. Again, you don't want the rounds and you have to modify it though.

rounds and you have to modify it though. >> The um is genine contraindicated if a >> The um is genine contraindicated if a strong family history of breast cancer.

strong family history of breast cancer. >> No, it's an interesting question and >> No, it's an interesting question and that's one that was posed to Dr. Milman.

that's one that was posed to Dr. Milman. again I would never I would always have again I would never I would always have to speak to your oncologist but she to speak to your oncologist but she didn't you know it's interesting because didn't you know it's interesting because she works with two naturopaths who work she works with two naturopaths who work oncology and they actually let their oncology and they actually let their patients who had issues be on genine but patients who had issues be on genine but so she didn't feel and again I'm not you so she didn't feel and again I'm not you know I'm not she Dr. Milman when asked know I'm not she Dr. Milman when asked this question she said that there's this question she said that there's never been anything like she didn't have never been anything like she didn't have any issues if someone has a family any issues if someone has a family history of breast cancer to be on the history of breast cancer to be on the genie because it's not soy it's very low genie because it's not soy it's very low it's it's not even comparable it's so it's it's not even comparable it's so much smaller amount but it would be much smaller amount but it would be something to that they should talk to something to that they should talk to their doctor you know you should talk to their doctor you know you should talk to your doctor about but for the most part your doctor about but for the most part no one thinks there's contraindication no one thinks there's contraindication but it's something to check out but it's something to check out >> okay um I'm going to osteo strong does >> okay um I'm going to osteo strong does that work that work >> all right Well, here's here's the >> all right Well, here's here's the situation with osteor. I think what I've situation with osteor. I think what I've learned is that depends who is running learned is that depends who is running it. Number one, um the research I mean I it. Number one, um the research I mean I don't want to be miss negative because don't want to be miss negative because it has you know the there's a person it has you know the there's a person who's in my um practitioner program and who's in my um practitioner program and the osteo she's at is run by physical the osteo she's at is run by physical therapists and so the osteoggenic therapists and so the osteoggenic loading you know can theoretically loading you know can theoretically increase bone density if done safely. My increase bone density if done safely. My issue with some osteior places is that issue with some osteior places is that it um you know people have gotten it um you know people have gotten fractures. I mean there are people in my fractures. I mean there are people in my summits who wrote they had fractures summits who wrote they had fractures from osteior. Now unfortunately the from osteior. Now unfortunately the research is not positive like there are research is not positive like there are initial studies that they used were not initial studies that they used were not valid and their their research is not valid and their their research is not high quality. So there is um if you go high quality. So there is um if you go to bone's lab um Laura Gian Gregorio she to bone's lab um Laura Gian Gregorio she has a video on the osteo strong well has a video on the osteo strong well they looked at the osteo strong compared they looked at the osteo strong compared to the oniero and the ono gained bone to the oniero and the ono gained bone where they didn't gain bone in the where they didn't gain bone in the osteior strong so you know I I I don't osteior strong so you know I I I don't want to totally put it down if it's want to totally put it down if it's helping you it has helped some people I helping you it has helped some people I just think it needs to be done safely um just think it needs to be done safely um if you've never gone that wouldn't be my if you've never gone that wouldn't be my first choice I would do strength first choice I would do strength training other things um so The research training other things um so The research lately has not been very positive on lately has not been very positive on osteo strong but theoretically it done osteo strong but theoretically it done safely and you're loving it if you're safely and you're loving it if you're already in it and you're loving it you already in it and you're loving it you know and it's done you know good people know and it's done you know good people the problem I also have is some of the the problem I also have is some of the people aren't trained so you know that people aren't trained so you know that that's my issue that there were people that's my issue that there were people in my summits who wrote I had fractures in my summits who wrote I had fractures from osteo strong and they did find in from osteo strong and they did find in the research I can I'll put I'll put the research I can I'll put I'll put that under to the video that the they that under to the video that the they the bones 's lab who does research what the bones 's lab who

does research what they're feeling on the osteo strong but they're feeling on the osteo strong but again my my so I was always not a fan at again my my so I was always not a fan at all and then when I've learned that all and then when I've learned that certain physical therapists are doing it certain physical therapists are doing it and it's part of a program then I and it's part of a program then I changed my mind a little bit like if changed my mind a little bit like if that if you know it's done in the right that if you know it's done in the right hands as an adjunct to other things like hands as an adjunct to other things like that I would never ever think that that I would never ever think that should replace exercise but should replace exercise but Okay.

Okay. Okay. >> What are your thoughts on red yeast rice >> What are your thoughts on red yeast rice capsules? capsules? capsules? >> Oh, it helps cholesterol. So, I think I >> Oh, it helps cholesterol. So, I think I think people have been helped by that.

think people have been helped by that. Yeah. Yeah. Yeah. >> Okay. And you can't prescribe for meds >> Okay. And you can't prescribe for meds or labs, right, Margie?

or labs, right, Margie? >> No, I don't do that. I could um you >> No, I don't do that. I could um you know, I've worked with Mera Desessie, a know, I've worked with Mera Desessie, a good friend of mine. She she does um good friend of mine. She she does um like food um like micronutrient testing, like food um like micronutrient testing, but no, I I can't [clears throat] but no, I I can't [clears throat] I don't. But the practitioners the I don't. But the practitioners the practitioners for my program all do. So, practitioners for my program all do. So, you know, and you can talk to them for you know, and you can talk to them for free, you know, they'll they'll give you free, you know, they'll they'll give you like an initial um discovery call for 15 like an initial um discovery call for 15 minutes or something. So, they do a lot minutes or something. So, they do a lot of them have certain um companies they of them have certain um companies they work, you know, they they there work, you know, they they there [clears throat] are a lot of them that [clears throat] are a lot of them that are able to do that.

are able to do that. Um, everyone says magnesium is a good Um, everyone says magnesium is a good relaxant. I took magnesium for a year relaxant. I took magnesium for a year and got nightly leg cramps. I went off and got nightly leg cramps. I went off it and the cramps stopped. Any idea why it and the cramps stopped. Any idea why this happened?

this happened? >> No, I haven't heard that at all. As a >> No, I haven't heard that at all. As a matter of fact, it's it's a treatment. matter of fact, it's it's a treatment.

You know, magnesium deficiency causes You know, magnesium deficiency causes leg cramps. The other I don't know. leg cramps. The other I don't know. Well, they went away. That's very Well, they went away. That's very strange. Maybe maybe if it's not a high strange. Maybe maybe if it's not a high quality, you know, there are additives quality, you know, there are additives to these supplements. So, maybe there to these supplements. So, maybe there one of the additives bothered you. I one of the additives bothered you. I have no idea why what I use. So, back to have no idea why what I use. So, back to that company, Living the Good Life that company, Living the Good Life Naturally, they make a magnesium cream Naturally, they make a magnesium cream [laughter] that is so good because my [laughter] that is so good because my husband sometimes, you know, he's well, husband sometimes, you know, he's well, now he's not delivering babies, but he now he's not delivering babies, but he would go and he wouldn't drink enough would go and he wouldn't drink enough water, whatever. Middle of the night, he water, whatever. Middle of the night, he wakes up and he has horrible cramps.

wakes up and he has horrible cramps. This magnesium cream, it's called This magnesium cream, it's called magnesium muscle cream. And again, I magnesium muscle cream. And again, I think if you put Yeah, I think it's just think if you put Yeah, I think it's just happy. It's not happy bones. I think happy. It's not happy bones. I think it's just happy. It'll give you 10% off, it's just happy. It'll give you 10% off, but it's not. It's like $35, but it but it's not. It's like $35, but it really works. It's like the greatest really works. It's like the greatest thing for cramps. So, um yeah. So, thing for cramps. So, um yeah. So, anyway, but um yeah, I don't know. I anyway, but um yeah, I don't know. I would think maybe an additive. I've would think maybe an additive. I've never heard of that. It's just the never heard of that. It's just the opposite usually.

opposite usually. >> Um do you have the name of a probiotic >> Um do you have the name of a probiotic that is good? that is good? >> So many. There's so many probiotics that >> So many. There's so many probiotics that are good. It depends. It really depends, are good. It depends. It really depends, you know. I mean, there's a science to you know. I mean, there's a science to probiotics. Um there's, you know, if you probiotics. Um there's, you know, if you just want a basic one, there's um so just want a basic one, there's um so there's a couple, you know, there I mean there's a couple, you know, there I mean there's a lot of different ones. There's there's a lot of different ones. There's um you know, it's interesting because um you know, it's interesting because I'm going to test this new one out that I'm going to test this new one out that is is um a little different, but I is is um a little different, but I always I've liked Proflora by Bioiden.

always I've liked Proflora by Bioiden. That's one that's good. Um what's what's That's one that's good. Um what's what's the brand? Um the brand? Um I I'm sure if I put any in my stuff I I I'm sure if I put any in my stuff I mean there's a lot I like. It depends mean there's a lot I like. It depends though. Like ideally if you have an though. Like ideally if you have an issue, you get the GI map and then you issue, you get the GI map and then you see the composition of your gut, you see the composition of your gut, you know, you see what you're missing. So it know, you see what you're missing. So it there's different probiotics depending.

there's different probiotics depending. Um, Designs for Health makes one. It's Um, Designs for Health makes one. It's called You know what? Let me write I'll called You know what? Let me write I'll write them in. I I'll I'll put a couple write them in. I I'll I'll put a couple that are just basic good ones if you that are just basic good ones if you just want a general good one. Um, what's just want a general good one. Um, what's what's it? Mega Mega. Isn't that funny?

what's it? Mega Mega. Isn't that funny? I can't think of the names of them. Um, I can't think of the names of them. Um, [clears throat] I'll put them in. I'll [clears throat] I'll put them in. I'll put them in. And so go to resources and put them in. And so go to resources and I'll write them in and you'll get this I'll write them in and you'll get this right Melanie. They'll get this tomorrow right Melanie. They'll get this tomorrow sometime.

sometime. sometime. >> Yeah. >> Yeah. >> Yeah. >> So you'll get it before um the I'll try >> So you'll get it before um the I'll try to get it done as early as I can.

to get it done as early as I can. Actually I'm going to the US Open Actually I'm going to the US Open tomorrow. So I will get this done tomorrow. So I will get this done tonight [laughter] part of it. So um I tonight [laughter] part of it. So um I have tickets for that. I'm so excited.

have tickets for that. I'm so excited. My my I couldn't get tickets this year. My my I couldn't get tickets this year. Normally you go on the queue and and Normally you go on the queue and and this year it's lunacy here this US Open.

this year it's lunacy here this US Open. and I couldn't get tickets, but my son and I couldn't get tickets, but my son was able to get tickets somehow for a was able to get tickets somehow for a weekday, which I never take off during weekday, which I never take off during the week, but I said, "What the heck?" the week, but I said, "What the heck?" [laughter] [laughter] [laughter] So, um anyway, yeah. So, I won't be able So, um anyway, yeah. So, I won't be able to work on this tomorrow. So, I'll get to work on this tomorrow. So, I'll get this done tonight and then I'll give it this done tonight and then I'll give it to Melanie when she'll get done with at to Melanie when she'll get done with at some point tomorrow. Okay. Um these two some point tomorrow. Okay. Um these two are just about um CTX results. The first are just about um CTX results. The first one was my CTX is 209. My MPN and my MP1 one was my CTX is 209. My MPN and my MP1 NP is 36. How do I increase this to NP is 36. How do I increase this to optimal level? And the other optimal level? And the other >> No, that's okay. That's one10enth.

>> No, that's okay. That's one10enth. That's fine. That's good. I mean, it's That's fine. That's good. I mean, it's it's fine. I wouldn't worry about that.

it's fine. I wouldn't worry about that. You're I think I think that's okay. You're I think I think that's okay. Okay. Okay. Okay. >> And the other one with the CTX was they >> And the other one with the CTX was they just got their results in at 339. Is just got their results in at 339. Is that okay?

that okay? >> Yeah, that's okay. >> Yeah, that's okay. >> And you have a supplement that you >> And you have a supplement that you recommend for bone loss and tooth recommend for bone loss and tooth structure.

structure. structure. >> You know, it all goes together. my >> You know, it all goes together. my teeth, what I like, not bone loss and teeth, what I like, not bone loss and teeth structure. It all goes together.

teeth structure. It all goes together. Like if you're losing bone, you know, Like if you're losing bone, you know, it's a whole system, body system. Um, it's a whole system, body system. Um, but my teeth, what I love is the bioidon but my teeth, what I love is the bioidon and that's in my thing. If you go under and that's in my thing. If you go under dental, but the ones I like and it's dental, but the ones I like and it's really helped me because I had issues really helped me because I had issues with my gums, it's helped a lot of with my gums, it's helped a lot of people. So dental, it's from it's from a people. So dental, it's from it's from a company Bioiden. So it's dental siden d company Bioiden. So it's dental siden d n t a l c i d i n that it helps with n t a l c i d i n that it helps with like microfilms. I mean I never get like microfilms. I mean I never get plaque ever since I started using that.

plaque ever since I started using that. No plaque ever. I mean very little No plaque ever. I mean very little anything. So dental side into the anything. So dental side into the toothpaste. Then there is a um say what toothpaste. Then there is a um say what is it called? There's dental side of is it called? There's dental side of toothpaste. Then there's dental toothpaste. Then there's dental what's all the names of them. There's what's all the names of them. There's there's three of them. Um, and then they there's three of them. Um, and then they have another toothpaste to help have another toothpaste to help remmineralize. That's called like dental remmineralize. That's called like dental mint. Um, yeah, I think I'll put those mint. Um, yeah, I think I'll put those in as well, the dental. And then there's in as well, the dental. And then there's and there's dental liposome. I don't and there's dental liposome. I don't know. There's there's like a gel that know. There's there's like a gel that they have, you know, that you just I use they have, you know, that you just I use all of them. And then there's these all of them. And then there's these pills that you put in your mouth, too, pills that you put in your mouth, too, that help mineralize as well. So, that help mineralize as well. So, there's a whole there's a whole system.

there's a whole there's a whole system. Are there many other questions? I could Are there many other questions? I could pull it up if Are there any other pull it up if Are there any other questions? I'm gonna stop it, too, for questions? I'm gonna stop it, too, for sure.

sure. sure. >> Yeah, there's one, two, three. I think I >> Yeah, there's one, two, three. I think I have five. have five. >> All right, let's let's All right, let's >> All right, let's let's All right, let's do them real fast.

do them real fast. >> Where do you buy basil seeds? And how do >> Where do you buy basil seeds? And how do you eat them? you eat them? >> Oh, they're like chia seeds. Zen basil.

>> Oh, they're like chia seeds. Zen basil. Now, it's interesting because there was Now, it's interesting because there was always organic, but now it changed the always organic, but now it changed the label, but I still think it's it's good label, but I still think it's it's good source. That's the ones I've been using.

source. That's the ones I've been using. Um, for some reason the package doesn't Um, for some reason the package doesn't have the organic thing on it, but I was have the organic thing on it, but I was getting Zen Basil and that's I do get getting Zen Basil and that's I do get those on Amazon because they can't like those on Amazon because they can't like fake that. Um, or yeah, I haven't that's fake that. Um, or yeah, I haven't that's the one I've been getting. I I'm going the one I've been getting. I I'm going to check into it since they changed the to check into it since they changed the label, but you can get that that I think label, but you can get that that I think is fine to get on Amazon because it's is fine to get on Amazon because it's it's in a pouch. It's not, you know, it's in a pouch. It's not, you know, like a supplement, like a supplement, >> right? Um, and my HMO does not have CTX >> right? Um, and my HMO does not have CTX and P1NP. What can I do?

and P1NP. What can I do? >> You have to get it. There are ways um >> You have to get it. There are ways um you know that you could order it you know that you could order it yourself and I don't know offhand if you yourself and I don't know offhand if you um I could find out. I know Dr. Milman um I could find out. I know Dr. Milman has different

ways that people like you has different ways that people like you know there's ultra labs. There's some know there's ultra labs. There's some other things that you can do to order other things that you can do to order yourself.

yourself. yourself. >> Okay. Um are you familiar with scene >> Okay. Um are you familiar with scene calcium chews? calcium chews? >> Yeah. Um I I do. I I I I had them. I >> Yeah. Um I I do. I I I I had them. I mean they're they're they're dairy.

mean they're they're they're dairy. people love them and it's like it I met people love them and it's like it I met the people. I met the people. I didn't the people. I met the people. I didn't like the taste of them personally.

like the taste of them personally. They're very sweet, but they're They're very sweet, but they're certainly it works. I mean, it's like certainly it works. I mean, it's like food. So, yeah, I have no problem with food. So, yeah, I have no problem with them. And um as long as you don't have them. And um as long as you don't have any issues with dairy and it's a little any issues with dairy and it's a little sweet, but there's no people are seeming sweet, but there's no people are seeming to really like them. I met the people to really like them. I met the people who created them. Yeah.

who created them. Yeah. >> Okay. And what are your thoughts on >> Okay. And what are your thoughts on golfing? golfing? golfing? >> All right. If you've never golfed >> All right. If you've never golfed before, I wouldn't take it up because before, I wouldn't take it up because there is a lot of rotation and force and there is a lot of rotation and force and you could certainly if you're a golfer, you could certainly if you're a golfer, then I there are physical therapists.

then I there are physical therapists. Now, there used to be a program I got Now, there used to be a program I got trained in actually. It was called act trained in actually. It was called act to golf, but because I'm not a golfer, I to golf, but because I'm not a golfer, I couldn't no one took me seriously, so I couldn't no one took me seriously, so I never end up doing it. But you can learn never end up doing it. But you can learn how to stabilize and rotate your whole how to stabilize and rotate your whole spine. So, if you've been golfing your spine. So, if you've been golfing your whole life, you don't have an issue. I whole life, you don't have an issue. I would work with a physical therapist and would work with a physical therapist and there are other people there different there are other people there different training programs for you know safe golf training programs for you know safe golf usually it's for people with back usually it's for people with back injuries but you know so it's not injuries but you know so it's not something I would take up there's a lot something I would take up there's a lot of rotation with force so if you have of rotation with force so if you have serious osteoporosis there have been serious osteoporosis there have been people that have had fractures so it people that have had fractures so it wouldn't be my first choice but if wouldn't be my first choice but if you've played your whole life and you you've played your whole life and you love it then I would see how you can love it then I would see how you can modify it and check with your doctor too modify it and check with your doctor too but yeah but yeah >> okay sorry and I'll make this one the >> okay sorry and I'll make this one the last question Can you just spell again last question Can you just spell again the toothpaste?

the toothpaste? >> Yeah, I'm gonna have to write them all >> Yeah, I'm gonna have to write them all down. [laughter] down. [laughter] You know what I'm gonna do? Here's what You know what I'm gonna do? Here's what I can do. I can I can look it up. I I I can do. I can I can look it up. I I will um I'm gonna I'm gonna stop the will um I'm gonna I'm gonna stop the recording. I'll let's say goodbye and I recording. I'll let's say goodbye and I will I will put this in the replay, but will I will put this in the replay, but stay on if you want to know and I will stay on if you want to know and I will um I'll put, as I said, I'll put under um I'll put, as I said, I'll put under resources, but I can show you the resources, but I can show you the toothpaste in a minute. But what happens toothpaste in a minute. But what happens is if this is over two hours, it's much is if this is over two hours, it's much harder for Melanie to edit. So, we want harder for Melanie to edit. So, we want to get this out. So, let's do this.

to get this out. So, let's do this. Let's Is that the That's the last Let's Is that the That's the last question. Let's stop and I'm going to question. Let's stop and I'm going to put everybody back on. How many people put everybody back on. How many people are still here, you guys? Oh, a lot of are still here, you guys? Oh, a lot of people are still here. Okay. [laughter] people are still here. Okay. [laughter] I hope that was helpful. Was that I hope that was helpful. Was that helpful for you guys?

helpful for you guys? >> Oh, good. Good. I hope everybody learned >> Oh, good. Good. I hope everybody learned something. Oh, good. something. Oh, good.

>> Very helpful here. >> Very helpful here. >> Oh, good. Well, I'm so glad. And if you >> Oh, good. Well, I'm so glad. And if you want to join the community or any of want to join the community or any of these things, please do because we have these things, please do because we have Right, guys. We have so much fun.

Right, guys. We have so much fun. >> Thank you. >> Thank you. >> Um, okay. So, let's So, here's what we >> Um, okay. So, let's So, here's what we do. On the counts of three, and I'll do. On the counts of three, and I'll stay on, but I'm going to end the stay on, but I'm going to end the recording, but stay on. I'll show you recording, but stay on. I'll show you the dental. Um, on the counts of three, the dental. Um, on the counts of three, what what's what's a good word? Should what what's what's a good word? Should we just say empowered bones or what's a we just say empowered bones or what's a good word to say?

good word to say? >> Thank you. >> Thank you. >> Okay. You're welcome. What about strong >> Okay. You're welcome. What about strong bones? Let's just say strong bones. So, bones? Let's just say strong bones. So, on the count of three, everybody, and I on the count of three, everybody, and I see a lot of people in my membership, so see a lot of people in my membership, so I'll see you pretty soon. But on the I'll see you pretty soon. But on the count of three, we'll just say bye, count of three, we'll just say bye, Strong Bones. Ready? But stay on. I'm Strong Bones. Ready? But stay on. I'm going to stay on after I say this, but going to stay on after I say this, but I'm going to end the recording. Okay, I'm going to end the recording. Okay, ready? One, two, three. Bye.

ready? One, two, three. Bye. >> You're so welcome. >> You're so welcome. >> Thank you. >> Thank you. >> Thank you. >> Thank you. >> All you guys. All right, what I'm going >> All you guys. All right, what I'm going to do, I'm going to pause the recording.

to do, I'm going to pause the recording. Oh, I guess I could just stop the Oh, I guess I could just stop the recording. Will that stop? No, I can recording. Will that stop? No, I can stop the recording, but I think I'll stop the recording, but I think I'll stay on. It should work. If I'm not on, stay on. It should work. If I'm not on, come back on this link.

come back on this link. No, we're good. Okay. Okay. So, now I'll No, we're good. Okay. Okay. So, now I'll show you guys. I'm just going to share show you guys. I'm just going to share my screen. Let me show you. Um, let me my screen. Let me show you. Um, let me share. Okay. I'm going to show you my share. Okay. I'm going to show you my toothpaste. I like Okay.

toothpaste. I like Okay. Okay. So, let's go here Okay. So, let's go here and we'll just I'm just going to go to and we'll just I'm just going to go to the companies. I think it's easier than the companies. I think it's easier than this is on full script, but it's easier this is on full script, but it's easier to see. Um, let's go to biosided.

to see. Um, let's go to biosided. Okay. Okay. Okay. All right. So, here we go. Can you see All right. So, here we go. Can you see my screen? my screen? >> Yes.

>> Yes. >> Yes. >> Yes. >> Yes. >> Yes. >> All right. So, let's just put um shop. >> All right. So, let's just put um shop. Do they have their dental smile? Is that Do they have their dental smile? Is that what that says? Smile. Oh, this is it what that says? Smile. Oh, this is it then.

then. then. Smile. Okay. So, there's Let's Let's hit Smile. Okay. So, there's Let's Let's hit them. Hm. Let's see if we can make these them. Hm. Let's see if we can make these bigger. Okay. Okay. Oh, here they go bigger. Okay. Okay. Oh, here they go through each one. All right. So, again, through each one. All right. So, again, I would order this on full script I would order this on full script because it'll be cheaper. So, Dental Min because it'll be cheaper. So, Dental Min Pro. Okay. D N T A L M I N Pro. That is Pro. Okay. D N T A L M I N Pro. That is $19.97.

$19.97. $19.97. It'll be cheaper on full script. Um, but It'll be cheaper on full script. Um, but that's the one to use. That's that's the one to use. That's remmineralizing. So, that helps remmineralizing. So, that helps strengthen teeth. That you use at night.

strengthen teeth. That you use at night. Okay. Dental flora. I find this it makes Okay. Dental flora. I find this it makes me thirsty so I don't take it like right me thirsty so I don't take it like right before bed but dental flora it's like a before bed but dental flora it's like a probiotic for the mouth really good okay probiotic for the mouth really good okay again do these on full script you'll get again do these on full script you'll get um you'll get a discount okay dental um you'll get a discount okay dental siding this is the one that I use for um siding this is the one that I use for um the morning now it's a little gooey so the morning now it's a little gooey so you have to be careful you put the you have to be careful you put the [laughter] top back on but that's just [laughter] top back on but that's just really good probiotics And it has this really good probiotics And it has this dental it has like a special solution of dental it has like a special solution of botanicals. It's I just find it great.

botanicals. It's I just find it great. People have really been helped. And then People have really been helped. And then um this is what I was saying dental side um this is what I was saying dental side and LS. So this is a um it's like a and LS. So this is a um it's like a liposomaal form and I put it I use it liposomaal form and I put it I use it for morning and evening. I think that's for morning and evening. I think that's it. Yeah. So that it's a really really it. Yeah. So that it's a really really um Yeah. It's a whole oral care system um Yeah. It's a whole oral care system and I think No, I don't use the other and I think No, I don't use the other stuff. Yeah. I think it's great. Okay, stuff. Yeah. I think it's great. Okay, I'm g stop. I mean, so many people have I'm g stop. I mean, so many people have been um turn turn off AI companion.

been um turn turn off AI companion. Okay. Um so many people have been helped Okay. Um so many people have been helped with that. It's it's incredible.

with that. It's it's incredible. Anyway, on that note, after two hours, I Anyway, on that note, after two hours, I I can't do anymore. [laughter] But if I can't do anymore. [laughter] But if you want to join us right there, it you want to join us right there, it really we really have fun and um I'd really we really have fun and um I'd love you to do that. But regardless, love you to do that. But regardless, just take one of these steps, do just take one of these steps, do something and um and see everybody soon.

something and um and see everybody soon. And thank you guys for listening to the And thank you guys for listening to the podcast. That always that always makes podcast. That always that always makes me happy when I like meet people who me happy when I like meet people who actually, you know, who listen to the actually, you know, who listen to the podcast [laughter] because then then podcast [laughter] because then then when so when I look into my little tube, when so when I look into my little tube, when I look through that, I like think when I look through that, I like think of all of you. I like think, okay, this of all of you. I like think, okay, this is going to all of these people. Then I is going to all of these people. Then I can visualize, you know, [laughter] and can visualize, you know, [laughter] and and it [clears throat] it sort of helps and it [clears throat] it sort of helps because you do it in well when I do it because you do it in well when I do it with a guest, at least I'm on with a with a guest, at least I'm on with a guest, but you know, I do it in my guest, but you know, I do it in my office, so like no one's really here, office, so like no one's really here, you know. [laughter] you know. [laughter] All right, bye everybody. Have a great All right, bye everybody. Have a great rest day.

rest day. >> Bye. >> Bye. >> Bye. >> Oh, you're so welcome. >> Oh, you're so welcome.