Episode 168 Transcript

00:00:00:00 - 00:00:07:04
Phoebe Liebling
I want you to not need me. I want to give you the tools that you can maintain this on your own. Because if I'm not doing that, I'm not doing my job.

00:00:07:06 - 00:00:32:15
Dr. Jaclyn Smeaton
Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton and Chief Medical Officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:32:17 - 00:00:54:18
Dr. Jaclyn Smeaton
The contents of this podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. Hi there! Welcome to this week's episode of the DUTCH podcast. I'm so excited that you're here. Today we're going to be talking about bone health and the story of the guest.

00:00:54:18 - 00:01:20:12
Dr. Jaclyn Smeaton
Today is really unique because she experienced osteoporosis at an extremely young age, and it really transformed her life in a way and her professional calling. Really learning how she can help women address osteopenia and osteoporosis. What I loved about today's episode, and I think you're going to really love is the advice is so practical. Phoebe, our guest, doesn't get into these grand, sweeping changes.

00:01:20:13 - 00:01:38:04
Dr. Jaclyn Smeaton
She gets very practical about the fact that there are so many contributing factors that might be easy to change up. And also, even when it comes to things like getting the physical activity you need to build bone, she makes it so practical and so easy. So my guest today is Phoebe Liebling, and she's a registered nutritional therapist and founder of Liebling Health.

00:01:38:09 - 00:02:00:01
Dr. Jaclyn Smeaton
And she's got over a decade of clinical experience helping clients get to the root cause of hormonal, digestive, and metabolic health concerns. Her approach to bone health was shaped by her own experience, as I've said, and she'll share that with us. But she was diagnosed with osteoporosis following being diagnosed with premature menopause at a very young age. And she used nutrition and lifestyle strategies to rebuild her bone density.

00:02:00:05 - 00:02:11:20
Dr. Jaclyn Smeaton
And this is approach she now applies with clients at every age and every hormonal stage. So let's go ahead and get started with our guest today. Well, Phoebe, thank you so much for joining me today on the DUTCH podcast. I'm so happy you're here.

00:02:11:22 - 00:02:15:13
Phoebe Liebling
Thank you so much for having me. I'm so excited to be part of today's session.

00:02:15:15 - 00:02:34:20
Dr. Jaclyn Smeaton
Me too. I'm excited to talk about bone health. I mean, this is something that, you know, you've really gained a lot of passion about and really helped a lot of people with. Before we dive into the meat of that, I always love to start by understanding a little bit more about where you came from and sharing that with listeners, because you built Liebling Health really around this root cause functional approach.

00:02:34:20 - 00:02:37:23
Dr. Jaclyn Smeaton
So what first drew you to that model of care?

00:02:38:00 - 00:02:57:04
Phoebe Liebling
Well, I think as with quite a lot of the practitioners who come into this line of work, I have my own personal journey with my health, and I would always class myself as very much an adjunctive clinician, because I think that there can also be this rhetoric around functional medicine that we like really shy away from allopathic medicine.

00:02:57:04 - 00:03:19:17
Phoebe Liebling
And I think that that actually does the individual. What taken care of the greatest disservice is about understanding who you go to with what. But I was one of those people who happened to fall through the net of other pathway care. And I stumbled into, well, yeah, pretty much stumbled into functional medicine as a result. And it was what put me back together.

00:03:19:17 - 00:03:51:14
Phoebe Liebling
And the thing that it really sort of clicks in for with me is that I am innately a puzzles over. My brain loves to find connection and loves to find the answer, to things that, on the surface, look seemingly quite complicated. But in actual fact, when you just dial down to the root cause of something, it goes and all of a sudden you have like maybe like 2 or 3 variables that need adjusting, and then all of the stuff that was appearing on the top suddenly kind of disappears as a result.

00:03:51:16 - 00:04:16:04
Phoebe Liebling
So found functional medicine, worked with a functional medicine practitioner, and that path, my health then started to come back into my own power, and I was like, that's me sold. And I think I literally went to an open day at the college that I ended up attending with my mum and started my course a week later. I was like, how soon can I start?

00:04:16:06 - 00:04:17:17
Phoebe Liebling
And that's that's been it.

00:04:17:18 - 00:04:32:10
Dr. Jaclyn Smeaton
That's awesome. I love how sometimes when you find that fire, that connect, it's like, there's no stopping you. And I so many people that fall into this type of medicine or health, it really does feel that way. It's like I've been looking for this. It's like this light bulb moment.

00:04:32:12 - 00:04:55:20
Phoebe Liebling

Exactly that. And I think that also there is a beautiful cross link when you work in anything to do with health, especially the more kind of like functional strategies, that it is definitely a job, but it's also vocational and you're constantly learning because there is that passion behind it. It never feels like work. I will very happily do what other people would.

00:04:55:20 - 00:05:17:17
Phoebe Liebling
Class is like working research, but I'm doing it just because I absolutely love it. And there is never a day that I turn up for work that is in any way like a strain on my wellbeing, because it lights a fire in me. And the more that I do, the more that I learn, the more experience I have, the more people I see that just continues to snowball.

00:05:17:22 - 00:05:21:09
Phoebe Liebling
At least it does for now. It's been quite a long time, so I would assume it will keep going.

00:05:21:10 - 00:05:35:08
Dr. Jaclyn Smeaton
I don't think you're reaching burnout if you have haven't now. My dad always said the same thing. People would say, you work so much. And he's like, I haven't worked a day in my life, you know? And he doesn't. He's a tax accountant. So like, thank goodness that there's people that feel that way about doing others taxes because most of us don't.

00:05:35:08 - 00:06:03:20
Dr. Jaclyn Smeaton
But he would wake up early and do taxes. And, you know, he just never wanted to retire because he loved it. So it's great when you find something that's that kind of fit. I also love what you talked about with like, this doesn't have to be almost like, this versus that with conventional medicine. And I worked in fertility for so long when I was in clinical practice and so many integrative providers, I think would fall out of, I'll say, fall in a trap of trying to dissuade patients from pursuing a conventional option.

00:06:03:20 - 00:06:21:13
Dr. Jaclyn Smeaton

And it's so I mean, how cruel to put a patient in the middle of that when they're trying to solve that puzzle. First of all. But I completely agree with you, truly, that you need both. And, and sometimes, you know, one tool is the right tool and other times a different tool is the right tool. And that's totally okay for them to coexist.

00:06:21:15 - 00:06:53:19
Phoebe Liebling
Exactly. And I also think that bone health is one primary example. There are lots of others where in actual fact you probably need to have the support of allopathic practitioners throughout somebody's journey with their bone health, because there is, you know, even just things like monitoring. And what I would always say is that the goal with, say something like somebody on long term medication is either to get them to a stage where perhaps they don't need to take quite as much as they're taking there might be a period where you can sort of like, lower their dose alongside their prescribing physician.

00:06:53:21 - 00:07:16:22
Phoebe Liebling
You could prove that, say some of the things that they've been prescribed are no longer necessary once they have been empowered to do other things. But I think that there is a it's again, it's a great disservice to make people fear that something that they've been prescribed is not good for them. And actually, what we always want to do with health is to give people like we want to empower them.

00:07:16:22 - 00:07:48:21
Phoebe Liebling
We want them to. We need to make them feel courageous about things. We need to get them to be involved. And fear will always be a barrier to that. So I will never be that person. And as a result, I have done a lot of additional study in understanding pharmacokinetics of different medications so that I can say, right, well, you are going to continue to take this, but then we just need to understand if there are any nutrients that might deplete, what are the other things that you might need to do to counteract any potential negatives, like look at it as how much can you add to somebody's life?

00:07:48:23 - 00:07:50:16
Phoebe Liebling
Not the opposite.

00:07:50:18 - 00:08:03:03
Dr. Jaclyn Smeaton
Right? I love that approach. I want to let's talk a little bit more about bone health because your work has been across like hormonal balance, digestive health, metabolic health. Where does bone health really fit into the picture?

00:08:03:05 - 00:08:37:08
Phoebe Liebling
Well, I think it's one of those things that it's I mean, it's completely endemic to everything, but a lot of the sort of situations that I will work in might compromise bone health. But people wouldn't necessarily like, know that because you can't see your skeleton. And that's probably one of the biggest things around bone health, which is that if it's changing, you kind of don't know that's happening until like, God forbid, you potentially have a fracture or you have something that happens that you wouldn't expect to happen.

00:08:37:10 - 00:09:01:10
Phoebe Liebling
So what I tend to do is bring bone health into the conversation. When I start to see potentials for that to be an issue. But I also think that there's a lot of mixed messaging in the health space, in the nutrition space, especially, especially for women. I mean, men to a certain extent, extent, but women as well, like on the most part, which can actually significantly compromise their bone health.

00:09:01:12 - 00:09:30:10
Phoebe Liebling
And like I say, they just absolutely wouldn't have any idea because some of this is framed as being very positive. So, for example, chronic kind of fueling with very high output of cardiovascular activity is a real terrible combination for bone health. And yet if you ask like the majority of women, how they would approach diet and exercise, for example, if they wanted to change their body image, that's exactly where they would go, right?

00:09:30:12 - 00:10:03:07
Phoebe Liebling
And so it's that's that's the way that I would feed it in as more of like a curiosity get. Did you realize potentially that this is not serving you? And again, with the education around how people shift habits, if something is so ingrained, for example, that patterning around under fueling or just mismatching nutrition and the way that

they're exercising, if that's really ingrained as something that they been repeated, like repeatedly told over and over again, that's quite hard to shift unless you give them a reason to.

00:10:03:09 - 00:10:25:04
Phoebe Liebling
And something as structurally integrative as bone health is much more impactful in that sphere, as opposed to me just saying that's probably not going to make you feel very good. Do you get a little bit of low energy in the afternoon? You're struggling with sweet cravings and they kind of go, yeah, but that's normal. And I'm like, what about compromise ation of your skeleton?

00:10:25:06 - 00:10:33:06
Phoebe Liebling
And they go, oh, okay. Now that's something that actually can actually shift someone's perspective quite significantly.

00:10:33:08 - 00:11:01:07
Dr. Jaclyn Smeaton
It's actually reassuring to hear you say that, because I think that with bone health, it's almost like a tougher sell for women because it seems so far out and I can't I want to talk about your personal story next, but when I think about some of the challenges I've had in practice, like prevention of cardiovascular disease, prevention of osteoporosis, you're selling a vision that feels so far away or a risk that feels so far away for women that they're like, yeah, yeah, yeah.

00:11:01:07 - 00:11:25:14
Dr. Jaclyn Smeaton
But I want to like, wear my bikini next week at the beach and feel good about it. Right. So you have this short term gain and this long term prevention strategy. We know like preventive medicine it's not sexy right. It's really tough to get people to do it. So I want to talk a little bit about your experience with that, because it seems like you've found some success in getting women to engage in just caring about bone health and their skeleton and their structure.

00:11:25:14 - 00:11:40:18
Dr. Jaclyn Smeaton
And I think unless you've seen, like my grandmother had a hip fracture, and that was kind of the start of the end for her. So I have a personal experience of that

where, you know, then she went into a rehab facility and then she didn't want to eat and recovery time. I got a pit and it just was like the beginning of the end for her.

00:11:40:19 - 00:12:01:05
Dr. Jaclyn Smeaton
It wasn't what she died of, but it was really the start of her like decline in quality of life, I would say. So I have that. I want to be strong. I'm like lifting weights. I want to lift up my grandkids and run around until I am 100 years old. But tell me a little bit about what you see with your patients and how are you getting that kind of traction.

00:12:01:06 - 00:12:19:21
Phoebe Liebling
So it's an interesting one because I often get, I guess now also where I am in my career is I see the people who have been hit with a diagnosis that they didn't expect, and they will probably think that they've been doing the good gardening things for a long period of time, but they potentially haven't been getting them quite right.

00:12:19:23 - 00:12:44:18
Phoebe Liebling
So I get the ones who are scared. I get the ones who have been hit with either osteopenia or osteoporosis, or I'm talking to like a younger female member of the family about something else. And they go, oh, and my mom has got osteoporosis, but it's almost I don't know if you see this. There's almost like this blanket, assumption that at some stage we'll all have osteoporosis or osteopenia, like that's just a normal thing.

00:12:44:18 - 00:13:08:06
Phoebe Liebling
So I think that the one evolution that I would say is positive is I think actually the investment or the understanding that that's not a fixed sentence is becoming more normal now, whereas for example, like my mom has osteoporosis, my grandma had osteoporosis. That was just something that they like, got to a stage where they're like, I'll have low bone density.

00:13:08:06 - 00:13:36:21
Phoebe Liebling
And it wasn't really questioned. Whereas for like my sister and I, well, my situation being slightly different obviously, but are kind of age group, the understanding of that is ever so slightly different. And I don't know if it's also just about the shift in the

way that we live habitually, because I was talking about this with somebody else the other day, my parents and my grandparents never had to exercise, or at least my grandparents didn't.

00:13:36:21 - 00:14:03:05
Phoebe Liebling
Their lives were very active. They were very like, sort of they were doing a lot more. Whereas as our lives have become more convenient and I feel like my mum's generation kind of landed in the gap where they still had the habits of their parents, but they had the convenience that was already being created for our generation, so they didn't evolve the way they were living to match the shift in how their lives then looked, which is why we then had that mismatch.

00:14:03:05 - 00:14:37:10
Phoebe Liebling
Whereas I have always grown up with the idea of working out like it was something that you did, you choose to actively go and exercise. I got my mum into a gym for the first time about four years ago, and it was a completely alien concept to her to actually allocate time to do additional activity. So I don't know if it's like a combination of those things that we all now just evolving in the way that we are, because we know that we sit more, we know that we drive more, and that is then going to compromise our health.

00:14:37:10 - 00:14:44:12
Phoebe Liebling
So people will actively exercise towards that. It's it's an interesting thing to observe that.

00:14:44:13 - 00:15:05:22
Dr. Jaclyn Smeaton
We're actually like, I've never really thought about this before. We're part of this kind of new experiment. As far as this long term strategy, is it better to live an active lifestyle? Probably because we know about like centenarian culture is and like historical data or is it better to have this kind of workout culture? Ideally you have a little bit of both active lifestyle plus working out, but you're totally right.

00:15:05:22 - 00:15:22:20
Dr. Jaclyn Smeaton

Like when when do people first start lifting weights? Culturally, even running was not really, like an active thing until like the 70s when it really got a big surge. So we're really the first, you know, first and second generations to be going through that kind of workout culture. It'll be interesting to see the outcome.

00:15:22:22 - 00:15:41:19
Phoebe Liebling
Well, I think it's also what I sort of meant by that is the fact that for example, when my mum was a child, they had one call, my grandpa would take that to work. So if they were going to the supermarket because they didn't have online shopping, they were carrying, right? So they were doing a load bearing exercise, but it was part of their daily life.

00:15:41:21 - 00:16:04:18
Phoebe Liebling
But then with the evolution of where we are now, because I can order all of my food online, I can basically get anywhere without really placing a load through my body. There has to be an active inclusion of something that creates that load. Even the simple thing of like people jumping on a train versus getting off a couple stops early and carrying a heavy backpack on their back.

00:16:04:19 - 00:16:20:14
Phoebe Liebling
It's like those kind of little tweaks. It doesn't necessarily have to be. And this is something that I will I'll talk about a little bit more. When we talk about active exercise strategies, it doesn't have to be that you pick up at a gym and you do a heavy deadlift off or like a squat if that's not what brings you joy.

00:16:20:16 - 00:16:35:00
Phoebe Liebling
But it's just about finding these ways to make sure that you are creating that repeated resistance, that bone building sort of trigger through the habits that you cultivate over your life generally.

00:16:35:02 - 00:16:49:05
Dr. Jaclyn Smeaton
Well, I wanted to spend some time talking about your personal story because I think it's very unique and it certainly gives a deep understanding of why this is such a

passionate piece to you. Can you walk us through how your own osteoporosis diagnosis came about and what that was like for you?

00:16:49:06 - 00:17:17:03
Phoebe Liebling
Sure. I mean, my osteoporosis diagnosis was a massive surprise. It wasn't something I really expected, but also my understanding of what was happening in my body, when it was happening is obviously far greater than it was then, because I was literally 19 to 24. I had absolutely no concept of what was going on. And also because I was so young, the lead up to that diagnosis was like, not even I mean, I mismanaged or misdiagnosed.

00:17:17:03 - 00:17:37:10
Phoebe Liebling
There was lots of different bits that I was basically put on the progesterone only pill when I was 19. It turned out that I had an undiagnosed celiac disease process going on, and it was just I was at uni the first time they thought I just had gastritis, the kind of like freshers flu. I wasn't feeling great.

00:17:37:10 - 00:17:56:05
Phoebe Liebling
They just said, you just need to do this. So that went on. But obviously I then started to present with all the symptoms like really significant anxiety, incredibly painful periods, lots of generalized inflammation. And they said, well, we'll just put you on this pill, because I had very strong reactions to the combined oral contraceptive pill. And again, I didn't question it.

00:17:56:05 - 00:18:15:00
Phoebe Liebling
I was a 19 year old. I had a naive frame of reference to think that's not what you do. In the same way that like I would say to people, now, if I can advocate for you or like help you question a doctor's suggestion if it doesn't sit well with you, I absolutely will. But I just took the doctor's advice.

00:18:15:02 - 00:18:33:05
Phoebe Liebling
I was on that pill for probably four years, because I was also in a relationship at the time. And so it just made sense from a contraceptive perspective. I then came off

that when I was probably 21, 22, my periods have started again, and they had said to me when I went, want it? It's fine.

00:18:33:05 - 00:18:53:17
Phoebe Liebling
If your periods stop, that's just normal and you take it continuously. So not a big deal. So I went through the standard approach, which is wait and see. Six months go by, wait and see doesn't work. Go through standard and chronology screening. We need you to put on some additional weight. All of those kind of little bits and pieces.

00:18:53:17 - 00:19:10:00
Phoebe Liebling
I was underweight because of the fact that my gut was in pieces. But that kind of hadn't really been addressed because I'd done all of the standard investigations, and no one could really tell why I wasn't feeling so good. So, like, you're too stressed, you probably just need to eat more. You need to relax a little bit more.

00:19:10:01 - 00:19:12:18
Phoebe Liebling
Those kind of things stop doing any cardio exercise.

00:19:12:18 - 00:19:16:11
Dr. Jaclyn Smeaton
We patients love getting suggestions like relax, just relax.

00:19:16:13 - 00:19:37:22
Phoebe Liebling
Yeah. It's just it's stress. You've you've been doing a really intense science degree and you're probably not sleeping well and you're probably not eating properly and all those things. So anyway, I eventually kind of exhausted the standard, NHS process and then went to see a private endocrinologist, and she did more in-depth testing and said, well, your thyroid is through the floor.

00:19:38:00 - 00:19:55:12
Phoebe Liebling
That's not working. And so it was originally thought that hives had hypothalamic amenorrhea. So I just wasn't selecting for that reason. And she said, well, seeing as you haven't had a cycle in such a long time, you absolutely have to have a scan

because I want to know what's going on, because your estrogen is also basically non-existent.

00:19:55:12 - 00:20:21:01
Phoebe Liebling
And this would also explain now when looking back on it, why I was having hot flushes, why my anxiety was so terrible, why I had terrible body pain, I couldn't sleep, so I basically went through perimenopause between the ages of 21 and 23, in a very short period of time. And yeah, then I had my Dexa and I was diagnosed with osteoporosis at the age of 25.

00:20:21:03 - 00:20:43:01
Phoebe Liebling
And that was also alongside basically being told that I had absolutely zero ovarian function at that stage. And that was my shining moment of being suddenly confronted, at a relatively young age or 25 with your body is basically 50 years older than you really think it is.

00:20:43:03 - 00:20:49:23
Dr. Jaclyn Smeaton
I mean, I'm like, I got the chills when you're telling that story because it's like that. I can't even imagine how hard that was to hear.

00:20:50:00 - 00:21:22:22
Phoebe Liebling
It was again, I, I moved on to criminologists after that. She was fantastic at her job. Terrible bedside manner. So her words that she used were very harsh and not particularly encouraging, but it was one of those moments where because of just the person that I am, she said all of these things, including things like infertility and all of those that and I just went, no, I was like this.

00:21:22:22 - 00:21:41:11
Phoebe Liebling
And she was like, we'll have to put you on medication. The question that was that was wasn't really a question was HRT was absolutely non-negotiable for me at that point. And I did have a little bit of a fear response to that, because all of the stuff I knew about HRT at that point was very catastrophic, right? Risks of cancer, those kind of things.

00:21:41:11 - 00:22:05:22
Phoebe Liebling
But obviously we know that that's now not found it. And I have been happily on HRT for a long period of time. But yes, it was very much it was a got hit with a barrage, but my internal response was this will not be my story. And that kind of triggered me into basically reversing it over the next.

00:22:06:00 - 00:22:12:02
Dr. Jaclyn Smeaton
And not only reversing it for herself, but kind of transforming the health trajectory of so many other women, which is amazing.

00:22:12:04 - 00:22:29:22
Phoebe Liebling
A little. So it's one of those things that I do say I have a great privilege in many ways, because people will ask me now and they'll sort of say, oh my God, that must have been so terrible for you. And it must be something that you really live with. I just kind of think I wouldn't have the career that I have today, and I wouldn't be able to help people if I hadn't gone through that.

00:22:30:04 - 00:22:57:00
Phoebe Liebling
And I don't see that as being something that defines me anymore. But it is also something that now I will meet younger women who are at some point in that window when I was in my 19, 20, 21 phase, and I can catch them and I get to get them out of the pattern that might then lead them down a path that they don't expect.

00:22:57:00 - 00:23:07:03
Phoebe Liebling
And I would have my life a million times over if I can continue to stop that being the story for another young woman.

00:23:07:05 - 00:23:32:10
Dr. Jaclyn Smeaton
Literally. I mean, that's an interesting place to start, the story of bone health, because ultimately, like we know now and I'd love to to dive in to like what you've learned about estrogens role, which maybe you didn't talk about as much back then. But certainly we talk a lot about it now. But for women who are just starting

their reproductive years, that's one of the key things of so critical is that you're making estrogen.

00:23:32:10 - 00:23:57:13
Dr. Jaclyn Smeaton
And estrogen has so many profound protective effects. We talk about it in menopause, bone building, cardiovascular protection, brain health. But that applies through all your reproductive years as well when you're being exposed. So I it gets me thinking about and I'm sure some of the listeners are to the fact that, like so many women come in with irregularity, amenorrhea or amenorrhea where they're not cycling regularly, their periods are far apart or non-existent.

00:23:57:13 - 00:24:17:09
Dr. Jaclyn Smeaton
And I think you were in a more extreme case where you were diagnosed with early menopause or that like, but even premature ovarian insufficiency, that's not as severe as what you went through, but could be having an impact on bone health at this time where you're supposed to be building, building, building bone. And not only are you building, but you could be potentially losing.

00:24:17:11 - 00:24:40:17
Phoebe Liebling
Absolutely. Because, I mean, the way that I always I'm very visual and the way that I try and get people to understand, I guess these more complex things is to really like, think about them in like a visual way. So I always describe the way that bone is kind of constantly turning over, and you have your osteoblasts, so your builders and your osteo clasts, which are going to be breaking down your bone.

00:24:40:19 - 00:25:14:04
Phoebe Liebling
And so estrogen stimulates it's kind of like knocking on the door of the osteoblasts. So it's encouraging them to be active, to build your bone at the same time as restraining the activity of those that are breaking down your bone. So you then get a good ratio whereby you still need to obviously break down bone over time, because you can't just be constantly building, but you want that ratio of activity to be swung, especially in those peak bone mass building years towards the osteoblasts being the primary ones that are working.

00:25:14:04 - 00:25:40:06

Phoebe Liebling
And then you just have bone resorption for remodeling and making sure that you're getting rid of the old stuff when you don't need it anymore. And then also have the fact that eastern is actually going to be influencing calcium absorption in the gut. And it also, impacts calcium retention in the kidneys. So when you get declining estrogen, only you're getting a lower trigger for bone building, a higher rate of bone breakdown.

00:25:40:09 - 00:26:10:05
Phoebe Liebling
But you're then also adjusting how your body can utilize minerals to actually then reinforce that collagen matrix of bone. So it's a multifaceted, sort of web. But also what we see, which is critical, is that the loss of bone isn't linear. Around the time when it really starts to decline. And this is incredibly significant if you think about this happening earlier than it should do.

00:26:10:07 - 00:26:33:10
Phoebe Liebling
So we get a more rapid drop in bone density in the period of time around when estrogen is dropping the quickest. So we'll see a stabilization after eastern nibbles of say like decline a little bit. But also if you then think about how long you would live in a lower estrogen state if a woman goes through menopause, not even as early as I do, I did.

00:26:33:12 - 00:27:19:01
Phoebe Liebling
But around say like 38. This is going through menopause at 51. She is then got a far more significant period her life where she's in a lowered sort of stimulation of bone state than somebody who that happens a lot later. So it's a kind of I think the thing that I, I'm also quite nervous of is the fact that with the rise of body image shifts and the significantly increasing trends which we've always had with women striving to be thinner, and also I think the normalization in a weird way of distorted menstrual cycles, it's quite normal.

00:27:19:01 - 00:27:43:12
Phoebe Liebling
I feel like women just will say, oh yeah, I know, like I skipped a period every now and again and like, oh, I didn't have my period for six months last year. And I was just a bit stressed. And I kind of think, well, you have to be quite significantly stressed,

whether that's physiological, physical, emotional, environmental for your menstrual cycle or your body to actually adjust reproductive hormone levels into a state where it feels that you aren't secure enough to have a baby.

00:27:43:12 - 00:28:14:03
Phoebe Liebling
So it's it's not something to kind of brushed under the rug. And yet it kind of does happen. And that's happening a lot younger. And that causes me quite a lot of concern. Like I say that it's it's normal because we can see that this has been something that is actually quite a significant problem, because even if it's only happening in patches, if, say, you're having periods of low Easton and you get a shift in that ratio, we progressively find it harder to then rebuild bone over time.

00:28:14:03 - 00:28:31:19
Phoebe Liebling
So if you're sapping from that internal stall, it's then going to be you're kind of going, you're progressively stepping down over the course of your life at a rate that is faster than should be happening. Which then obviously means that your risk later in life is far increased. Yeah.

00:28:31:21 - 00:28:46:22
Dr. Jaclyn Smeaton
Yeah, you're making me think about that. Like the period is the fifth vital sign story. And it's really interesting because I think you're right. Some women kind of overlook it, or they think about their menstrual cycle, one as a pain in the butt, something they have to manage. I don't want to get a bleed every month or two.

00:28:46:22 - 00:29:09:07
Dr. Jaclyn Smeaton
They think of it as well. I'm not trying to get pregnant, so I don't really care that I'm skipping cycles like I don't want to conceive right now anyway. I'm not trying. So I think it gets almost pigeonholed as being only important for reproductive purposes or reproductive health. But what we're talking about today is the fact that that hormone production as part of a normal menstrual cycle has longer term health implications.

00:29:09:07 - 00:29:16:08
Dr. Jaclyn Smeaton

And that's really what you're getting at, is that when that's not there, you're like missing this huge part of that foundation for sure.

00:29:16:08 - 00:29:36:05
Phoebe Liebling
And I think that also that then feeds into a conversation that we could have that's an entirely different trajectory, which is the normalization of things like really intense patterns, which actually, for a woman who is well supported, I don't necessarily say like living in sync with your cycle in the way that people will then go like, see, it's like playing and adjusting everything like that.

00:29:36:05 - 00:29:58:21
Phoebe Liebling
I'm talking more about understanding how a woman's physiology shifts over the course of the menstrual cycle and just like gentle adjustments to that. But because though, because a period or menstrual cycle is generally seen as something vaguely combative because, oh, it makes you feel awful and like you feel really tired and you can't keep consistent. Again, that's not a normal menstrual cycle, right?

00:29:58:21 - 00:30:24:14
Phoebe Liebling
That's a common issue that a lot of women will experience. But there is an answer to that. And it would probably be just looking at your overall pattern of habits so that you don't see your menstrual cycle as being anything other than like, fine, I don't feel like going and doing really intense social things the day before my period, but I'm also not like stuck on the sofa doing absolutely nothing because I feel awful.

00:30:24:14 - 00:30:27:13
Phoebe Liebling
My moods dropped and I feel really bloated and uncomfortable.

00:30:27:13 - 00:30:36:03
Dr. Jaclyn Smeaton
So yeah, get some extra rest, but don't be incapacitated. There's a level to what's kind of acceptable or normal.

00:30:36:05 - 00:31:00:06
DUTCH Podcast

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00:31:00:07 - 00:31:03:01
DUTCH Podcast
Welcome back to the DUTCH Podcast.

00:31:03:03 - 00:31:23:09
Dr. Jaclyn Smeaton
Another thing that you mentioned that I want to really double click on is the like the rapid decline in bone mass, I guess, during the time of hormones changing. So this is something I think about a lot, and I'd love to get your perspective on it. Like in the United States, our first Dexa screening for women's at age 65.

00:31:23:11 - 00:31:47:23
Dr. Jaclyn Smeaton
And that's like the first a I don't know what NHS covers is probably similar, I imagine, from country to country here. But when we look at the time of most bone loss, it's actually in the very start of menopause, which is actually still perimenopause, because a woman isn't menopausal until she's missed 12 periods. But when she's missed 12, you go back 12 months and that was actually menopause.

00:31:47:23 - 00:32:10:04
Dr. Jaclyn Smeaton
So you have a year before you even know you're menopausal. But then most women hit menopause about 53. And we're not screening bone health for 12 years. So that's something that just it does not make sense to me at all. Is that something that you've thought about or that you recommend people address differently? I mean, here in the US you can get a Dexa scan, like at a walk in facility.

00:32:10:04 - 00:32:27:16
Dr. Jaclyn Smeaton
I think I paid $100 or $200, and I got a text scan and they did, my VO2 max. And you get like your muscle mass and your bone density. That to me feels like a very worthwhile out of pocket. And I did it when I was 40, so that I'll have a baseline to be looking at later on.

00:32:27:18 - 00:32:59:15
Phoebe Liebling
Absolutely. And I mean, we have similar things here. And what I would like, again, if I'm working with somebody and I think that there is cause for them to look, there is there are certain situations when I could refer to the NHS and say, look, clinical significance, can we please get a Dexa here? And there are certain again, funding, lots of different reasons, different barriers to entry for somebody just to walk in and ask for Dexa is quite difficult, but with the right wording that can be kind of worked around.

00:32:59:15 - 00:33:24:03
Phoebe Liebling
But I would agree. So when we talk about rate of bone loss change, we usually say I think it's the 2 to 3 years before menopause. It's up to about a 10% loss in bone density. But the thing, as well as the understanding of when perimenopause truly starts to happen, is really unknown, because we can talk about an average of even somewhere up to like 12 years.

00:33:24:05 - 00:33:48:11
Phoebe Liebling
And this will often land for women at a time when they are probably incredibly busy. And that can be in lots of different ways. It could be at the kind of like pinnacle of their working career. It could be when their kids are going off to uni and they're trying to evolve and refind who they are after. They've been a mother for a really long period of time, or maybe their parents have now shifted and are like looking at relying on them a little bit more, so their roles changing.

00:33:48:11 - 00:34:18:00
Phoebe Liebling
So when they start to get things like what I call is abstract anxiety, which is I just feel a little bit on edge, like I just don't like I'm not nervous about anything specifically, but I feel like I'm more reactive to stuff, or I just seem to be waking up that little bit earlier. When I try and exercise, I just get this kind of like dragging, nagging, kind of like body pain or the one that I was, I often talk about is the, the interaction with life.

00:34:18:02 - 00:34:58:10
Phoebe Liebling

When you start to feel less proactive and more reactive, that kind of urge to pursue things that you know you will enjoy. But the spark and the motivation just isn't there. Those are all of the first indications that hormones are changing because we're getting shifts and things like serotonin, dopamine, which are all tied to our reproductive hormones. But again, if a woman has been experiencing anything, whether that is more of like, well, PMO was PCOS anything to do with their thyroid, any kind of hypothalamus, the hypothalamic pituitary adrenal like dysfunction, all of those will be massively magnified.

00:34:58:12 - 00:35:25:10
Phoebe Liebling
But then they are labeled as you're stressed, you're depressed. And because normal standard screening for perimenopause is things like testing, if I say age, that's a singular marker. This is going to be fluctuating. And a serum test is never designed for a moving target. So a lot of women will not get the objective markers that reinforce how they are physically feeling.

00:35:25:12 - 00:36:00:02
Phoebe Liebling
So then that window again isn't properly assessed. So I would always encourage preemptive screening. And I think that the combination of doing muscle mass, body fat percentage, but also looking at the difference between like visceral fat percentage and other fat percentage is quite important because again, we're going to see a shift if there has been a change in hormone levels as to how the body is storing fat and where it's storing it, it's great to have that objective measure, because then you can start to make change and find that there isn't like a negative trajectory from the right.

00:36:00:04 - 00:36:20:12
Dr. Jaclyn Smeaton
I want to talk about that negative trajectory, because I think a lot of people just assume once you're diagnosed with osteoporosis, you are it's a one way ticket, right? There's just a one way ticket goes in one direction. It gets worse, or you're trying to just claw back and maintain. Right. But you talk about the fact that bone loss is not a fixed sentence.

00:36:20:12 - 00:36:24:13
Dr. Jaclyn Smeaton
What does that actually physiologically mean?

00:36:24:15 - 00:36:29:16
Phoebe Liebling
So this is an interesting thing because I think that people think of bone and they think hard.

00:36:29:18 - 00:36:35:19
Dr. Jaclyn Smeaton
They think like it's like steel, right? Like nothing happens. It's just there and nothing happens. I find the same.

00:36:35:21 - 00:37:00:13
Phoebe Liebling
Yeah. So it's like, it's because it's that hard tissue. You can kind of you can envisage the idea that you can like build and change muscle because it's soft. But people see like bone and they just think, well, that's what you've got. But it's a dynamic process. It's physiologically moving all the time. So obviously if there's been a loss already, then you can assume that there is a rate of resorption that is exceeding a rate of building.

00:37:00:15 - 00:37:26:14
Phoebe Liebling
But that just means you need to focus on why that has shifted and do all of your investment into slowing down that resorption and really boosting that osteoblasts activity. And there's so much agency when you look at it in that way. I think that the the problem is, like I said, when I kind of had my first experience, which sort of flipped my mental switch of no on is that there's a lot of fear.

00:37:26:16 - 00:37:47:13
Phoebe Liebling
And because of the way that osteoporosis or osteopenia is framed, loss of confidence, suddenly feeling very fragile, suddenly being very scared that something negative is going to happen. It's sort of similar as if someone suddenly gets told that they've got occlusion in the cardiovascular system. They're like, I didn't see that coming. Does that mean I'm going to have a heart attack?

00:37:47:15 - 00:38:05:03
Phoebe Liebling

And it's kind of similar with bone, because it's this element that I didn't see it coming. How like, am I now at a really significant sort of deficit? If I jump off a step, am I going to break a bone if I fall off a bike, am I not allowed to do impact sports? Like what do I do?

00:38:05:03 - 00:38:25:14
Phoebe Liebling
And people will suddenly feel very scared and insecure in their bodies? And so what I really try and come from when I talk about this, is this idea that, no, you're at a place where potentially you are at a slightly higher risk. But if we consider that that process is going on all the time, we absolutely have the potential to make that not the case.

00:38:25:14 - 00:38:49:02
Phoebe Liebling
But it's just about catching people in the right moment to dispel that fear, to build the confidence and get back into a place where they feel like they are the ones in control. Because I think it's that it's that sense of suddenly being taken out of the driver's seat that can make people feel really uncomfortable and quite worried about anything to do with their own health.

00:38:49:04 - 00:39:04:04
Dr. Jaclyn Smeaton
Yeah, it's understandable because it does have that feeling of like, wow, this really snuck up on me, or it's been going on a long time and I didn't even know, you know, what are some of the root cause factors that you really address when you're working with a patient with bone health that might surprise our listeners?

00:39:04:06 - 00:39:18:18
Phoebe Liebling
I mean, first ones I would be thinking about there's very high stress levels over exercising. People do not understand if that like under fueling is such a big problem. Is it just animals.

00:39:18:18 - 00:39:23:05
Dr. Jaclyn Smeaton
Or you're talking just even caloric intake, macronutrient intake.

00:39:23:07 - 00:39:51:00

Phoebe Liebling
Caloric intake, micro and macro Newton intake? And also about how different nutrients behave with each other. So we have a great thing at the moment when people are just eating loads of protein, eating loads of fiber, really going super low on carbohydrates and again, the classic thing for women, if they're looking at weight management or just general things, is they will potentially undo their carbs.

00:39:51:02 - 00:40:15:05
Phoebe Liebling
But if they're then trying to do all the good stuff like the high exercise element they are under fueling for that energy expenditure, and they're also not going to utilize the other nutrition that they have. If you're eating high protein and fiber or insoluble fiber specifically, you're also going to feel probably quite bloated, which means that you then probably aren't excreting waste effectively and it goes through the cycle.

00:40:15:05 - 00:40:41:21
Phoebe Liebling
You're also potentially not sleeping particularly well. We know that the body is going to be doing most of its repair and regeneration overnight. People are then also potentially adding in fasting and fasted training, which there's a whole whole question about fasted training. And I guess the key thing is to understand how you approach approach fasting. And I would always say that if you want maximum benefit from activity, put the fuel around that activity.

00:40:41:23 - 00:41:03:06
Phoebe Liebling
That will then allow your body to get the maximum benefit from a which routine need, and then focus on potentially just moving with normal hunger signals. Do not look at fasting as a way of actually restricting energy intake. And whether it's more of like a low energy availability position as opposed to that eating the right amount of calories over the course of the day.

00:41:03:08 - 00:41:27:08
Phoebe Liebling
But they're all at the end of the day rather than around when they're the most active. And that, again, can be incredibly deplete of, so, I mean, we also then have the missing menstrual cycles, chronically high stress also. Then just things like maybe you are consuming quite a lot of mineral wasting factors in a way that you didn't necessarily realize.

00:41:27:10 - 00:41:55:18
Phoebe Liebling
So caffeine is a big one. We know that caffeine will increase, urinary calcium loss and that doesn't habituation doesn't change that. I mean, it's a modest element, but the simple addition of milk to coffee can sort of mitigate some of that loss. But if you are somebody who is on the fueling, doing your fasted training on black coffee, that's a bit of a recipe for disaster.

00:41:55:19 - 00:42:20:00
Phoebe Liebling
And then if you're also somebody who consumes Diet Coke as well, we see that as another wasting factor. There's there's lots of different little bits that people just don't realize. And even if when you kind of look at them in the research individually, they're quite modest when you start stacking them and you see quite how many of them you're doing, you go, okay.

00:42:20:00 - 00:42:31:06
Phoebe Liebling
All of a sudden that might make sense. So it's more about the cumulative impact of habits as opposed to me. Obviously, some of the time I go, right, well, that is a glaring hole when it comes to like.

00:42:31:06 - 00:42:33:06
Dr. Jaclyn Smeaton
Celiac disease is a great example.

00:42:33:07 - 00:43:05:15
Phoebe Liebling
Exactly. So obviously somebody has anything like inflammatory bowel disease, anything that's going to cause malnutrition, those kind of situations, anything that's very pro-inflammatory. Any other issues like stuff like, PTA changes, those, those kind of things. When you can see that there is a direct causal link between a condition and then changes in bone health there obviously things that we can talk about quite directly, but then there are more of these little peppered bits across a seemingly healthy routine.

00:43:05:17 - 00:43:29:03
Dr. Jaclyn Smeaton

I mean, that's actually reassuring, though, when you think about the fix, because what it means is that it doesn't have to be some kind of global, sweeping change of lifestyle. If you have 15 things that are contributing or, you know, adding problematic contributors, and you can reduce five of them, there you go. You're, you know, you're a third of the way there, right?

00:43:29:03 - 00:43:36:11
Dr. Jaclyn Smeaton
So it makes it seem like it's not so overwhelming, maybe to build a treatment plan that reduces problematic contributors.

00:43:36:12 - 00:43:59:11
Phoebe Liebling
Exactly. And that's why whenever I see somebody, the first thing I do is I just basically go, right, let's do a baseline audit. Let's have a proper look at exactly what you're doing, and not just about sort of like the overall, like overarching stuff. The nitty gritty bits of how you've lived your life for this period, of how many years, what are all of those variables?

00:43:59:11 - 00:44:20:13
Phoebe Liebling
And if we can find I also think that there's an element with that. There are certain things that I would classed as non modifiable in somebody's life, and that can purely be because they don't want to change them. And that is absolutely like answer enough when people say to me things like, oh, I just really like doing this, I know that I don't like it.

00:44:20:13 - 00:44:58:06
Phoebe Liebling
Well, why shouldn't you? Does it serve you in a negative way? Does it trigger something that you don't want to be there? Fine. Well, then that's something to address because you know you're doing it, but it's not actually making you feel good. But at the same point, if you get up in the morning and your singular joy is preparing a really good black coffee that you sit and enjoy in your garden that has so many other elements to your well-being and your enjoyment of life, put a barrier around it and find some other place within your routine to account for that, and just create the tolerance elsewhere.

00:44:58:08 - 00:45:24:10

Phoebe Liebling
So when you actually look at all of these little elements, I think, like you say, it means it's not so overwhelming. And also people don't have to feel that in order to fix this, they've got to abandon everything that they enjoy. Because again, I think that that can often be the feeling that people get that, well, they're going to be on this really restrictive regime forever where they have to be so stuck to it, and they can't do anything that would go even vaguely off piste.

00:45:24:10 - 00:45:45:19
Phoebe Liebling
And I always talk about health and wellness and general goodness as a form of elasticity. It's always about creating a net positive so you can still keep things that are not gold standard a star dark green, leafy, healthy and nutritious. But you account for them in the other things that you do.

00:45:45:21 - 00:46:10:17
Dr. Jaclyn Smeaton
It's such a beautiful approach, and I actually I think what you're talking about prevents a lot of people from seeking health care providers like you and I, because they assume that we live these perfect, pristine lifestyles and that we're going to pass judgment on anyone who doesn't. That's not the case. And I'll say that knowing thousands are probably tens of thousands of health care providers in this integrative medicine space, we all have our vices and we all live our life.

00:46:10:17 - 00:46:31:04
Dr. Jaclyn Smeaton
And and that's okay. We want you to also, and you don't have to change everything. I just think the approach that you're describing is so critical. And I mean, I really believe that health we we focus on health and we choose health so that we can live a full and rich life. So if that life you're living feels deprived, what's the point?

00:46:31:09 - 00:46:53:03
Dr. Jaclyn Smeaton
And I then the same thing on the flexibility. Like if we have to measure every biometric and get every single element and molecule psychologically, psychically and, you know, physically, environmentally, if everything has to be perfect for us to feel good, then we're missing that elasticity. We're missing that resilience, and that doesn't feel like health to me.

00:46:53:05 - 00:47:21:16
Phoebe Liebling
And like I always say that the way that you achieve the goal that you're aiming for is the way that you have to maintain it. So if you can't see yourself perpetuating what you're doing now, then it's not the right fit for you. And also the key thing I think as well, is that what I really try to build in for people is an understanding that when they get to a certain stage, they really need to trust their body feedback above all else.

00:47:21:16 - 00:48:04:20
Phoebe Liebling
Because the one thing that we have in democracy is this sense that there are people out there who know better than us, and people will blindly follow advice that they hear, despite the fact that they don't feel good doing that. And I say, well, all of this stuff hopefully is based in scientific fact. That doesn't mean that in the context of your health, your body, your life that is always going to fit, you need to be able to do is always return back to the idea that you know how things fit with your body, and when your body tells you that that is the right thing to do, and be able to say, okay, that's

00:48:04:20 - 00:48:29:00
Phoebe Liebling
really interesting. Tried. That doesn't suit me. I am one of these people. And to be able to say, I'm very happy with me being the guiding force, and I think that's definitely a process that I work with people over time, because at first I have to help them get to a stage where that feedback is actually going to be coming from a true place, but it's something that I feel really passionate about, that we should each be the masters of our own health.

00:48:29:02 - 00:48:42:21
Phoebe Liebling
And I've always said as my fantastic business model, my main aim is to make myself entirely redundant. I want them to not need me. I want to give you the tools that you can maintain this on your own. Because if I'm not doing that, I'm not doing my job.

00:48:42:23 - 00:48:50:07
Dr. Jaclyn Smeaton

I think that's a great approach to take in business. It's a very generous approach. But you'll there'll always be more people who need your help.

00:48:50:09 - 00:48:50:21
Phoebe Liebling
Exactly.

00:48:51:02 - 00:49:08:04
Dr. Jaclyn Smeaton
So I want to talk about some of the common treatments that we think about, the nutrients that we think about. And you've already talked about just macronutrients and fueling your body sufficiently. Are there other just general non-negotiables that you would start with before we talk about specific nutrients short.

00:49:08:04 - 00:49:28:17
Phoebe Liebling
So I mean, there are a couple of things when I talk about appropriate nutrition. There is also, just like I say, making sure that you are getting the right balance of your proteins, carbs, fats, and fiber. As a standard point, you need to be getting enough energy. But also, if we think specifically about bone building, bone is an anabolic process.

00:49:28:17 - 00:49:47:00
Phoebe Liebling
It's a building thing. You have to have enough of those raw materials and obviously, if we are then tracking on the idea that we're going to have to stress the skeleton and the musculoskeletal system as a whole in order to get it to the place where it's actually going to build more of that, we need to be at an adequate protein intake.

00:49:47:00 - 00:50:15:11
Phoebe Liebling
And this is not protein maxing. This is looking at your dietary needs and probably when I'm looking at somebody, I'm looking around the 1.8 to 2g of protein per kilogram of body weight. That is a building process. I know that there are lots of different suggestions in terms of quite how much somebody would need, but if you're thinking that baseline body maintenance is around the 1.6 mark, if you're trying to create positive change in terms of building, you need to be above that.

00:50:15:13 - 00:50:37:13

Phoebe Liebling
That obviously then tracks with how you achieve that because somebody can only physically eat so much volume. And so I am not somebody who says that you cannot do this on a vegan or vegetarian diet. There are actually there's an interesting thing about vegan and vegetarian diets with bone density. But I do find that animal protein makes this a lot easier.

00:50:37:15 - 00:50:58:03
Phoebe Liebling
Also, there is the bio availability of the nutrition within animal protein, but from a volume perspective, it's much easier to achieve a slightly higher protein intake of animal protein just because it's higher density protein. You get more protein in the small serving, right? There's also the element that when we look at things like eggs and organics, which are things that I naturally bring into my protocols.

00:50:58:03 - 00:51:26:09
Phoebe Liebling
They're very rich in coding. And protein has been very positively correlated with improving bone health. Also, we have all the other benefits of coding, which is it's very good for the brain and all of the other elements too. But I really try and go for not just enough food, but really nutrient dense food and actually kind of I'm not an ancestral nutrition person, but I kind of go for like those really cozy whole foods as a basis.

00:51:26:11 - 00:51:56:21
Phoebe Liebling
We want to make sure the vitamin D is sufficient and not just sufficient optimal. So testing or vitamin D, making sure that it is not just scraping the bottom, we want it at a really, really good, proper like functional range. Vitamin K. So both of those are nutrient co-factors for bone health. And they work together similarly things like magnesium which is a cofactor, vitamin D metabolism, but those would be my kind of, I guess, focus points.

00:51:56:21 - 00:52:10:11
Phoebe Liebling
And also then addressing any specific, I guess, dietary lacks that somebody might have. When we talk about things like calcium, it's interesting because obviously I was in school.

00:52:10:13 - 00:52:14:04
Dr. Jaclyn Smeaton
We are we're getting there. It's such an interesting conversation.

00:52:14:06 - 00:52:34:14
Phoebe Liebling
Yeah. I mean because calcium supplementation, when we isolate it and look at it doesn't really have the benefits on bone health that we would want it to because it's only really one part of this picture. And especially if it's if you're lacking vitamin D, vitamin K2 and magnesium, you have, again, I have a problem getting that into your bones.

00:52:34:16 - 00:52:53:06
Phoebe Liebling
Now, the classic calcium carbonate, the rock formed ones that reflect cheap and widely available supplements. They require really good stomach acid for somebody to be able to absorb, and they're chunky and they're not very nice. The thing about that is, usually if you are looking at somebody who's a little bit older, stomach acid production naturally declines as we get older.

00:52:53:08 - 00:53:12:06
Phoebe Liebling
Is that going to be an appropriate intervention for them? If you're looking at somebody who's experience, experiencing early bone loss, is this actually a result of something that's do with stress response. So that would then be potentially also depleting digestive function. So it's it's never my go to I never use any kind of calcium carbonate style supplements.

00:53:12:06 - 00:53:34:21
Dr. Jaclyn Smeaton
So that's probably really surprising to people to hear that calcium is it sounds almost like second tier for you. Yeah. Compared to those other nutrients. And because calcium has always just stolen the show when it comes to talking about osteoporosis. So I love that you're pointing this out and just want to call out, like if you're shopping for nutrients and supplements, like you have to be looking at the the dose form.

00:53:34:21 - 00:53:50:18
Dr. Jaclyn Smeaton

So calcium carbonate is the one that's in like Tums. In America at least like chewable antacids. Right. So and they're very common in a wide a range of supplements, but there are better forms available if you want to take it. Keep talking, talk about some of these other forms that you do like a little better.

00:53:50:22 - 00:54:17:13
Phoebe Liebling
Well, I was going to say that as a primary example. So you've got it in an acid supplements, which is then going to be decreasing stomach acid, which if you then look at the wider impact of that decreased stomach acid means decreased nutrient absorption from the rest of your food. So when you then start tracking that over to your zinc, to your magnesium, to your iron, to your protein uptake, it's really not where we want to be going.

00:54:17:15 - 00:54:42:11
Phoebe Liebling
We also have the benefit that if you go for dietary calcium, it will come in cohort with other nutrients like magnesium, which would then have that synergistic impact when you then start to take them up. So what I would always start off with is you need to make sure that calcium intake is sufficient. And this is actually an interesting point because again, dairy has always been sort of like given the gold star.

00:54:42:12 - 00:55:21:03
Phoebe Liebling
Yeah, if the calcium. But it's one of those interesting nutrients where actually the plant based forms have similar like pretty much equitable, if not sometimes slightly better absorption and usage, which is not true of all plant based forms of nutrients. For example, we see like non-hormonal versus heme iron. Not the same thing in terms of bioavailability, but with calcium, if somebody is, say, not eating dairy, whether that's just because they are lactose intolerant, they have a dairy allergy, but they also have never s or they are more like, vegan tofu, edamame, tahini, green leafy vegetables getting all of those in.

00:55:21:05 - 00:55:37:14
Phoebe Liebling
You can still achieve a very good and solid free calcium intake just through that. And then obviously dairy if you want to, or you can do I mean it's still a great sauce. I'm not saying that it's not, but I'm allergic to dairy. So I did all of mine without having to.

00:55:37:17 - 00:55:57:00
Dr. Jaclyn Smeaton
Worry about let's add a lot. A lot of people don't digest dairy well. So if you're getting nutrients but it's upsetting your digestion. I think that's another challenge with, dairy based calcium and so many people just, you know, it causes gas that causes slight inflammation in their gut. It's not an easy food to digest. Yeah. Compared to others.

00:55:57:02 - 00:56:23:09
Phoebe Liebling
Exactly. Well, I think so. As my as my resounding point on the calcium topic, I would always trying to establish baseline calcium dietary intake as the main focus. And then if required, I would then utilize a combined formula that had those other synergistic nutrients in it, as well as a small top up. But the key thing is consistency and total intake.

00:56:23:09 - 00:56:53:01
Phoebe Liebling
What you don't want to be doing is having like a big amount and then none, and then a big amount, and then you want that continuous presence of it within your diet alongside all of its other shuttling nutrients. So it actually goes where you want it to go. And that's the key thing with things like vitamin D and K2, because if they're not around calcium staying in your blood circulation, which you really don't want to be happening right.

00:56:53:03 - 00:57:05:11
Dr. Jaclyn Smeaton
Well, the last nutrient I want to ask you about is one that gets a little controversial. And that strontium. Some people love using strontium. Some people think it's harmful. Where do you stand on strontium?

00:57:05:13 - 00:57:28:00
Phoebe Liebling
It's not something that I use massively. And I think the thing about the duality of that conversation is the cause. So the studies that we had in trials were on strontium around the light. So that did show fracture reduction risk, but it also raised, cardiovascular safety risk. So that's when people start to get a little bit concerned about that.

00:57:28:02 - 00:57:48:20

Phoebe Liebling
But the over the counter stuff that we tend to say is citrate. But and it's sort of safety or efficacy, you can't then assume it to be the same as the forms that have been sort of studied in trials. I guess the other thing just to be aware of is because the atomic density is similar to calcium, it can sometimes distort Dexa results.

00:57:48:22 - 00:58:10:15
Phoebe Liebling
So that's just an element. It's something that whilst it's on the fence and whilst there is that potential distortion, it's not something that I use. But I would say that it's, it's a conversation that you would need to have with yourself or the person that was suggesting it to you, but it's not part of my first time.

00:58:10:15 - 00:58:33:02
Dr. Jaclyn Smeaton
Pitch perfect. I think the last question I want to ask you is really around, like, what's realistic if someone's listening and they have osteopenia or osteoporosis and they really want to take those kind of proactive, nutritional, functional approach, what does reversal realistically look like for someone who's maybe already been diagnosed but really willing to commit to a good protocol?

00:58:33:04 - 00:58:58:20
Phoebe Liebling
So first assess your baseline nutrient intake. Is it sufficient for you to try and concentrate on that idea of really nutrient dense foods that I often take people away from, like big volume meals. And so I'm kind of going more for the I want bone broth in there. I want like kind of I guess like more old school stuff, slow cooked meats, really good quality vegetables, not going too high on things like salads.

00:58:58:22 - 00:59:20:04
Phoebe Liebling
I'm really like the person who would do terribly in somewhere like LA. Like they would just be like, what on earth are you talking about? I'm not doing like a superfood salad with 15 ingredients. I'm like, sit down, have some really slow cooked beef shoulder with like a little bit of broccoli and chard and for the potatoes or some rice, like that kind of hefty nutrition.

00:59:20:06 - 00:59:32:00
Phoebe Liebling

I do a lot of stuff because also I was primarily vegetarian when I was younger, just cause I didn't love the taste of meat. So I'll sneak stuff like liver into bread. So I'll just I'll make it. I'll make it fun. Like, oh.

00:59:32:01 - 00:59:34:02
Dr. Jaclyn Smeaton
Yeah, tell us more about that.

00:59:34:04 - 00:59:52:06
Phoebe Liebling
So you literally just blend liver and eggs together. And then I use a combination of buckwheat and oats, mix it with a little bit of apple cider vinegar and a tiny bit of, we call it my cabinet soda. You guys call baking soda. And that just bakes up as a lovely bread. So like if I was going to do a breakfast, I could have a slice of that with some eggs.

00:59:52:06 - 01:00:17:14
Phoebe Liebling
I've got really great quality protein slave owning carbohydrate coating coming out of my ears. Add a little bit of veg. It's like a super nutrient dense, small volume meal, but it has hit all of those markers that you need. So those kind of like the focus in on how much nutrition you can pack into each bite is what I get people to do.

01:00:17:16 - 01:00:34:22
Phoebe Liebling
I also then get them to assess their wasting factors. So I talk about things like if also if you're feeling quite concerned, I want people to start to see like little things that they can change. They don't really mind about. So I'm like, right, well, make your coffee a little bit later in the day. Add milk to it if you can.

01:00:35:00 - 01:00:58:14
Phoebe Liebling
Can we think about maybe not? Drinking is mainly the caffeinated colas that you've got to be careful of in that situation. So I'm like, does it really need to be that? Could we have something else? Can we turn it into a mocktail? Like, I'm not somebody who demonizes sugar? I very much talk about sugar being attached. At the only time that sugar is going to be damaging is if it doesn't meet a metabolic engine that can tolerate it.

01:00:58:14 - 01:01:28:10
Phoebe Liebling
So if you're an active person and you have more of like a mocktail as opposed to a Diet Coke, I'd much prefer that you do that and have the energy from the sugar than have the potential wasting factor from, the cola. I also talk quite strongly about things like omega three and just general habits around how you would cook, because again, if we're thinking about things that will adjust the way that bone is going to exist in your body, think about the pro or anti-inflammatory environment that you could create.

01:01:28:12 - 01:01:47:05
Phoebe Liebling
So even just a simple thing like I will say, you're going to get some amazing extra virgin olive oil and you're going to really like focus and almost be like a wine taster and find one they absolutely love. You're going to dress your meals with that. You're not going to put it anywhere, any heat. So we're going to go for steaming, braising, poaching.

01:01:47:07 - 01:02:08:21
Phoebe Liebling
You can use an air fryer without oil. You can roast like if you use lovely like if you just salt something like onions or coppery vegetables, the natural water and sugar inside them will caramelize. You don't need to add oil to that. That's just a shift towards being slightly more anti-inflammatory and then getting all of the anti-inflammatory benefits of the cold pressed oil as you serve the omega three up there.

01:02:08:21 - 01:02:32:08
Phoebe Liebling
I usually supplement people with a really good quality, like high EPA omega three. But I'm also saying let's swap your canned tuna for really good quality mackerel. Or maybe sardines. Or if you're not hot and doing the whole thing straight away, let's do half and half so it doesn't really taste like mackerel, but it's just like, turn it into a fish cake, mix it with mashed potato and make that crispy in your oven or your air fryer.

01:02:32:08 - 01:03:05:21
Phoebe Liebling
I like those kind of little tweaks. And then we look at your activity, which come away from the cardio. Cardio is not going to be your best friend. We want to do structured

bone stimulating activity. And this is also the thing that really feeds into the confidence piece, because some people will again feel quite fragile, but they may also not be exercising in like the gym bro way that is pushed forward as the only way to do like bone building activity.

01:03:05:23 - 01:03:30:18
Phoebe Liebling
The key thing is that you create something called progressive overload. So you take your baseline and you increase resistance by 25%. So if you are doing nothing but your body weight and your body weight is still quite heavy, you adding a weighted vest, bearing in mind if you have any kind of like hip or ankle or back issues, obviously don't do that straight away, but you could add a weighted vest to a walk.

01:03:30:18 - 01:03:48:18
Phoebe Liebling
They are already doing like do that on the school run. Do that when you go and do your shopping, taking your dog for a walk twice a week for 20 minutes, fantastic. Jump off a top just like the step at the bottom of your staircase. So when you come down the stairs, you jump down, you bounce, you step up.

01:03:48:19 - 01:04:10:12
Phoebe Liebling
You do that ten times. Maybe when you're standing watching the kettle or waiting for something, you hold something in your hand. You do a few squats, you go into a reform Pilates session as opposed to just doing a mat Pilates session. You start picking out some like dance workouts on YouTube. If that's what brings you joy. And you grab some 1 to 2 kilogram dumbbells.

01:04:10:12 - 01:04:31:21
Phoebe Liebling
If that's your baseline, that's where you start and you remain consistent. And then when they feel easy, then you make it heavier. So this is it's the idea of structuring it so that it feels attainable. It's challenging, but it doesn't need to be like I was way too weak to go in and do anything to do with the squat rack.

01:04:31:21 - 01:04:47:02
Phoebe Liebling

I still don't do anything to do with the score. I was like, absolutely, I hate it, but there's a way to access that form of activity in a way that builds your passion for maintaining that, will have a positive impact on your body. Now.

01:04:47:04 - 01:04:59:01
Dr. Jaclyn Smeaton
I love it. Those are such great, like realistic suggestions and just really approachable compared to what we see online. As far as like what we should be doing on this blog all the time as perimenopausal women, right?

01:04:59:03 - 01:05:09:03
Phoebe Liebling
One of the things that I absolutely love is have you seen the, sort of suggestion of doing, like, you know, there's the hot girl walks that people talk about?

01:05:09:07 - 01:05:11:00
Dr. Jaclyn Smeaton
Yeah, absolutely.

01:05:11:02 - 01:05:30:02
Phoebe Liebling
But what you do is an osteoporosis march or a bone density march, and it's like a group of women, and they're basically walking on the street and swinging their arms and stamping, because if you stand, that is impact activity. So it's just those little it doesn't need to be extra. It can be built into stuff you're already doing.

01:05:30:02 - 01:05:46:18
Phoebe Liebling
Get your friends involved. If you're in your kind of late 30s, early 40s or yours and you're thinking about this is a thing when you guys are next going to go for a walk in a chat, be the silly people who jump around like, do a couple of jumping jacks, stamp and lunge, and make a party out of it.

01:05:46:20 - 01:05:50:00
Phoebe Liebling
That's all been building or bone stimulating activity.

01:05:50:00 - 01:06:05:20
Dr. Jaclyn Smeaton

That's right. And it's fun. And you guys can get a good laugh in. This is great. Yeah, well, it's been awesome to have you on FB. I really appreciate you spending the time today and just your advocacy for this for women. I think your story is so unique, but you've really transformed it in a way to really help others, which I just adore.

01:06:05:22 - 01:06:20:13
Phoebe Liebling
Thank you so much for having me. It's been an absolute pleasure, and I do hope that if anyone is feeling a little bit lost in this, that hopefully some of the conversation that we've had gives them a few ideas, but also maybe dispel some of that fear that I see quite a lot.

01:06:20:18 - 01:06:31:13
Dr. Jaclyn Smeaton
I also want to give you a chance to share where they can find you, because I think you have so much more to share. You're on social. You do so much. Can you tell us where the best places are for people to connect with you after this short?

01:06:31:13 - 01:06:41:11
Phoebe Liebling
I mean, my social is very easy. Every social platform you will find me and it's just my surname Liebling health and then my website as well. Liebling health.com.

01:06:41:13 - 01:06:56:21
Dr. Jaclyn Smeaton
You do make it easy and we'll put all the links for you guys in the show notes. Thank you for listening today, all of you. If you like conversations like this about women's health and reproductive health and hormones, I encourage you to click subscribe wherever you are listening to this podcast, because we do release a new podcast every Tuesday.

01:06:57:02 - 01:07:07:00
Dr. Jaclyn Smeaton
And you can also follow us at DUTCH, Test on all the socials and visit us at DUTCH test.com. So thank you so much, Phoebe, and thank you guys for listening. We'll see you next week.

01:07:07:02 - 01:07:19:19
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