Eating for Bone Health

Transcript

Disclaimer: Before I begin I want to make sure that you're aware that the information that I'm presenting here is not intended to replace a one-on-one relationship with a qualified healthcare professional, and it's certainly not intended as medical advice. It's intended as a sharing of my knowledge, information and clinical experience and research over many years, decades, in fact, in working with lots of people. Everybody's unique so I encourage you to listen, take it all in and then, if you're under the care of any kind of medical professional, on any medication at all, being treated for any kind of condition, then I recommend that you have a discussion with your practitioner about the protocols that you are feeling called to do.

Dr. Ritamarie: I'm Dr. Ritamarie Loscalzo and I'm very excited to have you here today for a class called Eating For Bone Health. I'm really excited about doing this class because osteoporosis, osteopenia are almost epidemic in our society. Just about half the people over the age of 50 have been diagnosed with osteoporosis, and there's a lot more that haven't. The good news is that there's stuff that you can be doing every day in the way that you eat and the way you take care of yourself, to reverse this. Is that good news?

It works better than the drugs. My goal today is to talk to you about it, so you have an understanding of how your bones are working, what bone metabolism really is, so that you can make a much more informed decision, and you'll understand how the drugs work when they want to prescribe drugs for you, and how the foods and the supplements and the herbs work to correct that.

Before we get started, I want to introduce our team. We've been doing these classes together as a team for almost a year now and it's very exciting. We have a whole host of classes and all of the classes are catalogued and available on the web as recordings. If you have to miss one, one month you can always do it that way. I have this amazing team that's going to be working with me today.

The way that we're going to do the class today is I'll be teaching you the bone principals, the principals of what foods to eat, what foods to avoid, and how to incorporate certain nutrients and herbs and supplements into your life. Then, we are going to be interspersing and then maybe by the end, showing you, demonstrating how to make some of these recipes. Also talking to you about how to take some of your own recipes, and fortifying them, and modifying them to make them more bone supportive. There are certain things you can take out of your recipes, and certain things that you can put back into your recipes, to make your own recipes.

We've made you a set of recipes. I think there's five that we're going to make today, six, seven, whatever. Six that we're going to make. There's a couple of extra bonus ones in there. We have to talk to you about how you can actually use some of these foods and herbs that we're discussing to fortify your own. That's exciting.

This is Karen Osborne. She has been working with me for, like I said, for probably two years now and she got started about 10 years ago in living foods and using more whole foods, living foods, to completely reverse immune system problems that she was having, and some other health issues. She got so excited about it and she is so creative in the kitchen that she has started experimenting and making wonderful recipes.

About a year and one-half ago she went out to a place called The Living Light Culinary Institute, which is in California, and she took a three-week, six-week, whatever, some long period of time, maybe weeks of training to learn how to really make living foods amazing. Now she teaches these classes and she does private catering for people, brings food to their house. Helps people set up their kitchens, and it's just really instrumental in helping people make a transition from the SAD, Standard American Diet, into gluten-free, dairy-free, sugar-free, whatever it is that you're trying to do in raw and living foods.

Thank you, Karen. Her recipes are amazing. She takes my recipes and she just like tweaks them just a little bit to make them amazing. Our other instructor is Pamela Weins. I was going to say Pamela Osborne. See, you're part of Karen's family. Pamela Weins. Pamela started working with me about five years ago. She started, like you, taking classes, and then she volunteered to help at the classes behind the scenes, and she ended up taking all the classes that I ever did, and a couple of teacher certification trainings that I did a few years back.

Pamela is trained through the Alissa Cohen Living ... What is it called, Living a Live Foods program. She started teaching with us a year ago and she brings so much to the table. She really likes to really dig in and research the foods and how they affect you. You'll be hearing from her a lot more. I just appreciate having this great team to help me through.

Before we get started on our content, I want to find out from you guys here, I see there's a wide range of ages here, how many people in this room have been told that they have osteoporosis. Raise your hand. One, two, three, four people, okay. How many of you have been told that you have osteopenia, which is bone loss but not quite osteoporosis, anyone? Okay. All right. We've got some. How many people want to not ever hear those words uttered through anyone's lips. Good. All right.

The good news is that it can be reversed and that's not what medicine is telling you. The good news is, even better news is, it can be prevented. The younger you are the more impact you can have on the strength of your bones later. For someone young can start to really improve the health of their bones, because your bones go through this remodeling and surging and strengthening, when you're in your 30s. It's a really good time, if you are still in your 30s, to be taking care of that. Okay.

I am going to tell you a little bit about what I have for you. I spent a lot of time really putting together this booklet for you, because I know that when you come to a class and you're feverishly taking down notes you don't always remember. In this case, you will have the videos to go back to, but that can be a little time consuming if you have to watch all the videos just to remember, "Which of those foods did she say were good for osteoporosis? Which are the ones I should avoid?" I've put it all together for you in this booklet. It's about 16 pages long, so there's a lot in here.

We're going to be going through. I'm not going to be reading this, that would be boring. Who would want me to read this, nobody right. You want me to read it? That would be boring if I read it, but it's there for background. I will speaking about the concepts. You'll have the background information. There's lots of charts in there, which as we get to them I'll show you. Charts of the specific nutrients that your body needs to repair and remodel bone, and then where do you find those? What foods do you find those in. There's lists of herbs that you can use and that you can add to your foods that actually help to strengthen and remodel and reform bones. I'm really excited about sharing those with you.

What I wanted to start with is, and I would take notes if I were you. I would just take notes. You can fill it in right on there. Make sure your name is on it, because if you take these great notes and then you leave it here we have no idea who those great notes belong to.

Bone. We all think about bone as being this hard like rock, right. It's the skeleton. It's the foundation. We think of it as rock. When you get a diagnosis of osteoporosis or osteopenia, you've got some bone loss. You start to think, "Oh well, it's gone, how could I possibly get it back? It's gone away." The truth of the matter is your bone is constantly breaking down and rebuilding, breaking down and rebuilding. It's called remodeling. Bone remodeling. Over the course of 10 years, your skeleton is completely new, so the skeleton you had 10 years ago is completely different than the skeleton you have now, because of this remodeling process. There's these little cells inside the bone called osteoclasts and osteoblasts. Now, if you never remember what those names are or get them straight, because it took me a really long time to figure out a little like trick to which one's the clasts, and which ones break the bone and which ones form the bone.

The osteoclasts break down the bone and then osteoblasts build new bone. In a healthy body that's happening in balance, break it down, build it up, break it down, build it up. That prevents you from having the same skeleton at age 18 as you have when you're 72. You have a fresh new skeleton. It's alive. It's a live tissue. In order to be able to do that you need to have good nutrition. You have to be able to have all of the nutrients that that bone needs.

The way that the drugs work, most of them, the ones like Fosamax, the most common ones, what they do is they tell the body 'turn off the osteoclasts. Turn off the bone breakers', the ones that break down the bone. Well, you turn off the ones that break down the bone, you keep your old bone. You keep your old bone and it gets brittle over time. You get thickening because you continue to add bone and remodel but you get sometimes excessive thickening. That's what they find. It's these big old hunky bones but they're brittle. Maybe at the beginning they're not because they're still relatively new, but 10 years later and you're still working on that old bone, it gets brittle. Actually, what they find is that the fracture rate with taking the medications is actually no better than the fracture rate without taking the medications.

You are lulled into this false sense of security thinking, "Huh, my bones are strong because I'm taking Fosamax. As long as I don't lay down after I take it and as long as I'm careful I won't get nauseous and I won't get an ulcer from it, but there are lots of side effects. We're not going to go into all of that. I've given you a little bit in here, but there's several resources that I put in the back, actually quite a few resources for those of you who really want to understand it.

One of the ones I found was really good, this link here is drritamarie.com/gosaveyourbones. At that site I downloaded a free report and it went into really good detail about how those drugs work. If you've been diagnosed and your doctor is hounding you to go on these medications, study that. Study them and so you can be able to ask questions and say, "Huh, I don't know about that." Any questions on any of that before I move on?

Audience: What page is that?

Dr. Ritamarie: Oh, the resources are way in the back, page 16 or something like that, 15, yeah. Okay. What can you do to get healthy bones? There's a researcher and there's another site called betterbones.com, Susan Brown. I've had her book for many years. I've had it for like over 20 years. She's a medical anthropologist and she has a really good site. The thing that she says in all of her years of research and all of the supplementation and foods and all, the thing that she finds works the quickest and the most effectively is creating the acid/alkaline balance. Does anybody not know what I mean by that? You've all heard of acid/alkaline balance? I won't have to go ...

Audience: I'm really sorry. The acid/alkaline ...

Dr. Ritamarie: Alkaline balance. Just in a nutshell, I'll give you the brief and you can read more about it here. Also I gave you a link where you can read a lot more about it. So, we're going to go over an overview. If you want more details there's a couple of links in there. One is The Acid/Alkaline Effect on Bone Health and it was written by this medical anthropologist and an M. D. They put together a really nice, very detailed article. Another is an alkaline diet information packet that I put together for you guys, but I didn't want to make this huge and have to print out lots of pages, so I put it on the web and you can go and download it if you want it.

Basically, pH is the measure of acid or alkaline. The scale of pH goes from 0-14. Zero is very acidic. Fourteen is very alkaline.

Water is right dead center in the middle at 7, 7.0. Your blood needs to maintain a pH of 7.35 to 7.45. Very small range, tiny range. If it goes out of that range you could be in a coma and die very quickly. You've got these protective mechanisms in your system that preserve that at all costs. Life presents you either acid or alkaline challenges. The foods that you eat, some of the foods, leave an acid residue in your body and push your body more towards that 0-7 range. Some of the foods you eat create a more alkaline residue in your body and they push you more towards the 7.0 and above range.

Certain thoughts that you think ... Stressful thoughts create a cascade of different hormones and enzymes in your system that cause you to become more acidic. Meditating, laying on the beach, floating in the water, hugging a baby, or petting your dogs. Those sorts of things create a more alkaline balance in your body. We're constantly dealing with these things that make us move more towards alkaline or more towards acid. Medications. Most medications will push you more towards the acid side. What we want to do, if we want to preserve our bones, is to create a balance in our body that leaves us just slightly alkaline, and that's 7.35 to 7.45.

What happens if your body ... Your blood's at the 7.35 to 7.45 and you suddenly eat a whole bunch of foods that are on the acid side. On the acid side of the chart there's things like sugar, processed foods, meats, some nuts, some vegetables, some fruits. There's a whole lot of foods that are on there. We're not saying that those foods that are acid-forming are inherently bad. We need a lot of those foods. It's a matter of balance. If you get too much of those acid-forming foods, there's a surge in acidic byproduct in your blood and your blood's like, "Whoa, we got to fix this. This isn't safe." It looks for buffering agents to make it more alkaline and the best buffering agents are in your bone, alkaline minerals, calcium, zinc, magnesium. All of those will help shift you more towards the alkaline side of the chart.

What we want to do then is prevent you from getting into those moment-to-moment acidic states. It's going to happen, right, but you want to do it as little as possible and you want to be giving your body as many of those buffering agents as possible. Foods that have as much of that buffering agent as possible.

The recipes that we've put together for today are very alkalizing. If we had a computer program and we plug these numbers in, we would come up with very nice alkalizing numbers in these foods.

Not to say that we haven't used some of the foods that are in the acid side of the chart. If you turn to page 14, I've reproduced here just a small version of the chart. If you go to the web page that I have, on that page you'll see the full-length version of it. You have it in digital form. That way you can go home and print it off and put it up on your refrigerator. Fold one up and put it in your purse. After a while you'll get used to it. Before that you may want to check, oh I'm having this food and it's on the acid side. I better buffer it. Maybe I should eat some broccoli with that. Maybe I should have some almonds with that, so that you can move yourself more towards that side.

If you go online, you'll see many versions of these. They are close to being the same, it's just different researchers have done different techniques. You might find a food on the acid side on one chart and on the alkaline side on the other. For the most part, they're going to agree. The things that are alkalizing are green leafy vegetables, especially the ones from the sea like kelp and dulse.

Kelp, anyone ever have this kind of kelp? Very alkalizing. This is really good bone food. If anybody wants to try it, I'll just pass a piece around and you can just break a piece off. You can eat it like chips or you can sprinkle it and put it in your foods. It's very delicious and it's a very good thing to have. I've had people who have created trail mixes. They no longer eat popcorn when they go to the movies. They'll put some almonds and sunflower seeds with some of this (kelp) crinkled up in it.

There's a lot of other sea-type vegetables. Dulse. Really good one. I'd like to pass a piece around and you can chomp on it if you'd like. You may not have a taste for these things. I may pass this around and you're saying, "You don't really want me to eat that, do you?" If that's the case we've got recipes. It's called dulse. D - u - l - s - e. There's all sorts of ... There's nori. I don't know if we have any nori sheets there today.

Sea vegetables are really good alkalizing but they're also a repository of minerals. They have lots and lots of minerals in them to supply the bones. In a bit we'll talk about what some of the specific minerals that are most important for your bones are and which foods to get them from. Anybody like that, dislike that? Who likes it? Who could take it or leave it? Who dislikes it?

Audience: This one fell on the ground so we didn't actually pass it around.

Dr. Ritamarie: Oh, the kelp. Oh here. Here we go. This is nori. Nori comes in these sheets. One of my favorite ways to do nori is I roll them, I roll a salad in it. I put a bunch of salad and I put some dip and stuff and I roll it up and eat it like a burrito. You can put beans, you can put rice, you can put anything you want into to and you can eat it like a burrito. There's all sorts of recipes in some of our other classes. I think our Thai food class we have a really nice roll up.

Other foods that are on the other alkaline side of the chart that are really healthy are, some of the seeds like pumpkin seeds, sesame seeds, sunflower seeds, chia seeds, hemp seeds, they're all going to give you more of an alkaline ash to them. Broccoli, cauliflower, all your cruciferous, your green leafy plus your cruciferous vegetables; so broccoli, cabbage, cauliflower really good ones. I'm not going to read through all of them but you can read through and see.

One distinction, if you're eating table salt, it's very acid forming. If you're eating sea salt, unrefined sea salt is very alkaline forming, because it has all of those minerals in there that your body can use as buffering agents. One other last thing before we go on with alkaline, just because a food tastes acidic doesn't mean it's acid forming. For an example, tomatoes, lemons, limes and oranges are all very acidic going in but when your body breaks it down it leaves more of an alkaline residue. You can't tell by that. Some vinegars, apple cider vinegar, very alkalizing. Balsalmic vinegar, red wine vinegar, acid forming. Being careful about eating something as simple as what vinegar you choose to put on your salad can make a difference for your bones. Any questions about any of that? Okay. Yes?

Audience: What about calcium?

Dr. Ritamarie: Yep. We're going to talk about that in a bit, sesame seeds. You will see sesame seeds in a lot of our recipes. Yep. Sesame seed is a great source. I have a whole listing here that we're gonna talk about those foods.

Audience: How does that happen, that it tastes acidic but it's alkaline?

Dr. Ritamarie: That's a great question. I've been asked that question before. When the body digests the food, whether it becomes more alkalizing or acidifying has a lot to do with how much mineral content is in there. Foods that would have some mineral content or some nutrient content will be more that way.

The vinegars I haven't really figured that one out yet, except that the apple cider is usually raw and fermented versus the others are usually pasteurized and the heating process may degrade some of the nutrients that help to bring the balance. But yes, that's a good question.

We talked about that. We talked about your resources. Let's talk really quickly about getting your bones tested, because the typical way that you would get your bones tested, you go to the doctor, they do a little x-ray, sometimes it's on the hips, sometimes it's on the wrist, and they give you a score. It's called the DEXA test. That measures what's the status of your bones right now. It compares the number that you get on there ... There's two numbers, a T-score and a Z-score. The T-score compares you to a healthy 30-year-old. How's your bone density compared to somebody who we know has good bone density, and they're 30.

The Z-score compares you to other people your age. What you want to do with the Z-score, unless you're 30, is throw it out the window. You don't really care. If you're exactly the same as everybody else your age and you're over 50, it means you have a 50/50 chance of getting osteoporosis. Throw that one out. You want to compare yourself to that healthy 30-year-old. The number can be zero or positive, which is really good. Zero is actually a good score on an osteoporosis test. One is even better. It means your bones are really, really strong. Once you get into the negative numbers, it means you are starting to lose some bone. Up until about 2, like 1-1/2, 2 that's where they'll say you're in the osteopenia form. Over like 1.7 to 2, they're going to say, or negative that, is more osteoporosis. Okay. You can compare where you're going by what's your numbers.

Karen's mom is actually a good example. I've worked with a lot of people, but Karen and I were just talking about her earlier. Her mom had been diagnosed with osteoporosis. She had been on the medications, on Fosamax. Her bone density was getting worse. It was getting worse. Karen talked to me. We came up with a plan. That was without me actually really knowing her history. I just said, okay, based on what you are telling me, here are some herbs, and it's all the stuff you are going to learn today. Her mom starts on this program. She started incorporating some herbs into her smoothies. She started drinking green smoothies. We'll talk about that in a bit, eating more of the vegetables, watching her acid/alkaline balance and her bone density has improved.

The doctor is going, "Well, uh, uh, you should take the medication anyway. It's not as good as it could be." "Well, it was getting worse on the medication and now it's getting better, I think I'd rather have some more time on this diet." What was it six months or a year? It wasn't that long.

Karen: She ate really healthy for a year. Actually, it was probably like she ate really healthy for about eight months and then four months went by before she had her test.

Dr. Ritamarie: Okay. Then she went off of it? Stick with it and she would even have had better results. The doctor might not be telling her that. Eight months it turned around. I had another person who was really not into changing her diet too much, that's what she said. "I don't want to change my diet too much." "I see." "You're kind of extremist. What can I do?" I'm like, "Okay." She's: "I still want to drink my coffee. I still want to drink my wine. I still want to eat my ice cream, but what can you do to help me out?" Okay. Okay. She's not willing to take out the foods that are destroying her bone, but what can we do to try to fix it? I had her go on a green smoothie. We're going to make a great green smoothie. I had her add these particular herbs which we're going to talk about in a bit, and eat more vegetables, just eat more vegetables.

She did those things. Her cravings for sugar went down because she was remineralizing her body. Six months later she had an improvement, and a year later and she got a little sloppy on it, but she's still showing improvement. It doesn't have to be 100%, but the closer you are to 100% the closer you are to getting rid of all of the foods that weaken your bones, and adding back in all these foods, the stronger they're going to be.

There's no such thing as too strong a bone. You don't want to have a fall down the stairs because you had a hip fracture, which is usually how it happens. People usually don't break their bone because they fell. They usually fall because they have a spontaneous fracture and that causes them to break their bone. Isn't that interesting? That causes them to fall.

The other test that you can do, that most doctors don't do, they do know about. It's called the NTx urine test and I've given you a link in here where you can actually order a test kit online, have them send it to your house, you basically pee in a cup, send it back and they will tell you not what your bone statically is at this point in time. It will tell you metabolically what your bone is doing.

It measures those breakdown and building chemicals in the body, in the urine actually. You can do it in the blood, too. It's easier to do it in the urine. It tells you how you are, balance between those ...

Remember the osteoclasts and the osteoblasts? It tells you how balanced you are there. If you get that test done, even if you've gotten that, "I'm not osteoporotic," but you go get that test done, you make all these changes. You may not see the change in your bone density for six months or longer, but you will see a change in this and you'll know if your program's on the right track. Usually I tell people, "Get this test done in between the bone densities to see if your program's on the right tract and then you can make little tweaks along the way. Question?

Audience: I have a question.

Dr. Ritamarie: Yes.

Audience: You talk about osteoporosis in women. What about men?

Dr. Ritamarie: That's a great question. Men get osteoporosis, too. Younger women get it as well. Whereas 50% of the women over the age of 50 will get it, maybe 20% of men, but men get it as well. The reason that women are more prone, it has to do with the hormones and the estrogens tend to protect you early on and then when you go through menopause that shifts, not so much the normal shift but the shift in the metabolites of estrogen, so certain metabolites of estrogen promote good bone. Certain metabolites of estrogen promote bone breakdown. It's when we go through menopause that we're more likely to have it and because of the analysis.

Audience: Where was that on the handouts?

Dr. Ritamarie: It's on page six and you can find out more about it and you can also order it. Then, there's another one that's not used as much but it's similar to the NTx and it's called the DPD, and your doctor may know about that. That only can be ordered by a doctor. This Ntx you can say, "Look, my doctor's not up to speed on this stuff, I'm just going to order it myself." Okay. Now there's other blood tests and I'm not going to go through every single one of them. We could talk for three days about all these other blood tests. Your standard blood tests can give you an indicator about your bone health. I made a list of those, and those are some tests you may want to look into the next time you have blood tests done.

If you've got health insurance, it's best to try to get it done through your practitioner so it's covered. If you don't have health insurance then there's an on-line company called directlabs.com, and directlabs.com you can order any test you want without a doctor's prescription. It's really cool. Really cool. Even if you've gone to your doctor and they refuse to order it, and they're really inexpensive on directlabs.com, you can get a complete metabolic panel for $97 whereas it normally costs like $450. If there's any test that you're saying, "Well, I really want to get this test done. My doctor won't run it for me." You go to Direct Labs and you order it there. I'm not going to go through all of this.

Vitamin D. I will talk about vitamin D, because vitamin D is critical to bone health. We have an epidemic of vitamin D deficiency, and there's a lot of reasons for that. We spend a lot of time indoors. We put sunscreen on when we're outside. Everybody's made us fearful about the sun because it can cause skin cancer. Quite frankly, it can cause basal cell carcinoma. It usually is not what causes the more serious melanomas. If you have a deficiency of vitamin D, which is caused by preventing yourself from getting exposed to the sun, you have a higher risk of prostate, a couple people in this room, colon and breast cancer. Quite frankly, if I had my choice, if I was like at gunpoint. "You have to pick one of these cancers, which one are you gonna get?" Which one do you think I would take?

Audience: Basal.

Dr. Ritamarie: Basal cell carcinoma because it's like, "Chop it out," as long as it's not too far, you have a scar and that's about it. Colon cancer, breast cancer, prostate can be really serious and they are definitely life threatening. I don't want you to have any cancer and we're gonna talk about ways to protect you, but if you want more information about the vitamin D, go out to my website or my blog or even YouTube and just type in my name and vitamin D, and there's a couple of videos that Sarah here recorded for me.

Important thing, too, because a lot of people are on thyroid medication. Anybody here on thyroid medication? Oh good. There's usually a handful in every room. There's usually at least one anyway in every room. Thyroid it's important to make sure that ... There are things you can do to get off of it, great, but if not, because there's times when you can't, you want to make sure that they're maintaining your levels appropriately because too much thyroid hormone destroys your bones. The other thing, one of the tests on here is for cortisol, and cortisol is a hormone put out by your adrenals when you're under stress.

Too much cortisol destroys your bones, which is why floating in the water, hugging a baby, those things are going to protect your bones, and getting all stressed out is going to destroy your bones. Okay.

Audience: What is your baby is not huggable?

Dr. Ritamarie: That might be stressful, so maybe that's not a ... yeah. There's always exceptions. There's always exceptions, yeah.

Audience: Someone else's baby.

Dr. Ritamarie: Yeah, someone else's baby whose diaper you don't have to change and goes home at the end of the day. That might be more pleasant.

Audience: As long as it’s not your daughter's baby.

Dr. Ritamarie: Then you might be, you know, upset about it. Anyway, there's a list on page 8 of the foods that can weaken your bones. Yes?

Audience: Number 6 is a free cortisol test. How do we get a free cortisol test?

Dr. Ritamarie: Yes. Usually you do it, it's a saliva test and and online you can go to, diagnostics.com or even that directlabs.com and look up adrenal saliva test and you can get that done. They can do a ‘free cortisol’ test. Not free like, "Oh, free." Not free like no cost. Now I get what you're asking. Your hormones are either protein-bound in your body or they're free, and the free is what's available to your tissues to use, and the protein-bound may or may not be, so that's not as good an indicator. That's why I mean by free. Sorry, it's not free.

Audience: Like free radicals?

Dr. Ritamarie: Like free radicals? Free radicals are different. Free radicals are actually these electron unstable molecules that go around and just create a chain reaction and destruction in your system. Cortisol being free means that it's not bound to protein and it's available for your body to use. Same thing with estrogen, testosterone, even thyroid. If you've ever gotten a thyroid test, you can say T4 and free T4. There's a difference. Yeah.

Another thing that I want to mention that's super, super important is gluten. It tops my list of foods that can affect you and you came from the celiac site you know a lot about the dangers of gluten and how it can affect the body.

Gluten, there's studies and studies and studies that connect osteoporosis and gluten intolerance. Part of it is because it affects your gut and you're not able to absorb all the nutrients, so you don't get all those bone-supporting nutrients in. Part of it is it causes a systemic inflammation and that affects the osteoblast/osteoclast activity. Gluten, if you have been diagnosed with osteoporosis or osteopenia, throw the gluten away. Go to the Celiac Society website and learn about it. Go to my website, drritamarie.com/glutenfree. Download my information pack there, but gluten free is very, very important. Very, very important.

Audience: It's also linked to autoimmune.

Dr. Ritamarie: It's linked to autoimmune disease. The thing about gluten intolerance, people think of it as celiac disease. It means that your gut's been eaten up by the gluten antibodies and you have diarrhea every time you eat it. Most doctors, although today it's getting better, but a lot of doctors think that, "Well, you don't have gluten intolerance. Do you have diarrhea? Do you have bloating and gas after you eat? Nope, well you don't have gluten intolerance." Well, as it turns out, the research is showing that the gut stuff is the last of the symptoms in most people, that it starts to affect your immunity and you get autoimmune problems. It starts to affect your brain and you may be out of balance or be slightly depressed and not know why. They want to put you on antidepressants when all you have to do is get off of gluten.

I can tell you of countless people who were prescribed antidepressants and they decided they didn't want to do it, and I talked to them and they got off the gluten and voila within a week. How good is that? They weren't depressed anymore. There's so many things that gluten ties into and definitely the strength of your bones. If you're of that age, if you're in menopause or you have been diagnosed already, definitely stay away from it. If you're out of that range but you have any other health issues, look into it as an underlying cause. It's huge. It's really huge.

The list of bone-weakening foods. I won't go through every single one of those in detail. I wrote them out for you. When we say "salt," we don't mean that you can't salt your food anymore. You'll see that we use some salt on our recipes, but you'll want to use whole, unrefined salt because that's more alkalizing and that provides you minerals.

When you use just the table salt what happens is, for every about 2300mg of salt that you take in, sodium, you lose 40mg of calcium.

Now, if you're doing the whole unprocessed salt you still can get out of balance. You don't want to do too much of it, but you're getting the minerals in there to help your bones. That's why that's really important.

Soft drinks. Anybody here drink soft drinks?

Audience: I hate to admit it.

Dr. Ritamarie: Soft drinks. One of the worst things for your bones. There's a number of reasons, and it doesn't matter if it's diet or regular. That's another long story. When they're carbonated that's phosphoric acid in there, and phosphorus and calcium need to be maintained in a very delicate balance to have good bone. When you have too much phosphoric acid you drain the calcium out of your bones. If you like that carbonation, what I would recommend is like a natural mineral water, or drinking water without the carbonation but essential oils to flavor it.

I'll put a little peppermint. I have a whole set of essential oils that I got from a company called Young Living and a friend was doing their thing and I just got them from her, but I have all these different flavors. A friend of mine was visiting and I usually was very boring and I just put lemon and peppermint and drink my water all day. It tastes great. It's really much better than a soft drink. She started experimenting with my essential oils, "Oh, try this, it's got basil in it." "Wow, basil essential oil." It tasted great like I'm drinking pesto. I had another one that was cinnamon, a little drop of cinnamon essential oil.

If you look at the essential oils, if you go to Whole Foods or Sprouts or one of the stores that have the Frontier herbs, extracts like vanilla extract, they also have things like an orange. The orange is amazing. It's not the pure essential oil. It's cut with like sunflower oil or something but you only use a few drops of it. It's really tasty. The almond one, and they have a cinnamon and they have a cherry or berry. Play with those if you're really addicted to that something to drink, fruit juice. Fruit juice isn't good for osteoporosis either, for your bones. Fruit juice or sodas. Replace it with some water with a few drops of these essential oils. It's really enjoyable. There's no sugar in it, yet you have this wonderful flavor.

Sugar is another one. Really important. Sugar drains the nutrients out of your system. It drains away your B vitamins. It drains away your minerals, so it's a good one to get off of. The different kinds of oils. Hydrogenated oils.

All the chip packages they have been shown to destroy the osteoblasts, which are the ones that build your bone back. We talked about gluten. Any refined grains in general because they've been stripped of all their nutrition and they've been processed. They're going to be leaching some of those nutrients out of your system.

The other one. Nightshades are kind of iffy. I haven't seen any conclusive evidence that in everyone they're a problem. Nightshades are those group of tomatoes and eggplant and red bell peppers and all. In some people who are sensitive and most people know when they're nightshade sensitive because their arthritis pains get worse if they eat tomatoes, or eggplant or potatoes. If you're one of those then it's likely that the nightshades are not good for your bones either.

The last two I'm going to merge together, are dairy products and high-protein foods. Not to say you have to be 100% vegetarian to have good bones. There's people who aren't, but the animal protein, the high-protein foods need to be very small amounts because the excess protein creates an acidic residue in your bloodstream and leeches out the minerals. There have been lots of studies and on that list in the back, the reference list, I put a few of these. I also put a link to a page on the Better Bone site where she has about three or four pages long of references that talk about that. Keeping your proteins down to a low amount, but you have to have enough protein, because your bones need protein. It's finding that delicate balance. When you eat a lot of green leafy vegetables, and sea vegetables and some of the nuts and seeds, you're going to be getting lots of protein.

The dairy products. In addition to them being a higher protein food and sucking away some of your calcium, they have phosphorus, a lot of phosphorus, and out of proportion to your calcium so that's going to cause you to lose some bone. Any questions about that before we tell you what you can eat? Yes?

Audience: Kombucha, what does that mean?

Dr. Ritamarie: Kombucha? Kombucha, it's a fermented beverage that has a lot of probiotic in it. That's okay instead of soft drinks. Yeah, yeah. It has all the probiotics and probiotics are really important. Your probiotics meaning the gut flora. All right. Does anybody want to try something now and then we'll go back to talking about the foods. Do you want to try a recipe. Want to switch gears?