Introduction to Bone Health and Menopause

Hello. Hello. Welcome back to Mastering Your Menopause Transition Summit 2.0 and your host, Dr. Sharon Stills. It's beautiful to be here with you. And as you know, I've been gathering experts on all of the important topics that I feel I see in my clinic with patients and that I know I want to get the right information to you on.

And so today is a biggie because today we're going to talk about your bone health and osteoporosis. And I know this is something that is a huge concern as you're perimenopausal going through menopause, post-menopausal.

I see it all the time in my clinic. I see women concerned about it, whether they've had a diagnosis or they want to prevent it or they saw their mother suffer or their auntie suffer.

And so I'm really excited to have my guest with me today, Margie Bissinger, who is the osteoporosis Queen. And she she's a physical therapist. She's a health code author.

And I love this. She is a happiness trainer. So we're going to also talk about the link between happiness and your bones, which makes me very excited.

And we're just going to really you know, this is going to be a really hands on giving you like, these are the tests you need, these are the exercises.

These are the things you need to know to ask your doctor to make sure is being done so that you can feel good that you are getting the proper care for your bones and your bone health.

So thrilled to have you here. Welcome, Margie, to the summit. Oh, well, thank you so much for inviting me. So glad to be here with you. Yes, I'm super, super excited.

And so I just want to dove right in. And I guess I would love it's common question. Right. But like, how did you get into this? Like, why? Bones Because as we were talking before we went live, like it's a very niche, you know, to just focus on osteoporosis.

So is how did that end up happening for you? Well, it's really interesting because I did sort of fall into it. And so I'm a physical therapist and my background is orthopedic physical therapy.

So I was working with people with back pain, neck pain, with all sorts of different pains and worth, orthopedic conditions, outpatient. And then a group of doctors I had moved did a group.

I was in private practice. And this is this is over 25 years ago. And a group of doctors asked me if I'd see their endocrinologist, and they were working with people with osteoporosis.

How Margie Bissinger Got Into Osteoporosis Care

And this is way back before some of the medications were out. And they said would you see our patients and teach them the right exercises and, you know, help them in terms of physical therapy, which was really wonderful that they wanted to do that.

And I had taken numerous courses on osteoporosis and exercise and women's health. So I was well equipped to do this, but I was absolutely mortified at what I was seeing.

Women were coming in doing exercises, and I can explain that afterwards. They were actually increasing their risk of fractures. And I was so upset, I thought, Oh my gosh, you people just they were well-intentioned and they

wanted to help themselves, but they just didn't have the right guidance.

They didn't know the doctor might say exercise, but they didn't know what to do. So they would turn to trainers or or, you know, things. It was before the Internet was really big, so even magazines and things and they were just getting the wrong guidance.

And so I said, you know what, I have to take action here. And so I became very involved locally with the state of New Jersey as well as as well as even nationally helping people in terms of exercise.

So that was a while ago. And then I added to that long story. My son got diabetes, I saw how nutrition was such an important piece and I realized that was missing.

So then I went back to school, studied nutrition, and added that piece to it as a health coach. And yeah, so that so since then I realized that, you know, there's just so much out there and it's really I look at it as an opportunity when you have the diagnosis.

But as we'll talk about with menopause, this is an opportunity to prevent things and but there was so much that people could do that they didn't know about it.

So that's how I got involved, really, you know, started studying and trying to spread the information and work with other people. So that that was a while ago.

But that's so it's been over 25 years now. I love that. But those doctors were very forward thinking. Yes, absolutely. And on that, that's always exciting.

And I remember those days without the Internet, it. Was. All my books and my medical books. And I kind of when I move, I schlep them with me and I kind of think, you know, do I even use these anymore?

Like now we just have everything at our fingertips. But those were very, very different days. So let's see where why don't we start with like the diagnosis, the testing, because there's, you know, what's the deal with the DEXA scan?

Because if you are just in the mainstream world, you just get, you know, a DEXA scan and that's that's all. And we know there's other ways. So I'd love to hear your research.

You know, it's such a good point because that's the that's how people are diagnosed solely by its axis scan. You could feel amazing because for many people it's totally silent.

You have no symptoms. And then you get this DEXA results. And what the DEXA is, it's the bone density test. And they look at your your bones and they measure it and they compare it to the bones of a 30 year old, and they look at standard deviations away from that.

But the decks itself only measures bone quantity. It does not measure the quality of the bone. So you can have two people with a diagnosis and then they look at it.

So if you're 0 to -1 standard deviations, it's considered normal. If you're -1 to -2.5 away from that 30 year old that's considered osteopenia and -2.5 or more is considered osteoporosis.

DEXA Scans, TBS, and Bone Testing

So that's purely based on this one test, which isn't even the most accurate because there's unless you have a good person who's doing it, someone who's really been trained in, you know, clinical, dense cytometry, there can be mistakes.

But that's the test we have for now. So it's only tells you one thing. So two people with the same number one can have really strong, healthy bone marrow and one could have the it's not mentioning the quality, meaning, the

interconnectedness, you know, what's the quality of the bones like.

So there is it's tests that anyone getting it for the first time it's called tbe s or trabecular bone score. And what that is that's a software that they use with some DEXA machines, some of the bone density machines, and they can then assess the quality.

So it gives you so much more information. So anyone getting your first checks? Absolutely. Look at it. It's I think it's now covered or being covered by insurance, but it's not it's not very expensive.

The additional trabecular bone scoring. And you can even go online TBI site and find out the places that, you know where in the United States that you can.

I know United States, I'm not sure other places. But anyway, so that's what I would recommend because that's there are some other things, but nothing is really been really people don't feel that it's ready for prime time, any of these other different possible tests.

But the best one is the TBS and the bone density. Now if you already had one, the way this test is is that your value will depend on the machine you used.

So they always recommend going back to the same machine. So then you'll have to decide, do you want to compare it? Because you really can't compare one year to another if you're on a different machine.

That's how crazy this is. But anyway, that being said, those are the best tests. And, you know, the crazy thing is that sometimes they say, oh, you don't need to do it until you're 65 or older, unless you have risk factors.

But you could be missing the boat. To me, I think that's a terrible thing because, you know, you just may not know. And if you do know, then as I said, there's so much that can be done.

So I think that at least, you know, before or during the least like early menopause, see what your base is, see what's going on. But when you get that test, you get a number.

So here's what you asked about more testing. You don't know what that number means. Does it mean that as a young child or you didn't build bone? You know, if you bone responds to the forces placed upon it.

So if you were sort of a couch potato or you had any type of eating disorder or digestive issue, as a child, you may not have built the bone. And we build on our bone before the majority of our bone.

I mean men and is 2085 to 90% your bone for women is is eight is around 18 to 20 and you know, in the thirties of your peak bone. So the point is you don't know what that value means.

So the next test that I really like people to do are bone markers that if you find out you have osteoporosis and what that does, the best one is it's called the CTE X and it just tells you are you actively losing bone?

Are the cells that break down bone? Do you have, you know, increase activity there? And if that's the case, you want to know what to do, so you can stop that.

What are the root causes? So I think it's not it's not as you know, it's not like, okay, I have a diagnosis of Bastia process. I have to go on this medication.

It's not like that. It's much I wish I could say. It's a quick fix. It's really not. I. But the good news is it gives you a window to look at your life and see what areas maybe you're not paying attention to.

Or you may have issues. And the good news is when you correct that the bones are on in isolation is, you know, everything gets better. So, you know, so so there's a lot of testing, but I think it most important to figure out what's going on and are you actively losing bone or did you just never acquire as much bone in the treatment is very

different for both of those.

Mm yes I am. You know I've always wondered like who is the 30 year old on the DEXA scan that they're comparing me to or my patients to or whoever to, you know, because we all have some sad big bones.

Some of us have little bones. We all, you know, we all have different constitutions. And so, like, when you're talking and, you know, you bring up so many valuable points and that, you know, it doesn't just happen.

Like you go through menopause and you lose bone. A lot of these things are our hormones are declining. And so these things are happening before, you know, we could be marching towards something.

And like you said, it's silent and these things are happening before. So like, how about, you know, and for a lot of us, it's too late. But, you know, for your for your daughters or your nieces or colleagues, you know, how about getting your own DEXA with the TVs when you're 30?

So you can actually be the 30 year old that you're comparing to. So you can see your own bone. And then as Margie saying, like you can see, you know, did you not start with a lot of bone or is it something that's happening as you're aging?

Like you can start to figure out where this is an issue from because, you know, when you talk about the quality, I just keep thinking of like the three little pigs.

How is this, you know, are your bones, you know, are they just going to be blown over or broken apart? And quality is really important. And so for the city X could you just talk a little bit about like for the women listening, so what should they like?

They ask their doctor to do that and then what should they be looking for? Yeah, the thing is, is that you'll have to work with well I guess no regular physicians will do that.

We'll do that. I mean there's also there's a couple of them and it's a C tell a peptide it's called and there's also ap1 MP. I don't want to get too technical, but you want to work with people who know that.

And I get I wouldn't do this unless you have bone loss, you know, to just do the DEXA test. And unless there's an issue and I wouldn't I wouldn't do that.

This is just when you find out you want to dig deeper and see what is going on. And so in terms of the numbers on the test, the numbers, you know, it's actually I here's what I'd recommend because it's it's a complicated this is probably the greatest it's such a great it's called Great Bones.

It's by Dr. Keith McCormick. And he goes through all the testing and really detailed because it would take us it would take us a half hour for me to really explain, but I would tell people to go to that in terms of the numbers, you know, it's going to be different for different tests.

But sometimes the values are are are large like it might say it's normal, but usually I'm trying to think I think I think Dr. McCormick likes it to be like under I don't think anything higher than 400 either nanograms per liter or, you know, that that's what I'm thinking in terms of you know, that to even be lower but under 100 isn't good.

If it's too low, that means you're not getting any bone turnover.

Hormones, Calcium, and Key Bone Nutrients

So it's a little complicated, but but I would highly recommend that book because it's so good and it goes into really detail well on all the testing because there's there's a lot that can be done to give you good information.

But I want to say about for the summit, those like you mentioned an opportunity, you know, you mentioned and

what I think is missed so much is this menopause time because the bioidentical hormones really do prevent osteoporosis.

They are they and it's not something that the doctors are really talking about, but it's an opportunity to, you know, now that they're safe and now that they, you know, what they all the fear over that women's health initiative, they found it was a very different animal, as you know, it wasn't denticles.

So I think it's just an opportunity for people instead of waiting, you know, after menopause to lose bone and for things to happen because that, you know, that doesn't happen when we don't have the estrogen.

We do lose bone at that. And we there is a large loss in, you know, after menopause. However, I think the important thing is it is the time. It is something that can be prevented when people do use the bioidentical hormone.

So I'm just a big believer in this is a missed opportunity for a lot of people. And you know, just because they're not educated on it. But I know you educated on this and the work you do, I don't think this crew has to worry about that.

But I want to just say that that it prevent bone loss. It really does. They've done studies on that and they really show that you can really maintain your bones much better.

You know, if you are utilizing bioidentical. That being said, if you're not, there's so many other things that can be done. But I just wanted to mention that I think that's a good opportunity.

You don't have to be losing bone. You know, you can do it preventatively. Absolutely. You won't hear me argue about that. I mean, I think about it all the time.

I love bioidentical hormones. I've been using with them with patients for 21 years now. And it you know, they're lovely for helping your hot flashes and your insomnia and all of that is fantastic.

But the the preventative capabilities of them and bones and brain and heart of bones is such a big one. When women come to me and they're concerned, it's like hormones and they're like, Well, I'm not having hot flashes.

And I'm like, That's great. But still a hormone. So what is that? So there's like different viewpoints. I'd love to hear you speak too. Like, should I take calcium?

Should I take strontium? Well, what do I need to take, you know, to help my bones if I'm doing hormones or if I'm not, you know, what. Are your okay, regardless of what?

And this is why it's such an interesting thing, because people think it's either medication or not medication, you know, like they'll think of, well, if I'm taking the medication, I'll to worry about anything.

It's whole so far from the truth. Oh, my gosh. So we'll get it. I definitely want to get into the exercise piece. So I think it's nutrition. No matter what you have, you have micronutrient deficiency.

If you have a deficiency in in the building materials, what we need for our bones, that's going to manifest as bone loss. So calcium is very important.

And, you know, there's different different places have different recommendations. In the United States, they say anyone over 50 is 1200. And, you know, 15 lowers like a thousand milligrams.

But that's combination that's in other places. It's just, you know, a thousand or even less. But that's combination. So I always feel food first, you know, only supplement what you're not getting from your food.

Because what I see is most of the doctors will tell people calcium, vitamin D and weight bearing exercise. Those are the three things and medication possibly.

And so the problem is that is is I see people in too much calcium. So they're getting it in their diet and then they're supplementing maybe like 1200 or something.

And with calcium, more is not better. You want to just, you know, just like you said, the Goldilocks you want enough. But if you have too much, there's been some research, nothing 100% conclusive.

But people are getting kidney stones. They're getting more cardiovascular problems because you're getting calcium in the arteries and places that you don't want.

So you don't want to have too much. So I always tell people, see what you can get from your food and don't add more dairy. You know, that's what people think.

Oh, I'll just add tons more dairy, because for so many people that's inflammatory. And you know, they haven't shown that the places that have the most dairy have lower bone fracture, just the opposite.

But then so calcium is important and you know, you need to calcium. That's not a question. Vitamin D is very important. You know, everyone should get the and most doctors order the vitamin D 25 hydroxy so most people are looking at to make sure people have enough vitamin D.

So those two are critical. But besides that, the one that is often ignored in conventional medicine and so important is vitamin K to make because vitamin K2 will take their calcium and make sure goes into the bones and sweeps it out of the soft tissue.

So it's a just and dense research. I mean, there's two different types and there's controversy on which type is better, you know, my so there's an M. K.

seven and M. K. for the mk7 is from not fermented food and not two it was a Japanese or a food. If you can eat the natto, you're set. But it's slimy, not very tasty.

That's the problem. So the MK seven is not that expensive and it's and it has a very long half life that lasts in your body. And they have done research showing showing people in Japan have much less incidence of osteoporosis where they have the narrow but also the studies have shown that people and can reduce bone loss and also could affect the size of the vertebrae.

So there have been, you know, research on MK seven and then there's also research and there's even research on the heart with case of A but MK four there's research that they did in Japan, very high doses, 45 milligrams where we wear them.

K seven The research was around 180 micrograms, a much lower dose the MK or was 45 milligrams and has a very short half life. So you have to the research was like three times a day, but most of the doctors, if they use that is twice a day.

The benefit of that is but there's more research on fat fracture prevention. So my feeling is both are good. I just think it's important to get and most people don't get enough from their food.

So it's just an important supplement as well as magnesium is really essential. And you know, I'm a big believer if you can get the I, you know, get well with osteoporosis.

I want everybody I don't want to miss a beat here. So I like tests don't get us so if people can I do like if they get micronutrient tests and just see what maybe they're not absorbing what they might be missing so but we can eating from the rainbow proteins critical people used to think too much protein isn't good for the bones but they've found that that's not the case in the research.

And people get older, they're not getting enough. So so protein and you know, just again the rainbow, you know, when people eat from the rainbow, it's going to make a big difference so that you get all the nutrients for your

bones. Hmm.

I just have a couple questions and then I want to move us to exercise. Yes. So do you have a kind of calcium you prefer? Like I personally do. I like, you know.

Well, I have one. I don't want people to I don't want people to use calcium carbonate because the calcium carbonate A it needs stomach acid, but it also reduces stomach acid.

That's what people take. Not like Tums to reduce stomach acid. And they found that people know a lot of people that osteoporosis don't have enough stomach acid.

As we get older, we lose stomach acid. I'm a doctor right out in Seattle found 90% of his osteoporosis patients had reduced stomach acid. And when that happens, you're not going to absorb your nutrients.

So so I don't want to crowd carbonate that's going to reduce any stomach acid and needs stomach acid to even be effective. So the one I like is the never pronounce it microcrystalline hydroxy appetite.

That's my absolute favorite for me. But the other one that's okay that people use is calcium citrate as well. So I would say so those are that. Get rid of HDL because I you know, there's a few things when everyone is individualized, but when a patient comes in, it's like, you know, we got to optimize your vitamin D and your K and your micronutrients and we got to optimize your stomach acid to make sure you're going to be absorbing.

And I think that's a piece that's best. So I'm so glad, you know. It's so myth and it's so prevalent and it's something people really need to know about because how sad if you don't have adequate stomach acid that you're not going to be absorbing.

You're going to be taking all the right stuff. And, you know, so it's one it's something that I it's an epidemic. And I see it in my you know, I used to say, you know, as you know, after 30, after 35, our hydrochloric acid production goes down.

But I see it in even like ten year olds now. It's just, you know, yeah, it's really it's really sad. So it's really something that you want to make sure you're looking at.

And then my, my two more nutrient questions and then we'll go to exercise. Do you have a level of vitamin D you want to share? Because it is great. Lots of people are checking vitamin D now, but I have lots of patients who come in and, you know, it's this range of 30 to 133 and they're told they're fine.

So what's your. Answer? It's really so interesting because I know and again, it really varies in and it's it's interesting because I work with so many functional medicine and integrative physicians.

And you're right because conventional medicine will look 30 in and be okay. You know, we're more I would say more. The integrative medicine is one of the at least 45 to 50 now ever I've been.

There's a parathyroid surgeon that I've been so fortunate that I've been able to get to know Dr. Diva, Boone and so she sees a different population and she sees a population of people who have issues with the parathyroid.

And and it's it's way more common than you think. I mean, the last time I had a summit, 20 people from the summit found out that they had parathyroid tumors.

Even younger people. And so what she told me, she really feels that people are, you know, for that population. I mean, there are people who are just taking way too high dose.

I mean, d the so so I, you know, so again, I work with other people's physicians. You know, I'm not the person that says get get it this. But I like people to be usually minimum of 45.

And, you know, in terms of the real, real high levels now, I you know, I have to I've been careful because I've seen too high is also an issue. So, you know, I don't know.

I think between 45 and 60, I know people think higher than that. But that's you know, again, I work with the different. Each person is different. If someone has autoimmune issues, you may want to higher.

So there's not one thing I would say at least 45 though in terms on the low end because I think 30 is a little too low. And I think a lot of people say, I don't know how you feel about that.

I used to think higher was great up until working with Dr. Devi Boone and seeing that some people had too much and it was actually causing a problem with their parathyroid.

So yeah, I, you know, standardly I like 80 to 90 because I work with a large population is autoimmune or dealing.

Vitamin D, Parathyroid, and Strontium

Yeah so but I'm always running intact is an ionized calcium, you know, I'm running these markers to make sure and screen because that's a very good point and to make sure that you're not way over dose because you know more is not always better.

So yes. So that's. Yeah. Exactly. You have to look at the individual people in all the other tests. So it's hard to say a blanket number given that what I've learned about the parathyroid I have certain people are really, you know, taking too much.

So it depends. On my patients who have parathyroid issues. We are keeping the vitamin D about that 45. It's like that sweet spot and monitoring it closely.

And I'm so glad you brought that up because, you know, everyone talks about thyroid, no one talks about the parathyroid. So that's a good thing for everyone listening to just have on your radar.

And actually now let's split readings. And how we go into that for 2 seconds because I think one person listens and it prevents because it's a real, real problem because the values that are on the test are for all ages.

And even in medical school, they are people. The doctors are taught that if it's a little high, no big deal, but it is a big deal. And any time of the parathyroid is going to take calcium from your bones because it thinks your blood level, you know, if there's a tumor, it's going to be working too, too much and it's going to be taking too much calcium from your bone.

So you're definitely going to be losing bone as well as having some other symptoms. So anybody who's over 40 on the calcium, when you look at your blood work, Dr.

David Boone taught me you have to look at your own blood work because the doctors miss it and it's missed a lot. So the point is it should not be over time if you know it, as long as it's, you know, in the nines, if you're over 40, that's okay.

But it should not be getting higher at all. So if you see that. Yeah. So it's something you know, again also with the parathyroid or but just that itself and it's interesting my husband's know began and you know, he had listened to diva Boom talk and he had a 40 year old patient and, you know, normal.

He said it was like a little high. He wouldn't go any big deal or watch it. But sure enough, he had her in the center, her numbers, and sure enough, she needed surgery.

She had the tumor. So anyone listening, check your numbers. If it's over ten, just get it evaluated by, you know, go further into that. Valuable, valuable tidbit there.

Okay. So now let's let's go to oh eight. Now, actually, I have one more question before we go to exercise. I want to know what you think about strontium.

Oh, I'm so glad you asked that. I am very against strontium. Okay? I'm very against strontium for a couple of reasons. Number one, it's a heavier it's a heavier it's heavier, heavier elements then than calcium.

So what happens is when you take the strontium, it, you know, your DEXA test will show improvements. It will show that your bone density is better, but it has not improved the strength.

So so now it makes, you know, this is sad because I see people that are so excited. Oh, my gosh, my bone density is better, but it really isn't because it's inaccurate now.

Because you can't you've taken the strontium. So number one, it makes the DEXA test inaccurate and you can't use it. And number one, number two, the strontium regulate the one that they you know, they've they've done some studies and they show there could be increased blood clots.

So there's some negative side effects to it as well. So there's really I don't see any benefit other than it's going to fake, you know, it's going to make the it's going to make it look better.

And, you know, all the organizations do not recommend it. And so so I'm I'm in the no strontium camp. There you have it, people. Okay, so now let's talk about exercise.

It's okay. This is so important. And no matter what the good news is, you know, every age you can exercise. And that's what's so exciting. And even people who are you know, there's two different things.

Number one is the problem with that osteoporosis is not so much you want to get your bone density grade, you don't want to have any fractures in life.

That's the issue. We want to be fracture free and we want to live our lives healthy, not, you know, not worried about fractures. So balance exercises for everybody is so critical.

Every age because as we get older, we lose our balance, you know, it deteriorates. So even standing on one leg I loved she got tight. She all of that it's amazing.

It's a balance exercise every single day but it's what the bones respond to the forces placed upon. So anything the two things that really increase weight like weight bearing but high impact.

Exercise for Strong Bones and Better Balance

So if you're somebody pre-menopausal, menopause, you don't have, you know, significant osteoporosis the job be anything that they're getting forces on your bones against gravity is going to cause more bone to be produced so for all the younger people listening to this any age, get your kids, you know, jump or do things, you know Bell did hopscotch but that's going to make a big difference the high impact and so that's women but the resistance training so strength training is crucial at least twice a week.

And the areas most susceptible to osteoporosis are the spine hip in the wrist, you know, so squats with weights, lunges, know, doing resistance, training in good posture.

And if you do have osteoporosis, you don't want to round out because that puts force on the front of the spine, which is the most prone to the fractures.

So so anyway. So yes, so exercise is critical resistance training and you know, for people that have osteoporosis, usually physical therapy is covered.

So, you know, the doctors don't often recommend it, but that's my go to first because they can really make sure

you're doing everything with good posture postures essential when you're doing, you know, different resistance types of exercise.

So good, a good program will be the resistance training, your strength training, as well as balance, as well as posture and as well as, you know, I like aerobics just so people stay in shape.

And, you know, but I think the good news is I've seen so many people improve their bone density and and change their life, you know, exercise and strength training is empowering people.

You just feel so good. And even if you were couch potato, it doesn't matter. So. So because a lot of people think walking is enough, it's not enough to improve.

It's good. It will help prevent fractures. And certainly anything you can do is good. But a lot of people think, oh, I walk 20 miles a day now. And one more thing. It's the resistance.

It's not the reps, it's the resistance that adds more bones to what they found is around 8 to 10 repetitions is ideal. You want it to be somewhat hard.

It's the repetitions and the force that's going to cause more bone to be produced. So if you want to do more than $0.01, that's okay. But doing 50 repetitions for bone, that's not going to be as good as doing a higher weight, lower reps.

Perfect. And I was going to ask about the walking because we here get our ten case steps in and I agree with you fully like walking and moving is great and it doesn't mean to not do that.

It just means you have to add in and I'm happy to hear about the jumping things because my granddaughter makes me jump rope with her all the time. Great doing hopscotch.

So my daughter in law made like a hopscotch board out of, like, electrical tape on the floor in their living room. So always hopscotch. So that's that's so preventative.

That's the crazy thing. You know, they did one study where they had women hop different and one foot and not everybody can do that but the point is and then they didn't do the other leg as a control on the leg that they hopped on, increase the bone density.

In the that is super cool that's using you know even just like when I'm at the mirror like stand on one leg. Yes, now brushing my teeth, then switch to the other.

And you know, yoga is obviously a good way to improve your posture and get that balance. And so I love that wise, wise. And you can see what Marjorie's talking about.

You know, it's it's the whole the whole gestalt of it. It's not just doing one thing that really is mixing it up. And so we've of talked about, you know, how to know about it, how to prevent it, what you can take eating, exercising.

And then the last thing I want to cover, because you are a happiness trainer, I just love that. That's like the coolest title ever. So how does one become a happiness trainer?

What does that mean and how does that relate to the bones? Oh, it's so funny. So way back when I when I first started working, I was actually in my early twenties and I had gone through a bad situation and I was working with chronic pain patients and they're like, Margie, you're so happy, you know?

Vicky they only knew what I'd gone through. They really wouldn't say that. But it hit me that it was an inside job and that that it did depends on your circumstances.

And so I started teaching. They were miserable. They were in so much pain. I started teaching them like with help

me get through certain things and all of a sudden chronic pain started getting better.

So I've been doing this for, oh gosh, over 35 years for teaching, teaching what I now call happiness habits. But then I study positive psychology, and then I worked with a person worth teaching off who actually I people how to teach happiness.

And so I so after doing, I've been, as I said, I've been teaching my patients for over 35 years. But then I really learned how to teach it on a, on a, you know, like in classes and really teach people how they can improve their base level happiness.

So anyway, so that's I've been teaching a happiness class now for many years, but the how this relates to Bones is that they found people who are happier and more content with their life have increased bone density.

Plus stress is a huge factor because cortisol know cortisol is the body's stress hormone. And they found that cortisol reduces the activity of the bone building cells and increases bone breakdown.

So it's huge. It's such a big piece for every person I work with. We work on stress reduction. Look, the world's stressful, so we're not going to take the stress out of the world, but we can learn techniques and then we practice that.

And the happiness habits, life just becomes more miraculous. So that's what I tell people. You know, you get this diagnosis, you start exercising, you change, you learn what to do with your food and nutrients and and as well correct underlying problems.

Like, for example, I see a lot of people with inflammation from gluten and different things. So you need to figure out, you know, what's going on. But when you correct that and then you do the expert and then when you learn the different happiness techniques, you know, your life just changes.

So it's, it's my favorite thing I do and everything. And I just think it's the most powerful because if you go through life with just a little, you know, just, I mean, even just the negative thoughts that people are swarming with by just making a few changes and you're looking at life through a different lens, it just changes everything, including your bones.

Do you have a happiness habit as we wrap up? Yeah, yeah. Guess. And nurse. Yeah, let's. Let's do. Let's do one. Since I mentioned thoughts, let's do one about thought.

So so what happens is, you know, so often 80% of the average person's thoughts are negative. So what you want to do and we were we were wired for negativity because in the cave man is we it's been more concerned if there was a tiger lurking than if someone gave us a compliment.

So that's sort of how our brain it's just like if you get a compliment and you get ten compliments in one person's to something negative, what do you focus on?

So what you want to do is, number one, be a detective for the good. And so you want to start magnifying the good in your life because what you focus on grows.

So sort of see like, you know, we want to see what good's they're like, what good is here that you may not see when you wake up in the morning? What good is here that I presently cannot see?

So you want to start looking for things that are good and when something good happens and they've done research on this, see it for 20 seconds, they actually find you can create new neural pathways.

So when something good happens, you know, someone says to you, Oh, what a great summit you're doing here, you know, and says, Oh, it's nothing.

Happiness Habits and Bone Health

You know, I've worked really hard on this and just take it in and just take in the good you see a sunset, just absorb it for around 20 seconds. And then the third is when something negative happens, you get a negative thought.

Again, there are techniques they teach where, you know, you can't just throw it in the closet. You have to deal with things. That's not true. But you don't have to be you don't have to magnify it and let it take over you.

So, okay, you have that negative thought. I'm not going to go in two ways what to do with it. Question It's a good thing, but get the negative thought.

Then what you want to do is stop from it and say, okay, but think of the re true but positive things that you could also focus on. And that's just a way to start reducing negativity and focus on more positive things.

And I promise you'll start noticing a difference because a lot of people don't even realize that they are just, you know, focusing on all the things that are going wrong.

So I would say those three little things to start will make a big difference. I love that. Thank you for sharing those with us. I think the savoring of 20 seconds and and learning to, you know, digest and embrace and take in compliments and, you know, watching yourself and that, you know, are you the one who says, oh, this old dress, you know, or can you just say, well, thank you, thank you, thank you, thank you.

And 20 seconds. And it shifts your whole nervous system. So I love that that is that is just a golden nugget. So this has been so informative, so comprehensive, so thorough.

Where can the audience learn more? Do you teach exercises online? Like what are you up to? And how do they learn more about you. Yeah. So my websites margiebissinger.com and I have a podcast called Happy Bones Happy Life where we go through all sorts of all sorts of different different, you know, all sorts of things relating to bone, happiness, stress.

And you'll have to come on the podcast. And, and so that's that's another way. Yeah. My programs, I have all sorts of programs. I actually gone in strength training and different things right now and finishing up the Happy Bones roadmap.

And I have a program called Happy Bones Happy Life as well. So all sorts of programs to help people really get on track.

Where to Learn More from Margie Bissinger

And by the time this airs, also my membership, you know, where we have different guest speakers and we combine as well as Q&A and just really help people on their path and also bring different experts so that people can figure out figure out what's best because one exercise isn't great.

Like, you know, there's so many different ways that you can incorporate these concepts into your life. And so I like to have I've dancing. We have all sorts of different.

Things that people. Can choose. So yeah. So the best way I guess is the website, you know, I'm also on Facebook and Instagram and things, but the website's the best place to really see what I'm up to.

I love it. I love it. And yes, all roads lead home, so find many roads and find the ones that work for you. So. Exactly. Well, this has just been so joyous and beneficial and has all the ingredients of what it takes to, you know, be healthy.

And we're focusing on the bones. And the bones are really important and especially at this time in life. But a lot of the things we talk about, you know, they just amplify out into good health in general.

So, oh, thank you for being here and being a part of the summit and sharing your wisdom and your joy and for helping to educate the audience. I truly appreciate it.

And thank you, everyone, for being here. I hope you took notes because there is a lot of good little nuggets in there that can really help you on your journey to really understanding bone health and what you need to do to keep those bones healthy and strong.

So thanks for being here. We'll be back with another interview.