The Autoimmune & Osteoporosis Connection: Why You Need To Build Stronger Bones Plus How To Start

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Interviewing **Kevin Ellis**

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Welcome back to the Reverse Autoimmune Disease Summit Series, everybody. We're talking about healing the energy body this time, which is of course everything. So we're talking about energy and how it pertains to cellular reproduction of the cells that are needed for every aspect of living. And then we're also talking about the energy body that lies next to the physical body that has the emotional body after it and that's influencing how your genetics are expressing, it's influencing your lifestyle choices. And in this talk, what you're going to discover, it's also influencing your bone health. So my guest today is Kevin Ellis, better known as BoneCoach. He's a Forbes featured certified integrative nutrition health coach, a podcaster, a YouTuber, a bone health advocate, and he's the founder of bonecoach.com. After an osteoporosis diagnosis in his early 30's, he realized just how challenging it can be for the average person to make sense of what needs to be done to improve and how to move forward confidently with stronger bones.

Today, not only has he transformed his own health and made continued progress on his own journey, he's now dedicated his life to helping women with osteopenia and osteoporosis gain clarity and confidence that improving is possible. And when we were just off air, I was talking about how the levels, incidence of osteoporosis in men is really growing and we'll talk about why that is. Through a unique three step process in a world class coaching program called Stronger Bone Solution, Kevin and his team of credentialed experts have helped people in over 1,500 plus cities around the world get confident in their Stronger Bones Plan. His mission is to not just help over one million plus people around the globe build stronger bones, but it's to help our children and grandchildren have the education, resources and nourishment needed to prevent

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osteoporosis and other diseases in the future so that they can lead long and active lives. Welcome to this series, Kevin.

Kevin Ellis
Thanks so much for having me, it's great to be here. I'm excited for this.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
You know, this is such a great topic because its so common and so many people aren't getting tested for it. So I'd like to start off, if you don't mind, maybe first defining the difference between osteopenia and osteoporosis, let's get some foundational definitions. And then, if we can move to your personal story because it's so compelling.

Kevin Ellis
Yeah, no, and so osteoporosis literally means porous bone, right, and it's a condition that's characterized by either not 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. And the way you find out you have osteoporosis is through what's called a dexa scan or a bone density scan. And it's a painless test, kinda like an x-ray, very low levels of radiation though, you lay down on the machine, it does a scan and then it tells you your bone mineral density, the actual mineral content of your bone. And then what it does is it generates this score. And that score is called a T-score. And the T-score is telling you how much your bone mass differs from the bone mass of a healthy approximately 30 year old adult. If you're plus one or minus one or somewhere in there, that's considered normal and healthy.

If you're minus one to minus 2.5, that's considered osteopenia, which is like a precursor to osteoporosis. And then if you're minus 2.5 or lower, so minus 2.6, 2.7, so on and so forth, that's considered osteoporosis. Now the greater that negative number becomes, the more severe the osteoporosis. Now most people, and we were talking about this, like you'd said, most people that are getting this are, they're women, 50, 60's sometimes, maybe not even getting 'em at that point, but they're getting them as a check in the box, their doctors are ordering them. But in my opinion, that's too late, right? So if you're listening to this and you haven't had a bone density scan yet, we're gonna talk about the reasons why this would be important, but you're gonna want to a bone density scan because number one, you don't want to avoid doing something just

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because you don't want to get the answer to it. And then also you can't address something until you're aware of it so.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
You know, this is really important because a lot of times people won't do scanning, checking, testing if their insurance won't pay for it. And sometimes your insurance won't reimburse for a dexa scan unless you are at a certain age or you're on certain meds or you have a comorbid diagnosis that can cause it. And I would just say, please don't worry about any of that and be willing to pay out of pocket for this, it's that important.

Kevin Ellis
For sure. And like you were just saying, it'll usually be at a certain age, 65, 70 is when you're gonna be getting those scans, unless your doctor, you've got a doctor that is on the cutting edge and they're like, let's do it earlier. But even then, when you get that bone density scan, you're only gonna get another one, one or two years later. So sometimes it is best to go to an external radiology group. And sometimes you can get these bone density scans for 75, 100, 125 dollars out of pocket sometimes which that might be the way to go.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah and I do it if I've done, 'cause most of my population has autoimmunity. And you know, I always talk about the four corner pieces of the puzzle, we're each unique puzzles. And one of the corner pieces of the puzzle I look at is toxic burden. And so sometimes people with autoimmunity have got things like heavy metal toxicity. And if I'm doing a provoked heavy metal test and I'm chelating metals out of the storage containers, which are bone, then I know I'm actually removing, it's sort of like Wolverine in X-Men, right, I'm removing what's in that bone and so then I send them for a dexa. Like okay, let's see what your bone matrix looks like without heavy metals being stored in there and what can we do to now generate healthy matrices in there? So that's another place where those of you that are listening, you know, think about that. If you've had heavy metal chelation, you need to be going in for a dexa.

Kevin Ellis
Yeah, absolutely. And one other thing about heavy metals too, is that lead specifically, you know, stored in the bone. And a lot of times when women hit menopause and they have that decrease in estrogen that happens in postmenopausal women, estrogen has this protective effect on

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bone, when those levels decrease as they do during menopause, it causes an increase in the activity level of cells that break down bone. And a lot of times what happens is if you had that

lead stored up in your bone and you start to have that bone loss, you can almost have like this autointoxication that takes place.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It's not almost, you will.

Kevin Ellis
Yeah no, you will, I mean you will absolutely have that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And that's what causes some of like the battiness, the cognitive decline, the lack of mood stability, the inability to sleep, like some of those things that are just attributed to well, you're going through menopause, right? That's actually, those are symptoms of heavy metal toxicity because these metals are being removed from your bone by nature as you're going through your bone resorption time and the metals are being leeched out and it's getting back in front of your brain again.

Kevin Ellis
Yeah, yeah. And that's really the, that's what we would consider the primary cause of osteoporosis. When you think about the types of osteoporosis, primary osteoporosis is, it's that decrease in estrogen in postmenopausal women that has a protective effect on bone. Then, when those levels decrease, you have that bone loss that takes place, but there's a whole nother cause of osteoporosis. And this is one that a lot of people don't realize and it's called secondary osteoporosis. And that's where osteoporosis occurs as a result of behaviors, disorders, diseases, medications and other factors. And a really important point I want to make is just because you're a postmenopausal woman does not mean that it's the sole cause of your bone loss. There could be another cause beyond just hormones. We don't want to make assumptions, you have to make objective decisions, so that's super, super important.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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Well and like we mentioned and I want to steer it back to your own personal story is that this isn't just postmenopausal women. This is also, I was telling Kevin off air everybody that I feel like I'm the lone provider in the world that's sending men off to dexa scans as often as I'm sending

women. And what I'm finding because it's considered a woman's health problem, osteoporosis, because of a lack of estrogen. So to your point, there are all kinds of other reasons that we get osteoporosis and we'll talk about things like celiac, and I'm finding also the number of estrogen mimicking and reproducing chemicals that are dumped in our environment that are making men take on estrogen that that's affecting their bones too. So they're becoming estrogen dominant. A lack of testosterone is also creating bone loss for them.

Kevin Ellis
Absolutely.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And I'm finding this kind of fascinating because probably out of all women that I send to get their bone density checked, I would say 75% come back with some problem. And I would say 50% of men do. That's pretty close, you know? Yeah. So I just want all of you women that are listening to think about your loved ones, your male loved ones, and don't leave them out of the loop on this 'cause their doctors aren't sending them in.

Kevin Ellis
No, they're absolutely not. So if I looked at our entire community, tens and tens of thousands of people, if I looked at our entire community and I've got about 95% women in that community, but I have about 5% men and we have men that we work with, that we help, that have osteoporosis. And there are a lot of different reasons why they could have that, right, so let's even just talk through those too. What are some of those secondary conditions? Actually, before I get into secondary conditions, let's talk about peak bone mass because this is a contributor to people getting an osteoporosis diagnosis down the road. And what peak bone mass is is about 90% of your bone mass is put on by the time you turn age 18. And by the time you turn 30, that remaining 10% approximately fills in. So that's about as full as your bucket's going to be. If when you were younger, you had poor diet and nutrition, an eating disorder, you smoked or drank excessively, you led a sedentary lifestyle, you-

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Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
You were on steroids, an asthmatic inhaler.

Kevin Ellis
You took certain medications. We'll talk about those in a minute, too. Right, if you had those, those could have been things that worked against you in a time where you were trying to reach peak bone mass. So if you did not have a bone density scan early, like I always encourage people to get 'em in their 30's or 40's, so if you're listening, you have daughters or children or something like that, get a foundational baseline early on, but they might not have just reached peak bone mass. So then later on in life, 20 years passed by, we get this bone density scan. We don't know if we're still actively losing bone and you get your first baseline and you're shocked and you're like, oh my gosh, you know, I have this visceral reaction, what do I do right this second? And you may not actually be losing bone right then.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
This was my experience by the way. I didn't have my first bone density scan till I turned 50, I'm 57 right now, and I was osteopenic. And I was like, oh, I can't say, yeah, yeah. I was really upset, right? Oh my gosh, I actually am so healthy, but I was diagnosed with rheumatoid arthritis when I was 30, I had four children. And in the course of throwing up with hyperemesis with all four of those children, I had a recollection, I never had a cavity until pregnancies, and then after each kid I had cavities. My bones were also suffering during my pregnancies, yeah.

Kevin Ellis
Yeah, yeah. So there's that whole part of the picture too, right, so we've got the whole peak bone mass part. And then let's talk about some of the other things that can contribute, 'cause it's both men and women that are affected by this. You brought up a really great point, which are medications, glucocorticoids specifically. So glucocorticoids, these are steroid medications, they're designed to suppress inflammation, they mimic natural steroid hormones in the body, they're used for things like rheumatoid arthritis, and prednisone, cortisone, those are your big ones, right? The reason why that contributes to bone loss is because it reduces your gastrointestinal absorption of calcium, it increases your urinary excretion of calcium, and then glucocorticoids, and this is the biggest part of this, they act directly on the cells that break down bone to increase their lifespan. And that's going to reduce your bone density, right? So just know

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if you're on these medications, if you're on prednisone, you're gonna have bone loss. And that bone loss is at it's highest point within those first couple of months that you're on it too. That's

the steepest amount of bone loss that you're gonna have. Another type of drugs, immunosuppressive drugs, selective serotonin reuptake inhibitors, this is a big one a lot of people don't know about.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Antidepressants, everybody.

Kevin Ellis
Antidepressants, right? There's one review of about 19 studies, looked at the effect of SSRIs on bone that showed they're going to reduce your bone mineral density and increase your fracture risk long term. And then another big one are antacids. So a lot of times the reason people take antacids are why? Because they have reflux and heartburn and things like that and they think they have too much stomach acid, when in reality, a lot of people actually have too little stomach acid and they're actually suppressing what little stomach acid they do have. And the reason that's a problem is because you need stomach acid to properly break down and absorb nutrients from your food, like amino acids. Amino acids, your bones are 50% protein by volume. So they need amino acids. Calcium, magnesium, iron, B12. If you don't have enough stomach acid, your body and your bones are gonna be starved of those nutrients. So long term being on these medications, and I see people that are 10, 20, 30 years sometimes on these medications.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And you're not supposed to be. They were designed to be short term.

Kevin Ellis
Very short term.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah, proton pump inhibitors are some of the biggest offenders, yeah.

Kevin Ellis

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Yeah so those are big ones. And then we could even talk about, let's talk about some of the autoimmune conditions and other digestive disorders that can contribute to this. So for me personally, my own story was I was, I had all these health issues in my late 20's. I had gotten out

of the Marine Corps, probably in my early 20's, I got out of the Marine Corps and I started having all these different health issues and I couldn't figure out exactly why, but I had poor stress, poor sleep, some days I could barely even get out of bed. I had all kinds of different issues that I couldn't put my finger on, I couldn't figure out, and I also had digestive issues. And then I was diagnosed with celiac disease. So I had been malabsorbing nutrients for many, many years. And when you have celiac disease, it's obviously an autoimmune condition where, you ingest gluten, you've got these tiny little nutrient absorption centers in your small intestine called villi. And when you ingest gluten, those villi become blunted. And over time, they can't do their job. So my nutrients, my roots were effectively damaged and I couldn't absorb those nutrients.

And as I was still going about my day, my body still needs those nutrients to execute its daily functions, right? So it's pulling from its largest mineral reserves, which are my bones. So then I was diagnosed with osteoporosis. And then the only reason I was told I had osteoporosis even being a young male is not because of the doctors that I was working with. It was actually physician's assistant that said, "You have celiac disease. Has anybody checked your bone density?" And I was like, "No." And I wasn't thinking, you know this tough Marine, I wasn't thinking that at all. So I thought it was gonna come back as just a check in the box and it came back and it wasn't even a phone call or anything like that. It was a letter in the mail. They said, "Hey, you've got osteoporosis, go on a gluten free diet." And I was like, you know, there's gotta be more to it than that and I-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Thank goodness you said that.

Kevin Ellis
I know I had to get, I actually, when I got the letter, I was really shocked actually. I remember the blood just kind of rushed out of my face and I was like, what does this even mean for my future? And I looked it up and I started reading about fractures and medication dependence and all these things and I was scared. And I went and I confirmed with another doctor I in fact had osteoporosis. And at that point in my life, I had a young daughter, a son on the way, my father, he

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passed away at a really young age. And my fear as I was growing up was I was gonna follow down this path to an early grave and not be there for my kids and I felt like I was just living this nightmare. And I ended up having to do a lot of reading and research, consulting with a lot of

people, going down this path of figuring out what has to be done to improve your health and improve your bones? And that's how I even got into this arena of helping people improve their bones was through that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I appreciate you sharing that because this does show the compelling nature of what the root cause, why it's so important to discover. And had you just followed the physician assistance's advice and just done a gluten free diet that would've helped a number of things in terms of the inflammatory nature of what was going on inside your body, would not have rebuilt your bone matrix.

Kevin Ellis
Absolutely not.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
You would've just stayed where you were.

Kevin Ellis
At best, at best, yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Which is not okay, right? And so, yeah, especially when you're so young, because that's the at best so yeah. So thank goodness you decided to get curious.

Kevin Ellis
Yeah and so if you've got gastrointestinal conditions, if you've got IBD, you have ulcer colitis, you have Crohn's disease, you have celiac disease, any of these things that are contributing to you not absorbing nutrients properly, get a bone density scan. Autoimmune conditions, right, this would be a great example of if we've got anything that's contributing to long term inflammation in the body, it's going to contribute to bone loss or fuel bone loss long term. So you have to be

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kind of getting ahead of some of these things. Be on the side of prevention, don't be on the side of reaction. Some of the other autoimmune conditions, ankylosing spondylitis, that's one that is

important. Rheumatoid arthritis is another one, lupus. These are all different autoimmune conditions that I would go get a bone density scan and get that checked out.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And like we were saying earlier, if any of your autoimmune conditions, including eczema using a topical steroid cream, like any steroid, if you've used a steroid orally, intra respiratorily, topically, you've got to go get a bone density scan.

Kevin Ellis
Especially for long term use. And if you're doing cortisone injections, it may not have this systemic effect, but it could lead to localized osteoporosis, it could lead to porous bone in a specific area that you continue to get those injections over time so just be aware of that too.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And I'm not a big believer of non-systemic effect. It's not like it just stays there.

Kevin Ellis
No, no, I know, I know.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
One of the things about cells, which makes up every part of the body, everybody, is that it has a semipermeable membrane, you know? There's no such thing as having it contained in one spot so yeah. It's definitely different than oral administration, but you're still getting it everywhere.

Kevin Ellis
Absolutely, yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah. Well, so what, I think this is another thing where we're going to deviate from the standard medical model, like I was told when I was diagnosed with RA, "Here's a prescription for

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methotrexate. Here's another one for a non-steroidal anti-inflammatory drug", which also can cause osteoporosis, by the way, everyone, taking those. "Come back when you get worse, not if."

Kevin Ellis
Monitor, let's monitor it.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah, yeah, come back when you're worse. And I remember going, "Well, hang on, I'm really disciplined, I run marathons, you know, I'm like, I make my own food. Is there anything else I can do?" And I remember her saying, "No." I told her my grandfather had RA when she asked and this is genetic, that's it, and so there's no hope. So I remember on my way home coming from this, like opening up the door and peeking out from my Western medical training and going, I wonder if there's anything outside this door. I actually had never explored outside of that paradigm. And so we're going to venture outside that door right now, because the same thing happens with osteoporosis, that people are told you cannot regrow your bones, you cannot regrow them. So let's talk about that.

Kevin Ellis
But that's not true, right? You have cells that are-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I have RA, I never took the meds, you know? Like yeah, you absolutely can. So I wanted to see if you can address that for people. Take 'em outside the door.

Kevin Ellis
Yeah, no, so you've got cells inside your body that are specifically designed to help you rebuild your bones, right? And you've got these cells called osteoclasts. These are cells that are, they break down and resorb bone. You've got these cells called osteoblasts that build bone, they help you form new bone. And then you have these cells called osteocytes. And 95% of your bone cells are osteocytes. And these are really important and fascinating cells because they are orchestrators of this whole bone remodeling process. So your bones being broken down and new bone being formed, and a major part of their role is sensing mechanical loading and micro cracks and micro damage. And they transmit this signal and communicate to these other bone

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cells, the osteoclasts, the osteoblasts, hey, we need to become stronger to adapt to this new load that is being placed on us. So it could be exercise or loading or anything like that. So in the context of mechanical loading and understanding the role of our bone cells, and that that's

pretty well understood, I do want to tie this to autoimmunity also in inflammation. What's really interesting about these osteocytes is that there's recent data that shows that inflammatory conditions, so those digestive conditions, autoimmune conditions, osteocytes will express multiple pro-inflammatory cytokines and that's going to be associated with an increase in bone breakdown and a decline in bone formation too. So we do want to make sure we're reducing that inflammation, but also providing the stimulus needed to grow new, stronger, healthier bone. So how do you do that? Exercise is one of the most important elements of rebuilding stronger, healthier bones. And for your bones, you need two different types of stimuli. You need muscle pulling on bone and you need impact.

And the most effective interventions are gonna use one or both in combination, right? So muscle pulling on bone is going to send, it's a mechanical signal that's sending a chemical signal to tell those bones to become stronger. But then you've also got the impact that you've gotta work into there as well. What are the different types of exercise? Most people when they're told they have low bone density, they say, "Hey, go do some weight bearing exercise, go for a walk." I can tell you right now that's not going to be enough. Right, walking is great for our health, definitely something to continue if you're already incorporating it into your plan, but at the same time, you have to do more than that. So when we're talking about weight bearing exercise, I'm talking about any exercise where your bones and your muscles have to work against gravity to keep you upright. And that's placing a good kind of stress.

You're on your feet, it's placing a good amount of stress on your bones. So this would be the walking, the running, the jogging, the hiking, the dancing, the gardening, even lower impact things, could be your pilates, your yoga, your tai chi. Those are all considered weight bearing exercises, right, those are important. Non-weight bearing exercises are not putting that stress on the bones. So this would be exercises like cycling, seated rowing, swimming, swimming is a big one, right, you can't just, even if you go in the pool every single day and you go do long laps and you feel great and you get out and you're like, wow, that I feel so good today, don't count that as your only form of exercise. There has to be more stimulus than that because you're not placing that healthy stress on your bones. And this has been seen in astronauts too, where they don't

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have that stress in space, that they're not working against gravity, they don't have that stress on their bones and it reduces bone density.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
That's another comorbid condition, everybody, if you are an astronaut. Going outside the gravitational field is a risk.

Kevin Ellis
Yeah, and so what is the other type of exercise then that we need to incorporate? Well, that's muscle strengthening and resistance training exercise, right? This is where you've got your dumbbells or your heavy resistance bands or even your own body weight if the intensity is the level it needs to be. And the studies that show the greatest effect on bone, it'd be the five to 10 repetition range it is where you'd want to be at. And there was a researcher out of Australia, her name's Dr. Belinda Beck, she did something called LIFTMOR trial where they did overhead presses, dead lifts, squats, chin up with drop landings. That showed that was safe and effective for helping improve bone strength. So there is research out there that shows you can improve your bone strength, it's absolutely possible. I've seen plenty of examples of that. I know how to read bone density scans and things like that. So I know when it's an actual improvement versus an error in positioning interpretation. So I know it's possible to do that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And just for scientific validity here, get your dexa done, your follow up dexa at the same place and preferably by the same practitioner.

Kevin Ellis
Yeah because you will have a variance in different machines that you use too. And there's another reason why bone density scans are only done every one or two years is because the amount of change that's physiologically possible, that can take place in a year for most people, if you have a three to 5% improvement in a year, that's really good, right? If you have a 10% improvement, that's very rare, almost unheard of, because in most situations, the only time that's gonna-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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I just had a patient come back with 10%.

Kevin Ellis
Usually the only time that's gonna happen is when somebody goes from being relatively sedentary or not very active to then ramping it up. But even then, that has diminishing returns. So we just want to keep in mind, make sure you, I have people come to me all the time and they talk about reversing osteoporosis with really low bone density numbers. And we just have to understand what's actually possible in a given time period, too.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
For her, it was going from sedentary to active and then proper supplementation, but also, she was very estrogen deficient and had recently gone through menopause and hadn't gotten like the rhythm of where to land with that. And so we did that for her and so then that's why she had such a great improvement.

Kevin Ellis
That's great. I'm gonna do something unique that you haven't had done. I'm gonna turn on a light real quick while, I'm gonna pop my head down real quick. Okay, it was getting a little dark here so.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
It was kind of cool, the contrast of the top of the head coming out of the dark. I was like cool effect, Kevin.

Kevin Ellis
Yeah, so exercise, exercise really, really important. It has to be part of your plan. You're not gonna rebuild bone strength if you're not doing your exercise too.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So when you're working with people, I'm pretty sure you're also working with their diet because I think a lot of people don't realize how involved the gut is with everything, right? But also, as you were saying, when we were talking about celiac disease and not absorbing what we need to

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absorb, then it affects bones. So when we're talking about gut health and diet and rebuilding bone, how does that all work in?

Kevin Ellis
Yeah I mean gut health, kind of like I was talking about earlier, right, you have these, a lot of people focus so much on eating the salads, the smoothies, the supplements, trying to, I almost say think of your body and your bones as being like plants, right? In order to grow, they need the right conditions and the right nutrients, right? So many people fo focus so much on the salads, the smoothies, the supplements that they're not considering that soil. And your gut is like the soil. That's where you're absorbing everything. So you have roots in your soil. Those roots are those villi. If those villi are damaged or something's preventing you from absorbing those nutrients, you're gonna have a really hard time getting the proper inputs you need to build stronger outputs, whether that's healing and cut on your hand, growing your hair or fingernails or rebuilding stronger bones. So your gut plays a massive role in your health. But also if you have digestive issues, as I was talking about earlier, that can also contribute to bone loss as well. It can create inflammation that's gonna contribute to bone loss as well. So that's a really important piece. And then in terms of diet and nutrition, it's not like, a lot of people ask me, "Is there a perfect diet for osteoporosis and for bone health?" And they hate my response because we're all biochemically-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I can tell I'm gonna love your response 'cause it's the one I give.

Kevin Ellis
That we're all biochemically and genetically unique individuals. We're gonna respond to different foods and supplements and dietary approaches differently, which is why there is no single dietary approach that is gonna be perfect for every single person. Now let's say if, a lot of people have autoimmune conditions, right, if you're listening, this is the Autoimmune Summit, you're gonna be starting out most likely having a little bit more restrictions than somebody that maybe doesn't have an autoimmune condition, right? You may be on that paleo AIP or something like that. Well, you have to take that into consideration and you'll eventually build in and add in more foods as your gut health improves, as symptoms improve. That's okay to do. One of the biggest challenges I see for people that have autoimmune conditions is how do I get enough calcium in

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my diet too? One of my favorite foods that's really good for a lot of different people and it's great for if you're on paleo AIP or whatever is fish. But not just any fish, canned salmon and mackerel

and sardines that have the bones in them, okay? Why do I like the bones in them? Well, number one, fish have protein, your bones are 50% protein by volume, so you need those amino acids, you need it to rebuild your muscles and your bones. Number two, those bones, they're not hard pokey bones that are gonna hurt your mouth. They're actually gonna melt in your mouth, not that I'm really building the case for fish here, but they've got all the minerals-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
I'm trying to get my people to eat sardines so yeah.

Kevin Ellis
You have to. Actually, we put together some awesome sardine recipes and mackerel recipes and all that stuff.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Can we give that to?

Kevin Ellis
Yeah, well we've got it on our YouTube channel. We've got 'em on BoneCoach YouTube channel, but we'll also get a recipe guide or something to your people too if you want.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Okay, perfect yeah.

Kevin Ellis
But yeah, so they've got all the minerals and nutrients in the ratios that nature put them in. Right, so that's awesome. And then the third best part of these are that you get omega-3's. And omega-3's are these healthy fatty acids that are gonna help dampen inflammation. So I love getting these canned fish so.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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And they're small, so they're not taking on a bunch of the toxicity of the ocean. And I've found, and I may be a late adopter on this because I was like what? I just found that some companies are testing for mercury in their fish, and I'm not gonna remember the name of it, you can go and

look them up, but I found this really wonderful mackerel that has, like it says right on the box, it's been tested, no mercury, right?

Kevin Ellis
That's great.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So the people that are really worried about, which you should be, you should be worried about this. So it kind of helps us to say, okay, so there are tests, there is testing that's being done as it's coming out of the water and then before it's canned and you can use this to rebuild bones and for a number of other things, like it's just so good for you.

Kevin Ellis
Yeah, absolutely. So one of my other favorite ones is, and I've been a champion of this food for years, arugula, arugula, leafy green, same cruciferous family of vegetables as broccoli and kale, it's rich in potassium, folate, vitamin C, vitamin K and calcium. And what's really important is it's bioavailable calcium, too. So if you're eating one of those three ounce plastic clamshells, I'm not really a fan of the plastic, but if you're eating one of those clamshells, that's got about 200 milligrams of calcium in it that's bioavailable. That's great and this is super interesting, I just learned this recently, even though I'd been a fan of it for a long time, arugula also has a bioactive compound in it called erucin, and that helps turn off osteoclasts, which are the cells that break down bone, right, it's also got antitumor and antioxidant activity and properties, but that is really interesting from a bone perspective too. And the other reason I like arugula is because unlike spinach, which is a common green a lot of people use, arugula is low in oxalates, right? Oxalates are considered an anti-nutrient, they bind up bone healthy nutrients, and they're gonna prevent you from absorbing those nutrients. And if you've got digestive issues, kidney stones, arthritis, joint pain, those can be some indicators that you may have a hard time breaking down and degrading that oxalate. So you can swap that spinach for the arugula as well.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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And in ayurvedic medicine, 10,000 year old sister science of yoga, the arugula is considered a bitter, which is really important when it comes to getting that digestive fire built, i.e., stomach

acid. So it's a really important one. Instead of taking a proton pump inhibitor, start eating more arugula.

Kevin Ellis
Yeah 'cause I mean, most people's diets today are devoid of any bitter foods, right? Unless they're drinking coffee in the mornings, arugula is probably your only other bitter source for most people, I would say. Some people are eating other bitter foods, but that's a great one to incorporate.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah and I do genetics testing in all my patients and I would say 90% of people with autoimmunity don't have the genes to break down the caffeine and it causes inflammation for them. So coffee is not on the choice of bitters, everyone, for you that are listening.

Kevin Ellis
Yeah, I will point out one other food that I, or group of foods anyway that I think is really important for bone health, vitamin C rich foods, right? Vitamin C is a key nutrient for your body and your bone health. And obviously, it's linked to a lot of other impressive health benefits, but for bones specifically, our bones are made up of this collagen protein matrix upon which minerals are laid. And what vitamin C does is it stimulates pro collagen, it enhances collagen synthesis, and it stimulates alkaline phosphatase activity, which is this marker for osteoblast bone building cell formation. That's pretty cool, right? And the great thing is you can get some of this stuff in your diet, too. So berries, citrus fruits, kakadu plums, acerola cherries, those are some sources, there are some vegetable sources too. The highest sources of vitamin C for vegetables, those would be your red and yellow bell peppers. But if you're autoimmune, right, and you're avoiding the nightshades, probably not gonna incorporate those. So you would look to dino kale or lacinato kale, that's one, lightly steamed broccoli, brussel sprouts, red cabbage, those kinds of things. That's how you can start to build in those vitamin C rich foods to your diet.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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Beautiful. On calcium, one of the little known ones that's one of my favorites is sesame seeds. I love having a snack with raw tahini and like apple slices or baby carrots. It's a really nice one and it gives you a lot of calcium.

Kevin Ellis
Yep, you can absolutely incorporate that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah so is there, like how would you work with people on a bone building program? I mean, this is your jam, this is what you do. So how do you work with people?

Kevin Ellis
Yeah, so we have, it's not actually not just me sitting here turning the lights on middle of an interview. I've got a team of about 15 people, we have a whole customer support division and things like that and we have online programs that we walk people through step by step called the Stronger Bone Solution. But in that, our process is really simple. The first thing you have to do is you have to identify and address the root cause issues contributing to bone loss. That's the first thing. Right, you have to get your bone density scan, understand if you're still actively losing bone right now. There are some tests that can help you with that. One of them is called the CTX, serum CT low peptide test, there's another called the urine NTX. Those tests help you understand if you're still actively losing bone right now. But then, once you get your lab results back, what do those results actually mean, and then it's starting to address those issues. And that's usually in conjunction with a healthcare practitioner that you're already working with, could be a functional medicine practitioner, naturopathic doctor, or your team of MDs or whoever you're working with, right? That's kind of the first part.

The second part is the nutrition part. So diet, digestion, absorption, you have to get those things lined up. And a lot of times you, I remember you specifically said this earlier when you were told you had osteopenia, was, and I hear this a lot, probably 50% of the time is, "I exercise, I eat right. What happened? Like how is this possible? How did I get here?" And a lot of times even if people are eating healthy, you might not be getting the right nutrients in the right amount, you might not be absorbing those nutrients, and those nutrients might not be making it to the cell level. All three of those things have to line up. That's kind of the second part. And then the last part is you have to build stronger bones in a way that prevents fracture and injury. So you got to get the

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right exercise plan in place, reduce your stress. Stress, and I'm not talking about the physical threat of a lion. I'm talking about psychological stress, fear, worry, emotionally charged thoughts, financial challenges, family conflict, all those things can contribute to your stress so you have to

address that and sleep. Right sleep, if you've got poor sleep, it's pretty well documented that will reduce your bone quality. So you want to make sure you're getting to a point where you're actually sleeping well and then addressing the hormones and things like that. So that kind of across the board is the process that would be used to get somebody to the point where they're actually being able to improve their bones and their health.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Beautiful. I found out much, much later that like you I'm very gluten and intolerant genetically. So running marathons, coming home, having a big bowl of Greek yogurt with granola and blueberries and walnuts on top, I'm not absorbing it. I was bloated within three hours like I was nine months pregnant and I thought that was normal, like everybody bloated after they ate, you know? So these are the kinds of cues that your body will give you. That kind of stuff's not normal.

Kevin Ellis
No, it's not, it's definitely not. But there are some really talented people out there, whether it's us, whether it's your team and you and all the other people that you've interviewed on the summit, there are ways to get help for the things that you need to get addressed. So seek out those people and don't try to figure these things out on your own 'cause it it's a long journey to do that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Well, I want to encourage everybody to see Kevin and his team. This bone health piece is an often missed part of the whole puzzle and it's so important, I mean, this is your structure. This is the thing everything else lies on and hangs on. And it's one of the things that women die the most from when they're old, right? It's broken hips, fractured bones. And that's the thing that will deteriorate your health faster than almost anything. So this is a really important investment. This is a 401K right here, right?

Kevin Ellis
Yeah usually, I mean we work with people that have anywhere from no fractures to five to 10 or more fractures. And I can tell you the people that have five to 10 or more fractures, there is not a

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single person that we've worked with that has not said, "I wish I knew sooner." So if you're listening to this, take this as your sign, become educated, become empowered and start making progress.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
And Fosamax is not the answer please.

Kevin Ellis
No, Fosamax, if we've got a second, let's just touch on that.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
We do.

Kevin Ellis
Okay, so let's talk about the conventional-

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
public service announcement.

Kevin Ellis
Yes, let's talk about the conventional options that will be presented, right? If you are told you have osteopenia or osteoporosis, you will be presented with a medication in 90% of the cases, right? It's gonna say calcium, vitamin D, walking, take a bone drug. The different types of bone drugs, now I want to point out this is not like taking an aspirin. These drugs have a dramatic effect on bone physiology. And there are two different classes or categories of drugs that we're looking at. There are antiresorptives. So this would be your bisphosphonates and your rank ligand inhibitors. And these are designed to slow down the activity level of cells that break down bone. And Fosamax is in the bisphosphonate category, right? There are a lot of symptoms, side effects and short and long-term implications of use.

But one of the biggest things with Fosamax is that the safety and efficacy of Fosamax is not really known beyond five years, so that's important. And then what happens is when you're taking bisphosphonates for extended periods of time, you can actually get to the point where every single one of us, on a daily basis, we're doing activities, we're moving about, we're placing

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this stress on our bones, and we're starting to get these tiny little stressors, microcracks, fractures in our bones, tiny ones, that's normal for every single person. And those cells in the bone sense that damage and they send the other cells to the site to scoop out the damaged bone and fill it

in with stronger, healthier bone. You can actually slow down the activity level of those cells so much that you start to accumulate that old, worn, damaged, weakened bone. And over time, that can lead to more brittle bones. Right, so a really important thing that a lot of people don't, a lot of people aren't aware of at that point of being presented the medication. And then there is a whole nother class of medications called anabolics. And these drugs are designed to build bone and build it faster and build better quality bone. That happens, but you have to be aware on that medication, you are not just gonna take one medication. You have to follow it with another medication. And that is usually the case, when you start down the path of osteoporosis medications, you're usually not just starting one, you're committing to multiple medications down the road so.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
With a host of long term complications potentially and side effects probably so it's not good.

Kevin Ellis
Yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
All right, well I appreciate that public service announcement.

Kevin Ellis
Sure, glad to help out with that one.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Is there anything that we haven't covered that you think is really important that we need to cover?

Kevin Ellis
I would just say, I mean on any health journey, this would just be a general note, right, on any health journey, be kind to yourself, be patient with yourself. No one figures it out day one. There's

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gonna be a lot of trial and error. You're gonna be upset. You're gonna be sad that things didn't work out. You're gonna be, you probably invested a lot of time and money and energy and effort. Keep going. You will figure it out. All you have to do is do things 1% better tomorrow than you did

'em today and you'll be well on your way to better health and active future. And I'm speaking from the heart there, 'cause I've been in that situation.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Yeah and I would say 95% of my patients that find me are angry. They're really mad by the time they get to me because they have spent a lot of money on different things that they feel like haven't worked. And I just want to add to that and say that's information that you needed to gather, right? In the scientific inquiry, we are looking just as much for what's not the cause and fix as we are for what is. And so anything that you've tried, it's not that it didn't work, it's that that's the thing that now you can add to the list of, okay, so now we know that. This is all information that's important to flush out your puzzle, which has thousands of pieces in it. So yeah, I think that's important because that anger and that feeling of I'm doing everything right, that perfectionism, that's a driver inside that actually makes you sick.

Kevin Ellis
Yes, it does. It does, it really does.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
That's what causes a lot of autoimmunity that I find is a perfectionist personality.

Kevin Ellis
Type A's, type A's, I'm a type A.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
Same.

Kevin Ellis
Yeah, yeah.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C

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And it is that like seeking the formula instead of recognition that the road to success is not a straight line, it goes like this, right? And there are all kinds of graphics and memes that indicate

that and you can laugh when you see it, but it's actually breathe into it, that is actually accurate. And that's what your phone matrix looks like too, by the way.

Kevin Ellis
Yeah, yeah, absolutely.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
So I appreciate your time and your wisdom and your expertise. Thank you so much for sharing it with us.

Kevin Ellis
Yeah, this was great, great chat. Great chat, glad I could be here.

Keesha Ewers, PhD, ARNP-FNP-C, AAP, IFM-C
All right, everybody. Again, this is Kevin Ellis, the bone coach and his team. Really reach out and let's get your bone structure healthy. Until next time, take care.

Kevin Ellis
See ya, bye everybody.

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