



**Transcript: #450 Osteopenia & Osteoporosis Top 10 Tips for Stronger Bones with Kevin Ellis**

**Dr. Wendy Myers:**

Hello, everyone. I'm Dr. Wendy Myers. Welcome to the *Myers Detox Podcast*. We have a great show for you today. We have Kevin Ellis on the show to talk about osteopenia and osteoporosis and the top ten tips to help reverse these very common health issues. And they're common in men as well. So we talk about the prevalence of these health issues and, the common causes of these health issues, the best diet and supplements you can take for reversing these health issues. We talk about Kevin's plan for stronger bones. We talk about the role of exercise, what exercise you need to do, and what exercise is not so effective in building stronger bones. We talk about the side effects and problems with conventional medications like Fosamax and other medications used to build bones and why they can cause as many problems as they solve, perhaps. And we talk about PEMF therapy, the vibrational plates, the roles those can play in building stronger bones, and everything you need to know about building stronger bones.

It's so important for women as we're aging and we have a reduction in estrogen that contributes to bone loss, but men also have a big problem, can, with bone loss as well, if they have gut issues or joint pain or autoimmune diseases and other health issues. And we'll talk about those health issues and then what you could do to build your bones. So I know you guys listening to this show are concerned about your heavy metal load. You're concerned about how toxins are affecting your health. So I created a totally free heavy metals quiz. You can check it out at [heavymetalsquiz.com](http://heavymetalsquiz.com). After you take the quiz and get your results, you'll get a free video series that talks about your frequently asked questions about detoxification, so go check it out. It takes just a couple seconds. It's totally worth your time at [heavymetalsquiz.com](http://heavymetalsquiz.com).

And I'm also super excited I created a new program called the Emotional Detox Program. And so I have spent years and years researching this course and spent the last year writing it and recording it. And I'm so proud of it because for me, in

working with thousands of patients, for many of them, they weren't getting better just working towards physical solutions. There was just something missing by just addressing diet and supplements and detox and other protocols that people do. And in my own personal health journey as well, I felt like my emotional state or traumas that I dealt with in the past. So everyone has trauma. I felt like it was holding me back in some way, mentally and physically, so I just poured into the research, and I created the Emotional Detox Program. So you can learn more about it at [emo-detox.com](http://emo-detox.com), and I have a free masterclass at that link that you can take. It's really fascinating. Take a minute of your time and watch this free masterclass. Go to [emo-detox.com](http://emo-detox.com), E-M-O dash D-E-T-O-X dot com.

So our guest today, Kevin Ellis. He is better known as the Bone Coach, and he's a Forbes-featured certified integrative nutrition health coach, podcaster, YouTuber, bone health advocate, and the founder of [bonecoach.com](http://bonecoach.com). After an osteoporosis diagnosis in his early thirties, he realized just how challenging it can be for the average person to make sense of what needs to be done to improve their bones and how to confidently move forward with a Stronger Bones Plan. So today, not only has he transformed his own health and made continued progress in his own journey, he has now dedicated his life to helping women and men with osteopenia and osteoporosis gain clarity and confidence that improving is possible. So through a unique three-step process and world-class coaching program, Kevin and his team of credentialed experts have helped people in over 1500+ cities around the world get confident in their Stronger Bones Plan. And his mission is to help over one million people around the globe build stronger bones and help our children and our grandchildren have the education, resources, and nourishment needed to prevent osteoporosis and other diseases in the future so they can lead long, active lives. So you can learn more about Kevin and his work at [bonecoach.com](http://bonecoach.com). Kevin, thanks so much for joining the show.

**Kevin Ellis:** Wendy, thanks so much for having me here. It's great to be here.

**Dr. Wendy Myers:** Yeah. So we're going to talk about bones on the show today. So you're the Bone Coach. So tell us how you got started on your journey, started your website, and got involved in helping people with their bones.

**Kevin Ellis:** Yeah. Because usually, it's not the average male that's younger that's talking about bone health and osteoporosis. And usually, when you think about bone health and osteopenia and osteoporosis, you're thinking about a woman, later in life, maybe your grandmother. Maybe she had a dowager's hump or a cane, or she's hunched over, something like that. That's what you typically associate with that. So not a young male.

So, for me, my journey really started, I would say, a long time ago. When my mother was five months pregnant with me, my father was told he had cancer,

and two months after I was born, he passed away. And he was 35 years old at that point in time.

**Dr. Wendy Myers:** I'm sorry.

**Kevin Ellis:** He was a Marine in Vietnam. He got exposed to Agent Orange, which was a defoliant that was sprayed on crops, and he made it through combat, but when he came back home, he ended up getting cancer and passing away.

So when I was a young kid, I always had this fear in the back of my mind that I was going to follow his path to an early grave and not be there for my kids. And I remember, after I got out of the Marine Corps, I started having all these different health issues. So I had high stress, poor sleep, and digestive issues. My muscles were wasting away, just a slew of issues that were taking place. And then, I was diagnosed with celiac disease.

So for those who don't know, celiac disease is an autoimmune condition where you're malabsorbing nutrients because, when you ingest gluten, the gluten damage these tiny little nutrient absorption centers in your small intestine called villi, and they're responsible for absorbing the nutrients from the food you eat. So my villi were being damaged, and those nutrients I still needed to execute the daily functions I was doing, so my body was going to its greatest mineral reserves, which were my bones. And that is how I was subsequently diagnosed with osteoporosis. And at that point in time, I was kind of nervous about it because when I was told, all I got was a letter in the mail. And they said, "You have osteoporosis. Go on a gluten-free diet."

**Dr. Wendy Myers:** Wait. Whoa, whoa, whoa. How old were you at this time?

**Kevin Ellis:** This was right around 30 years old.

**Dr. Wendy Myers:** Yeah. And that's really uncommon. I mean, it's very uncommon, I think, for men, especially young men, to be tested for osteoporosis and to test their bone density.

**Kevin Ellis:** Right. And it wasn't even the medical doctors that I was working with that tested for that. It was actually a physician's assistant who said, "Okay, you have celiac disease. You've been malabsorbing nutrients. Has anybody done a bone density scan on you?" And I was like, "No, but we should do one." So we did one, and I was thinking, because I was a tough Marine and all that stuff, "It's going to come back just fine. I'll be okay."

And it came back, and it wasn't, and I was shocked. And when I got that letter, I was like, "Okay, I need a second opinion. I have to really confirm this." So I went, I got a second opinion, and they confirmed it was osteoporosis. And I was like, "Wow!" I just felt like I was going down that same path as my father, and I had a young daughter and son on the way. I was devastated, and I was scared.

And I realized that had to be the impetus for me doing something. So I went down the path of reading, researching, and consulting with a lot of people and spent a lot of money trying to figure all this out. And I started getting the right plan in place, and I was improving my health and improving my bones. And I realized along the way that it's not the average 30-year-old male trying to figure this out. It's the woman, 50, 60, 70+, that has osteopenia and osteoporosis. And they're told, "Take calcium, vitamin D. Go for a walk. Here's your bone medication. We'll see you in a year for your next bone density scan." And I'm going to tell you right now that's not enough. There's so much more to this picture.

And that's really the reason why I became a certified health coach. I built out a team of credentialed experts. We created a program called the Stronger Bone Solution that has now gone on to help people in over 1500 cities around the world, been featured in Forbes and a bunch of other notable places, and that's really why I started bonecoach.com. It is just to help people make it through this.

**Dr. Wendy Myers:**

Yeah. I love that. Because so many people are dealing with this, your bones are not just made of calcium. It's not that simple. They have this flexible collagen matrix that needs to be nurtured, and they're made up of a lot more than just calcium. So talk to us: What exactly are osteopenia and osteoporosis? Just to really clarify what that means and what that looks like. And how common is it? We talk about it usually in reference to women, but how common is it in men as well?

**Kevin Ellis:**

So even if we're just talking about the US, we've got approximately 10 million Americans with osteoporosis. You've got about 44 million that have low bone density. One in two women and up to one in four men are going to break a bone in their lifetime due to osteoporosis. And this is a big one here. The incidence of low bone density for women is greater than that of heart attack, stroke, and breast cancer combined. So that's a pretty big number.

And then, when we're talking about the hip fracture, we've got nearly 300,000 hip fracture patients every year. And then a lot of people don't regain function after that happens. So it is something that has to be addressed. If you find out you have it, I would probably do something about it.

And then what is it? Osteoporosis literally means porous bone. So it's either that you haven't built up enough bone formation, you've got excessive bone loss, or it's a combination of the two of those things. And in osteoporosis, both your bone density and your bone quality are reduced, which will increase your risk of fracture.

Now, the way you find out you have osteoporosis is through what's called a DEXA scan. That's dual-energy x-ray absorptiometry, a bone density test. And it's a painless test, like an x-ray, but with very low radiation levels. Basically, you lay down on a machine. It does a scan. It tells you your bone mineral density, and

that's the actual mineral content of your bone. And then what it does, it generates a score. And that score is called a T score. And the T score tells you how much your bone mass differs from the bone mass of an average, healthy, approximately 30-year-old adult. And if you've got a score of +1 or -1 or anywhere in between there, that's considered normal and healthy. If you've got -1 to -2.5, that's considered osteopenia, which is a precursor to osteoporosis. And if you're at -2.5 or lower, so -2.6, -2.7, so on, and so forth, that's considered osteoporosis. And the greater that negative number becomes, the more severe the osteoporosis. Most people are not getting these scans at 30 and 40, but they should.

**Dr. Wendy Myers:** Yeah. When is the age people should start getting these scans?

**Kevin Ellis:** That's probably when I would recommend someone getting them if they can, but if you're listening to this, and you're like, "Well, that's already passed, but I still haven't had one." Go get one if you're in the 50s, 60s, or 70s. Find out the objective information, and figure out where you're at. If you've got daughters, too, or sons, too, maybe. Sons and things like that with digestive issues or autoimmune disease or something like that, some other contributing underlying health factors, have them go get a bone density, too. Daughters. For women, we'll talk about the causes of osteoporosis. It's something that you're going to want to be aware of because later in life when you hit menopause, you can have a decline in your bone density at that point in life. So having a baseline earlier on is great because you're not surprised by any numbers. You've already got some objective information and can take action ahead of time.

**Dr. Wendy Myers:** And can you talk a little about what happens in menopause and why women are so vulnerable once they go through that transition? Why did they have an increased bone loss at that time?

**Kevin Ellis:** Absolutely, yeah. So there are actually two different types of osteoporosis. There's primary osteoporosis. That's typically related to a decrease in estrogen in postmenopausal women. Estrogen has a protective effect on bone. As estrogen levels decrease, as they do during menopause, that causes an increase in the activity level of cells that break down bone.

But then there's a whole 'nother cause of osteoporosis. That's secondary osteoporosis. And that's where it occurs as a result of behaviors, disorders, diseases, medications, and those things. That's the category I fell into with celiac disease. And then a lot of other people, if they're younger, the thirties, forties, even in their fifties and sixties, I've seen plenty of people that have or had a secondary cause or contributing factor.

So some of the more common causes in contributing factors, and this is important for people to understand because medications are something that sometimes people are taking, but they don't realize that one of the side effects or things that can happen is bone loss. And one of the biggest ones here is

glucocorticoids. This would be your prednisone and your cortisone. And these are steroid medications that are designed to suppress inflammation in the body, and they mimic natural steroid hormones. And they're used for things like rheumatoid arthritis or asthma or things like that. That's going to cause and contribute to bone loss. And the reason it does that is that it decreases your GI absorption of calcium, it increases your urinary excretion of calcium, so you've got a calcium deficit, and then this is the biggest one: The glucocorticoids are acting directly on the cells that break down bone to extend their lifespan. So just be aware, if you're considering it, or you're on it, or you know somebody on it, make sure they know that bone loss is a side effect, and the most severe bone loss is going to take place in the first couple months of use, too.

**Dr. Wendy Myers:** Very interesting. Any other medications that are problematic?

**Kevin Ellis:** Yeah. SSRIs, selected serotonin reuptake inhibitors. Those are usually used for antidepressants, but a review of 19 studies on SSRIs on the bone indicates they have a negative effect on bone mineral density. They're going to increase fracture risk.

Here's another big one: PPIs, antacids. I see people who take these 10, 20, or 30 years, right? These are drugs that are designed to suppress stomach acid. And this would be your omeprazole, your Nexium, your Prevacid, your ranitidine, your Zantac, those kinds of drugs, and the reason that's a problem, and the reason you need stomach acid, and usually, when someone's taking these medications, they actually have too little stomach acid, to begin with in the first place. But if you're suppressing what little stomach acid you do have, you need stomach acid to properly break down and extract nutrients from your food, like amino acids. Amino acids are the building blocks of protein, and your bones are 50% protein by volume. So you need amino acids. Magnesium, calcium, iron, and B12, are all those nutrients. If you're suppressing that stomach acid, you're going to be starving your body and your bones of those nutrients.

**Dr. Wendy Myers:** That's interesting. I didn't know that SSRIs were in a class that causes bone loss. That's really interesting. Of course, the PPIs are obvious, and those are really problematic. So anything else? What are some other causes of osteopenia and osteoporosis?

**Kevin Ellis:** I would say GI conditions, too. Those are big one. Anything that is contributing to malabsorption and nutrients that's going to be a problem. For me, celiac disease was an issue, but Crohn's, ulcerative colitis, those kinds of conditions. That can also contribute to autoimmune conditions. Anything that's contributing to chronic inflammation that we don't get in check, or we don't put those things in remission, can also contribute to bone loss. So your rheumatoid arthritis, your lupus, any of those other autoimmune conditions, that's something that you're going to have to address.

Breast cancer. A lot of times, people take medications for breast cancer that also contribute to bone loss. Prostate cancer for men. If you've had prostate cancer, you take medications that wipe out your testosterone. That's also important for supporting your bone health. So there are quite a few things that can contribute, but those are some of the bigger ones.

And then, for somebody listening, if you've got kids and grandkids, too, we need to understand that 90% of a person's bone mass is put on by the time we turn 18. And then, by the time you turn 30, that remaining approximately 10% fills in. So if, when you were younger, you had poor diet and nutrition, if you led a sedentary lifestyle, if you smoked or drank excessively, if you had an eating disorder or took certain medications like I was just talking about, all those things could have prevented you from reaching peak bone mass. So we have to be intentional with these younger generations, too, to ensure we're not going to take them down a path that doesn't support a healthy structure. That's like their foundation for life.

**Dr. Wendy Myers:**

Yeah. I think people don't realize that you have a bank account like this, that it could start out being depleted before, and you're just going to pay the price later on. I mean, for me, I've never had a DEXA scan. I think maybe because I just feel like I'm not in a risk category. I've always done weight-bearing exercises since I was 13. And I know that's really, really important, to do that resistance training to build bone. And I've always eaten a super healthy diet, but there are a lot of things that can contribute to bone loss.

So you mentioned the standard treatment protocol that people get when they go to their conventional medical doctor. What is the problem with that? What is the problem with the bone-preserving drugs that so many women are given?

**Kevin Ellis:**

Yeah. And if you have been told you have osteopenia and osteoporosis, it's not really a matter of if this conversation is going to happen. It's a matter of when. And medications are going to be brought up, and you have to know how to make educated and informed decisions in those situations because the medications that are going to be proposed, these bone drugs, it's not like taking an aspirin. They have a dramatic effect on bone physiology. And there are really two different categories of drugs that are osteoporosis medications. You've got antiresorptive, and these drugs are designed to slow down the activity level of cells that break down bone. So this would be like your bisphosphonates, like Fosamax. Most people have heard of Fosamax. Then it could be your RANKL inhibitors like Prolia. These drugs are designed to slow down the activity level of cells that break down bone.

Now, I won't talk about every single medication. There are risks and side effects and things like that with each of these medications, but with bisphosphate specifically, Fosamax, for example, the safety and efficacy of those drugs are not really well known and have not really been studied beyond five years in people. So that's important.

And then also, Wendy, you just talked about how you're really active from a young age. You exercise a lot. You do all these things. All of us, as we're going about our lives and we're exercising and moving around, we're starting to get these tiny little micro-cracks in our bones. That's normal. That's supposed to happen. And then what happens is we have cells within the bone that sense damage, sending signals. Those signals are communicating to certain cells to scoop out that damaged bone called the osteoclasts. They scoop out that damaged bone. And then the osteoblasts come right in behind and fill in stronger healthier bones. This is a normal process for every single person.

But what happens is, when you slow down the activity level of those cells that break down and scoop out that damaged stuff too much, you can start to accumulate those tiny little micro-cracks and fractures, that old, worn, damaged, weakened bone, over time.

**Dr. Wendy Myers:** And I read that women taking Fosamax for quite some time are at an increased risk of fracturing their thighbone, their femurs.

**Kevin Ellis:** Yeah. That is one. Atypical fractures of the femur. That is one of the potential side effects. And even though it doesn't happen in large amounts of people, still the potential is there. Osteonecrosis of the jaw is one. It doesn't happen to everybody, but the risk is still there. And osteonecrosis of the jaw that's where the jaw bone begins to starve from a lack of blood. So basically, you have cells in the jaw bone that start to die.

And then, with Fosamax and other bisphosphonates, one of the big ones that I see. So if you've already got digestive issues and then you start taking one of these medications, it's probably not going to make them better. Probably going to make them worse. So that's something to be aware of. And then there's another category of drugs called anabolics, and anabolics are designed to build bone, build better quality bone, and build it faster. And usually, the people that are recommended for those medications are people that have really poor quality bones. And they've already fractured multiple times. I've seen situations where people have been recommended, and they're not in those categories, and it's really important to understand that when you start a medication like that, you have to follow it with another medication because otherwise, you're going to lose all the bone you gained. So you just have to realize you are committing to one medication upfront. You may be committing to multiple medications or a lifetime of medication dependence in the future.

**Dr. Wendy Myers:** And so what is the alternative? So what can you do instead of being on all these medications for an indefinite period of time? Because you stop taking them, you're going to continue with the bone loss if you still have poor lifestyle habits.

**Kevin Ellis:** Well, so the first thing you have to do, and that's probably not going to be done for most people, is when they're at that point of being told, "Hey, take some calcium, same vitamin D. Go for a walk. Take a bone drug." What is not usually



going to be done is they're not going to say, "Are you still actively losing bone right now?" Because a single bone density scan that's not going to tell you that. So we have to get some more objective information first. And one of the things we can do is we can look at what are called bone turnover markers. And there's a test called the serum CTX CT low peptide test. It's the most sensitive marker for bone resorption and bone breakdown, and what that does it looks at the activity level of cells that break down bone, and if that activity level is elevated or even really high, that can be an indicator of active bone loss and a root cause issue that needs to be addressed.

The medication will not address a root cause issue. It will affect the activity level of cells that break down bone. So that's why it's really important that if you are actively losing bone, start to figure out what is the root cause of that loss. That does require more testing. You've got to figure out what the contributing factors are. What could they be? But then, once you do that, you also want to get additional objective information. When you get a bone density scan, as I said, you understand your bone density, the actual mineral content of your bone, but what that bone density scan does not tell you is bone quality, the structural integrity of that bone, the microarchitecture, how that bone is organized.

You don't have the full picture. Most people don't know when they're diagnosed. And those two things, bone density and quality combine to create bone strength. So there is something called TBS, trabecular bone score. It's add-on software to the bone density scan. Not every facility has it, but some of them do. And that, in one scan, you can get a measure of your bone density and your bone quality, which is a much better predictor of your fracture risk.

**Dr. Wendy Myers:** And I think people also don't account for flexibility of your bones, that you need to have strong bones. It's not just taking calcium. But flexible bones, where if they bend, they're not going to break. They have a little give in them. You need collagen for that as well.

**Kevin Ellis:** Yep. It's like a collagen protein matrix, upon which those minerals are laid and embedded and things like that. So you have to have both of those things. And I was talking about the importance of protein. When you're losing bone, it's not like your body's just going in and selectively plucking out the calcium. Even though calcium is our primary mineral constituent of your bones, it's not just plucking that calcium out. It's tearing down the whole structure. So it only makes sense then, in order to rebuild those bones, you can't just be taking calcium, and you can't just take vitamin D. There are other nutrients you have to get. And one of those is protein. You have to have enough protein to rebuild the structure that the minerals are going to be on. Super, super important.

**Dr. Wendy Myers:** And so what is the perfect diet to have healthy bones?

**Kevin Ellis:** Well, number one, let's start with a couple things that, if you're including them in your diet right now, I would think that most of your listeners have probably

already removed sugar. But if you haven't yet, let me put one more nail in that coffin. Sugar is critical for your bone health because it triggers an inflammatory response. It lowers your vitamin D levels. It depletes your bone healthy minerals, calcium, magnesium chromium, and your copper. It inhibits intestinal absorption of calcium, and it blocks the absorption of vitamin C. And vitamin C is key for developing and maintaining a healthy skeleton. So sugar is really important. And I'm not just talking about the white granulated sugar. I'm talking about bread, cakes, cookies, crackers, pizzas, and pasta. You don't have to get everything out right this second, but if you've still got it in, start making some swaps. How can you find some better swaps and alternatives till that's no longer an issue.

Chemicals in your food, too. This is a big one. Glyphosate, Roundup. That's a broad spectrum herbicide crop desiccant sprayed on and around certain foods. It's also a chelator of minerals, in addition to being something that's associated with increased cancer risk. So, especially if you're on a budget too, go to the Environmental Working Group, look up the Clean Fifteen and the Dirty Dozen, and figure out what you can eat that's organic on a budget and what you can eat safely that maybe is not organic. That's going to be a good guide for you to get started with that.

So those are some of the biggest things to pull out or make sure you don't have in your diet. The next things that I would say that you would want to incorporate, and whenever I talk about a diet for osteoporosis, it's not like there's a single framework for every single person. We're all biochemically and genetically unique individuals. We're going to respond to different foods and supplements and dietary approaches differently. But there are some things that I've seen that work well for most people or that I like to see with most people.

One of the first ones is fish, but not just any fish, canned fish, obviously in a non-BPA liner, but canned fish with bones. So you can get wild sockeye salmon with the bones. Sardines, mackerel. And these aren't hard pokey bones that are going to hurt your mouth. But what they have in them are three really awesome things: The first one is minerals, and not just a single mineral, like calcium or magnesium. They have all the minerals in the right ratios that nature created to help support your own strong, healthy bones. So that's a great source that you can eat. Then, it has protein. We just talked about how important protein is. Your bones are 50% protein by volume. So not only do we need to eat more protein to support our bones, but we also want to stimulate muscle protein synthesis to build stronger muscles. And we'll talk about the connection between those two here in just a minute.

And then omega-3s. Anything that contributes to inflammation, you heard me talking about this earlier, long term that can contribute to bone loss. Omega-3s in the fish can be the dampeners of inflammation and can help with that. So that's why I really like to incorporate those kinds of fish. Another-

**Dr. Wendy Myers:** Yeah. I love sardines with bones in them.

**Kevin Ellis:** Yes.

**Dr. Wendy Myers:** They're just so delicious. Vital Choice has the wild sockeye salmon, different kinds of salmon with bones in them, too. And they're nice. As you said, they're not weird and crunchy, and you can make it like a tuna salad, almost, with mayonnaise and onions and almost make it like a tuna fish sandwich. So you just kind of don't see them, the bones.

**Kevin Ellis:** No. Totally, totally. And the bones almost melt in your mouth. I'm not making a case for canned fish right now, right? Bones melt in your mouth. Oh, But that is a good place to go.

Vital Choice is a good place to get them from. I think some tests showed, at least from a heavy metals perspective and things like that, that's probably one of the best choices or bets to go with.

One of the other sources of food that I really like is arugula. Arugula is a leafy green, the same cruciferous family of vegetables as broccoli and kale. It's rich in potassium, folate, vitamin C, vitamin K, and bioavailable calcium. So when you go in the store and see a three-ounce plastic clamshell. No, I don't like the plastic clamshell, but that's what they come in. 85 grams of that has about 200 milligrams of bioavailable calcium, and you could saute that down into a smaller bunch, or you could just eat it in a salad. And the other reason I like arugula is it's super interesting. There's this bioactive compound in it called Erucin. And Erucin, I just learned this recently. It actually helps turn off osteoclast bone breakdown cell activity, which is pretty awesome. Because I've already been touting arugula for a couple of years, I just learned recently that it's got another bioactive compound that can support your bones. So that's awesome.

And then the other reason I like it is that, unlike spinach, a common green, many people use it for salads. If you're doing this every day, you might want to watch this or consider swapping out. It's got a lot of oxalates in it. And oxalates are considered an anti-nutrient that can bind up bone-healthy minerals, like calcium and prevent you from absorbing them. And, especially if you're somebody that has kidney stones, arthritis, joint pain, digestive issues, you may have a hard time breaking down and degrading that oxalate, so in those situations, I would consider swapping out some of that spinach for the arugula. So that's another really good one.

**Dr. Wendy Myers:** I had some arugula last night. I'm growing in my garden right now.

**Kevin Ellis:** I love it.

**Dr. Wendy Myers:** I'm super excited.

**Kevin Ellis:** And it's bitter, right? It's a bitter food.

**Dr. Wendy Myers:** Yes, it's bitter. Yes.

**Kevin Ellis:** It's a bitter food. And we need bitters. Our diets nowadays largely don't have a lot of bitters in them left. Coffee is one of those, but arugula is probably one of the only other ones people are consuming. And you need an arugula to stimulate bile production and to get that bile. So that's going to help break down your food even more.

**Dr. Wendy Myers:** Yeah. Yeah, that's a sign that it has calcium in it, if it's bitter, like purple foods, like radicchio and purple cabbage, things like that. Anything that tastes kind of bitter, that's the calcium. It has magnesium, too.

**Kevin Ellis:** A couple other ones real quick that I really like. Cucumber. I like cucumbers. A great source of vitamin C and potassium, but the skin contains silica, which is important for mineralizing your bone and maintaining healthy connective tissue. And it's an easy one to incorporate. You can add it to fruit and veggie trays. You could juice it. You could put it in a smoothie. You could use it as a base for homemade dressings, dips, and things like that. So it's really a functional thing that you can incorporate. Blueberries. I like those a lot. Those are great. And then vitamin C-rich foods.

When I talked about sugar, I talked about how important vitamin C is because it helps stimulate procollagen, enhances collagen synthesis, and stimulates something called alkaline phosphatase activity, which is a marker for osteoblast bone-building cell formation, which is pretty cool. So vitamin C-rich foods are going to be great to incorporate.

**Dr. Wendy Myers:** Fantastic. Yeah. And so let's talk about exercise a bit because I think you mentioned the doctors will recommend walking or what have you. I think there are a lot of women that develop osteoporosis, they're not exercising. They're not putting any stress on their bones. So what is the importance of putting stress on bones and exercising?

**Kevin Ellis:** Exercise is super important for your bone health. And the standard recommendation, like I said, does include, "Hey, just go for a walk." I'll tell you right now that if it's just walking, that's probably not enough. Walking can help you maintain bone density, as long as you don't have an underlying cause, but it's not going to affect every area of your body also. So we need two different types of stimuli to support stronger bones. You need muscle pulling on bone, and you need impact. So when that muscle pulls on the bone, you have a mechanical signal that sends a chemical signal to tell those bones to become stronger. And then the impact is also going to help with that too.

And that's one of the reasons why we want to get them playing sports when I was talking about kids and people younger also. Soccer, gymnastics. These people have multidirectional impacts and movements, really short, quick bursts. That's surprising the bones, and that's helping them build a stronger microarchitecture and a stronger foundation. So get your kids in those activities and grandkids and things like that. That's a good one.

Now, when it comes to everybody else that's doing activities and walking, you're going to hear weight-bearing exercise. What is weight-bearing exercise? That's for your bones and your muscles. They have to work against gravity to keep you upright. So they're things that you're doing on your feet. And when you're doing things on your feet, you're putting good stress on your bones. So this would be your running, jogging, hiking, dancing, gardening, playing soccer with the kids or the grandkids, high-impact exercises, those kinds of things. That's going to be a weight-bearing exercise. But it could also be Pilates or yoga or Tai Chi. Those are some other things that could be incorporated.

But there's also non-weight-bearing exercise. And that's where you're not putting that stress on your bones that you need to. So this would be cycling or paddling and kayaking or swimming. Your bones aren't working against gravity. Your body's not. You're not placing that stress on your bones. So it's not to say that you should never do those things. If you enjoy them and they make you happy, they reduce your stress, an important part of your life, that's great. Do those things, but do not count that as your only form of exercise. Don't get in the pool every day, do a bunch of laps, and say, "Wow, that was a great cardio session. I feel great!" Yeah, you probably feel great, but you didn't supply the stimulus that your bones needed. So let's make sure we do that.

And just another example of this is astronauts that go up into space. They don't have that stress on their bones. They will lose bone density, so they must actively work to maintain or lose less. So super, super important.

Then it's like, "Okay, I've got the weight-bearing exercise piece down. What's the other part that we need to incorporate?" That's where we bring in muscle strengthening and resistance training. And maybe you have resistance bands. Maybe you do dumbbells or barbells or something like that. But you must give your muscles and your bones the stimulus they need. The intensity, and when I say intensity that might sound scary to some people, but that's just like the rep range that's shown to be most effective for bones is going to be in that five to ten repetition range. So you need to be working with lifting a certain weight that's providing enough of a stimulus that's going to help you build stronger bones. And if you're doing something like a hundred repetitions and you're getting done with it, you're like, "Oh, okay, that was fine." You probably don't have enough of a stimulus there. You need to increase the stimulus. Same thing, 50 reps with two-pound dumbbells. If that's a good enough stimulus for you, for five to ten reps. Great. If you're a little bit for it, good. But if not, you need to increase that. And doctors-

**Dr. Wendy Myers:** So you need to be going to fail within five to ten reps, where there's difficulty in doing those reps?

**Kevin Ellis:** Yeah. There should be some difficulty. There's a woman named Dr. Belinda Beck. She's done some research on this. And she did something called the Lift More Trial. And they did exercises like deadlifts and squats and chin-ups with drop landings and overhead presses and things like that. Those can be really effective, but also, a lot of people have injuries. Or maybe your physical fitness level may not be up to that point. That's still okay. We can figure out some modifications. We can make some adjustments, but let's just get you to the point where you're actually able to do some additional exercises to stimulate those muscles and bones.

**Dr. Wendy Myers:** And I had lower back issues for a long time, so I couldn't lift weights. So I would just do Pilates. And I always ensured I did some weight-bearing exercise because you can do Pilates even if you have back and lower back problems. You can do Gyrotonics. And I built up my strength and fixed my back issue. And now I can lift weights, no problem. And it took me a year of doing Pilates three times a week before I could feel comfortable lifting weights. So, where there's a will, there's a way. You can get to where you want to go by getting your strength back and building your bones up.

**Kevin Ellis:** That's right. And we can make modifications. You can always make modifications to things. And a lot of the people we work with, too, I would say probably half of the people we work with, they're fit, they're active, they don't have too many health issues. Maybe they feel like they're doing everything right, and they just need some fine-tuning and optimizing and things like that. But then we have other people that, maybe they've got scoliosis or spondylolisthesis, or they've already had a fracture, or they've got other conditions that they're navigating or pain in specific areas of their body. Pain is a big one that prevents people from taking the action they need to take. It doesn't need to prevent you from doing that. Number one, we could probably help improve the pain, but we can probably make some modifications, so you can still start providing that stimulus you need.

**Dr. Wendy Myers:** And can you talk about other tools people can use to build bone, like PEMF therapy, a pulsed electromagnetic field. Can you talk about that a little?

**Kevin Ellis:** Yeah. P-E-M-F. A lot of times. So PEMF is one of those. I did an interview with Dr. Pawluk, and you might have interviewed him, too, and had a conversation with him. So he talks about PEMF therapy and how effective that could be in certain areas. Now, in order to support your bones with PEMF, you would have to have a certain level of Gauss. And then also you would have to be laying down on a mat for a certain period of time every single day. So if you're considering or exploring that, he's a great resource to check out for PEMF.

In terms of vibration plates and things like that, that's another big one that a lot of people ask me about is vibration plates. And you've probably heard of Power Plate and Maradyne. Those are some of the other ones. And there are really two types of vibration devices. You have a whole body vibration. That's the Power Plate, that's the Galileo, those kinds of things. And then you have low-intensity vibration plates. So that would be like your Juvent and your Maradyne. Whole body vibration plates like Power Plate they've been shown to have a small effect on bone density, but they should not be considered a replacement for a good workout routine. And I see this a lot. I see people come to me, and they've pulled in this maybe a complementary technology.

**Dr. Wendy Myers:** They just want to lay down on a mat. They don't want to lift weights.

**Kevin Ellis:** Right. They just want to lay down on the mat. They just want the tool, the quick fix, or whatever. And I got to tell you, you have to get the foundational pieces first. And then, once you get the foundation, branch out to the other modalities that you can bring into your plan. So they can be complements, but don't have them be the core plan. So really, really important.

And you have to address the root cause issues first because if you do all of this other stuff and you have a root cause issue under the surface, you're still going to be losing bone, or at best, you're going to be maybe staying stable, too.

**Dr. Wendy Myers:** Yeah. So that was so clear. I just love how you laid everything out and were very, very thorough in your explanations of everything. It's an amazing interview. I've done several interviews on bone health. This is the best one so far. So, thanks.

**Kevin Ellis:** That's good. Thanks.

**Dr. Wendy Myers:** Yeah. So talk about your plan. So what does a Stronger Bone Plan look like? And how can someone go about working with you?

**Kevin Ellis:** Yeah. So there are a couple really important pieces to this. And I touched on this in the beginning. The first part is you have to identify and address those root cause issues that we talked about. That's the first part. This means you got to know the right lab test to order. You have to understand what your results mean when you get them back. A lot of times, when you get results back, they're in a really wide range, and if you fall anywhere in that wide range, you're normal. Normal is not always normal. Normal can still be indicating there's a pattern or a root cause issue that needs to be addressed, but it just might not have been picked up, so-

**Dr. Wendy Myers:** Or some doctors might be like, "Oh, you don't have osteoporosis. Yeah, it's just the beginning of osteopenia. So let's just keep an eye on it." Is that pretty common?

**Kevin Ellis:**

Oh my gosh, I hear that all the time. And it just bothers me so much. We want to be on the side of prevention and not reaction. We don't want to wait till the point where we've had a fracture or an injury or progressed to osteoporosis because then what happens? Then your starting point is lower. From a bone perspective, it is much easier to slow and stop and prevent more bone loss than to build bone once you lose it. Both are possible. You can build bone strength at any age. It just becomes more challenging the older you get and the more bone you lose. There are fewer cells involved in that process, and the process becomes less efficient. So you want to be on the side of prevention and not reaction. And I can say this because not only have we helped a lot of people with this, but we work with people that have anywhere from no fractures to five to ten or more fractures. And I can tell you, when you get to the group where you've had five to ten or more fractures, every single one of those people, every single one says, "I wish I would've done something sooner."

And that's why I'm saying you are on the prevention side. Don't ignore it, address it. And that's kind of the first step. Address the root cause issues.

The second part of this is nourishment. You've got to restore the raw materials and nutrients needed for stronger, healthier bones through diet, digestion, and absorption. You have to make sure you're taking in the right nutrients in the right amounts. That's kind of the first layer. You have to make sure you're actually absorbing those nutrients. And whether you have overt digestive issues or not, absorption could still be an issue. And the third layer is, are those nutrients actually making it to the cell level? A lot of times, even if somebody's eating healthy, they might not be hitting layer one. And it's really hard for the rest of those things to line up.

And the last part of this is built. You have to build strength in the body, strengthen the mind, and strengthen the bone in a way that prevents fracture and injury, not just now but in the future. You have to reduce your stress. It's pretty well documented if you've got high stress, and I'm not talking about the physical threat of a lion. I'm talking about the psychological stress, the fear, the worry, the emotionally charged thoughts, the family conflict, the financial challenges, and keeping up with the perfect lives of the Joneses on social media. All that stuff can contribute to and drive that stress response. So we've gotta get that stuff in check. Poor sleep. If you're not sleeping well, that's well documented, too. It's going to reduce your bone quality. And then exercise. You've got to get the right plan in place.

So that's the high-level picture. And then what we do is we break those things down into actionable steps that you as the individual can affect the outcome of. And making progress in each of those steps. And that's where we support you along the way. Making progress in each step feeds back into improvement so that your lagging indicator, which is a bone density scan, in a year and a half, two years, when you go get another one, can actually show improvement. And we've



got to look, we focus on the leading indicators. What are the leading indicators that give you the best shot of improvement?

So the best way to find us is if you know you need help with osteopenia and osteoporosis, Wendy, and I hope this is okay with you, maybe we can give your audience access to my free Stronger Bones Masterclass. If we could link to that in the show notes, that would be super helpful. And that is the best place for every single person to start. If you're listening to this and even a hint of what I said to you stuck out, and you're like, "Okay, I need to learn a little bit more about this," or, "I need help here." Or you know somebody else who would. Share this interview with them, get them to listen to it, and tell them to sign up for that Stronger Bones Masterclass. And in it, I'm going to walk you through, step by step, the three-step stronger bones blueprint and what you need to do to start improving today. So you can always find me at [bonecoach.com](http://bonecoach.com) and all the social channels and all that, but start with that free Stronger Bones Masterclass in the show notes.

**Dr. Wendy Myers:** Fantastic. And we'll link to that in the show notes, so you can get that on [myersdetox.com](http://myersdetox.com). And yeah. And also, it's never too late to put on some weight lifting gloves and go kick some butt in the gym. There are a lot of benefits besides just bone health. And there are a lot of amazing-looking women in their sixties and seventies at my gym. I mean, they look fantastic. They're healthy, they're firm, they're fit, and their bones are strong. And so, if you haven't started to do that yet, there are so many benefits. Go sign up for free. Usually, the first one's free with a lot of trainers. Go get yourself a trainer, and go start doing Pilates. You need to do some strength training. There's no way around that. You need to do that as you get older, for sure.

**Kevin Ellis:** Yeah.

**Dr. Wendy Myers:** Well, Kevin, thanks so much for coming on the show, and like I said, that was such a good interview. When I would have a question for me, you would answer it before I even asked it. So very, very thorough with all your trains of thought and everything about the medications, the side effects, the diet, and all that. So I know you guys got a lot of great tips out there, so go check out the free masterclass. Link to that in the show.

So, everyone, I'm Dr. Wendy Meyers. Thanks for tuning in to the Meyers Detox podcast. And every week, it's such a joy to bring all the world's experts from around the world to help you upgrade your health because you deserve to feel good. And so I hope that this show helped give you one of those missing pieces of the puzzle to your health journey. So thanks for tuning in, and I'll talk to you guys next week.