



BONE SUPPLEMENTS WITH DR. MCCORMICK 2022

Bone Supplement Interview

PDF TRANSCRIPT

Food For Healthy Bones®



BONE SUPPLEMENTS WITH DR. MCCORMICK

Bone Supplement Interview

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BONE SUPPLEMENTS WITH DR. MCCORMICK- 2022

Bone Supplement Interview

Introduction

Hello, friends of bones,

I'm happy to present my bone supplement interview with Dr. McCormick. We discussed his full line of bone supplements which are an important ingredient for healthy bones and why calcium in lower doses matters.

My 2022 gift to my community is the recording and the transcript.

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Note

I am not an affiliate of Dr. McCormick's supplements. I find good bone-loving products and bring them to my community. I cut through the marketing hype. I currently take his Mineral Whey and his Collagen. My bones are strong.

As Dr. McCormick mentioned, supplements are just that; they supplement our food. They don't take the place of food. This is an important part of bone health; food. calcium and mineral-rich food which I provide in my private sessions and my monthly membership Bones Tribe.

Dr. McCormick is one of a dozen doctors I refer my clients to. I have a team. My work has grown considerably and I am able to help more clients understand their diagnosis, bone markers, and blood work. And find the appropriate bone doctor, functional gut doctor and serve as an advocate on private calls with their doctors.

A few of my referral doctors are: Dr. McCormick, DC, Dr. Lani Simpson, DC, CCD Certified Densitometrist, Dr. Paul Miller, Dr. Jessica Starr, HSS Dr. Aly Cohen, Integrative Rheumatologist, Dr. Lorraine Maita, Hormones, Dr. Deva Boone, Parathyroid Surgeon, Dr. Kim Zamito, Orthopedic Surgeon who offers Echolight and functional and integrative doctors: Dr. Kristann Heinz, RD, Dr. Adi Benito.

I've found DXA/TBS facilities for my clients all around the country as well.

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Highlights

** Dr. McCormick had severe osteoporosis at 45 years old. He endured 22 fractures during his bone journey of 5 years. He used bone drugs for a few years (Forteo and Fosamax). He is fracture-free and to continues to run long distances.

** Dr. McCormick's OsteoSustain supplement has 500mg of calcium. He uses 4 different types of calcium, dicalcium malate, calcium citrate nitrate, calcium bis-glycinate chelate, calcium ascorbate.

** The rest should come from food

** All of his supplements can be taken together:

OsteoSustain, OsteoStim, Mineral Whey, and Collagen



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Highlights Continuation...

** His Mineral Whey is from goats that are not exposed to pesticides, herbicides, antibiotics, or growth hormones. Often those challenged by dairy do not have a reaction to goat milk.

** Gluten intolerance/celiac play a huge role in bone health.

** Dr. McCormick mentioned Echolight. This new procedure is making its way into the world of bone health. Dr. Kim Zambito, from Mercer Bucks Orthopedics, offers the Echolight. 855-896-0444.

** Vitamin K2 / MK-4 is important for bone health.

** 500-1000 micrograms of K2 / MK-4. OsteoStim has 700 micrograms and OsteoSustain has 100 micrograms totaling 800 micrograms.

** K2 / MK-7 has a longer half-life. Osteostim has 50 micrograms.

** Those diagnosed with osteopenia should track your CTx

** High CTx anything above 400 is high.



Highlights Continuation...

** An osteoporosis patient reported she lowered her CTx substantially taking Dr. McCormick's products

** Always test your vitamin D levels. Dr. McCormick's range is 40-60ng/ml. I test my levels twice a year. At the end of summer and during the winter months.



Interview Transcript

Bones Tribe

Irma Jennings:

Hi everybody. My name is Irma Jennings, and I am here with Dr. McCormick. Some of you know me, some of you don't know me. I am the founder of the BONES TRIBE, a monthly membership where I teach how to **feed your bones**, how much protein your bones need, how to get the protein needed no matter what kind of eater you are vegetarian, vegan or animal protein eater. And everything related to bones.

As a member of my Bones Tribe you will get my tracking spreadsheets to track bone markers, also DXA/TBS tests, and various other blood work.

Plus two monthly group coaching calls with me.

And I'm very happy to have Dr. McCormick back. As I had mentioned, we've had a long time relationship. I organized a live event together in Florida with a tremendous turnout.

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Interview Transcript

Dr. McCormick

Long and deep bone journey

Irma Jennings:

He wrote the Whole Body Approach to Osteoporosis and a book that everybody should read. It's so helpful.

Tonight I'd like to dive into a little bit about Dr. McCormick's journey and then into his supplements. So Dr. McCormick, as I remember it and correct me if I'm wrong, you had severe osteoporosis in your forties... 45 years old. You had a negative -4.3, and you had 12 fractures during a span of five years.

Dr. McCormick:

I actually, I counted them all up, not just then, but, throughout my life and it's more like 22 fractures.



Interview Transcript

Dr. McCormick Continuation...

Irma Jennings:

Gosh, you were a bag full of fractures right? I mean, this gives us hope for those that are in whatever phase of osteoporosis that you're in because Dr. McCormick was a triathlete, marathon, Ironman, an elite athlete, and his purpose was to get back into his sneakers and to run again. You did that over the course of many, many years that you figured it out. You had a lot of resistance from doctors and you were pretty much told to be on bisphosphonates for the rest of your life at your young age of 45.



Interview Transcript

Gluten

The role it plays in our bone health

Dr. McCormick:

No, I haven't eaten gluten in 15 years.

Irma Jennings:

It's so interesting. Cause I was just listening to a lecture on gluten and how it is when we go to a regular doctor and we do a simple panel and not the in-depth panel. Now there are more labs out there that test deeply for gluten. The doctors often say you don't have celiac, so you're good. And we're not, we're not.

Dr. McCormick:

So even if you do the testing, you feel bad with gluten, you should just stop because they only test for the **gliadin molecule**. They don't test for other ones. And so, I think the testing is good for two reasons. Number one, we can tell for the blatant people who are sensitive to gluten, but also I think people respect it more when they see it in writing. **If you feel poorly with gluten, you should just stop eating it**, even if it says you're not positive and it's really important to get, not just:



Gluten Continuation...

Dr. McCormick:

tissue transglutaminase antibody, but more than that, the anti-gliadin antibodies.

Four parts of the tests, I do four parts, but there are others too.

I only do Tissue transglutaminase IgA, but there are other people who do IgG people who do endomysial antibodies, which I don't do. But that doesn't mean they're not important. They are, they can be, but I just do the four.

Irma Jennings:

Do you ever use Vibrant America for gluten?

Dr. McCormick:

No, I have not, but I've seen it and somebody told me about it, but I have not.

Irma Jennings:

You went into resistance about gluten and you listened to your body. Everyone was saying not a good idea. This is another crucial point that our body is data, right? Our body tells us what works, doesn't work. We just are either too busy or can't imagine not having that Italian bread with the crusty outside with olive oil and that's so yummy.



Gluten Continuation...

Dr. McCormick:

No it's actually pretty easy compared to what it used to be. A lot of people go gluten-free that don't need to go gluten-free. A gluten-free diet is not necessarily a healthy diet. Because they use a lot of starches and potato starch and tapioca starches in gluten-free foods.



Interview Transcript

Bone Meds

Forteo (anabolic) and Fosamax (antiresorptive)

Irma Jennings:

Then you went into the world of medication, right. And I think you started with Fosamax.

Dr. McCormick:

I started with Forteo. Nobody should start with an antiresorptive. You should always start with an anabolic first because once you essentially seal off the osteoclastic activity, you've sealed off the bones, anabolic activity, antiresorptive therapy doesn't work as well.

Irma Jennings:

This might be a new topic for some because Dr. McCormick is talking about the sequencing and the standard of care, had he been on Fosamax, or another bisphosphonate. Now he's saying, no, the anabolic is important for us. And we have some people on the call who are either on the anabolic or considering.



Bone Meds Continuation...

Dr. McCormick:

It's not that the antiresorptive doesn't completely work. They do work, but it's just best to do the anabolics first and then the anti restorative.

But if you've already started an antiresorptive and need to go an anabolic, it does work. But it's just not as well, maybe half as good, but just not as well.

Irma Jennings:

It's a really important point. After that, you went through this process of how many years until you were able to no longer fracture?

Dr. McCormick:

Five years.

Irma Jennings:

Five years. It's a long time. And, and now you're up and about and doing everything that you've done before.



Interview Transcript

Echolight

New Bone Technology

Dr. McCormick:

I honestly don't think about it anymore, but I'm just level at -3.3.

And I actually had one of those, what's the new test, Echolight?. I had one of those. I went out to the American Society for Bone and Mineral Research, the annual meeting in San Diego about two months ago, and Echolight was there. They did a scan on me, which was really nice for them. I think I was like a negative 2.7 or something. So, and it was kind of funny because the woman doing the scan didn't know I had osteoporosis and she goes "oh my" and the look on her face. Because she thought, oh my God, this guy has osteoporosis. She told me what it was. You're 2.7. I go, "oh, great. That's awesome. That's way better than I've ever been".



Echolight Continuation...

Irma Jennings:

That was good news. Orthopaedic, Dr. Kimberly Zambito, from Mercer County Orthopaedic who's on the call offers the Echolight In Lawrenceville, NJ.

https://mbortho.com/patients/like_to/appointments.htm

Dr. McCormick:

I think it's a good technology. I don't know a lot about it, but it seems like a good addition to a regular DEXA.



Interview Transcript

DXA / TBS

Why get these tests?

Irma Jennings:

You had the DXA, you had the trabecular bone score (TBS), and then the Echo Light, right?

Dr. McCormick:

The trabecular bone score is great to get, especially for patients who, if you're on the borderline of "should we do medication or not"? You know, you're right at negative 3.0 and trying and decide if you have poor bone quality, you just got to do medication.

Irma Jennings:

Have you ever seen anybody who is osteopenic, yet the TBS has dropped. So that the TBS score is low.

Dr. McCormick:

I don't really work a lot with a lot of osteopenic patients. Most of my patients have osteoporosis.



Interview Transcript

Supplements

Who needs them?

Irma Jennings:

Let's start with the supplements because you created this line of supplements. Why?

Dr. McCormick:

Because I was giving people 10 and 15 bottles of the stuff and telling them to buy 10 or 15 bottles of different things. I just thought this is crazy. It's a lot of money. It's a lot of hassle. So that's why I did it.

Irma Jennings:

You've brought it all together. And these tablets, they're all tablets. Right?



Supplements Continuation...

Dr. McCormick:

OsteoStim has capsules.

Irma Jennings:

Do you think that your supplements have helped you sustain your bones?

Dr. McCormick:

I hope so. I haven't taken drugs in 20 years and I'm just holding steady and I know that people typically lose bone density as they get older? So I've been pretty lucky.

Irma Jennings:

Just a note. Dr. McCormick is a man, was young, and was an athlete. These identifiers are not typical for one who has osteoporosis. You didn't go through menopause. You didn't have that big bone loss during that period of menopause.



Interview Transcript

Osteoblasts

The role of Vitamin Ks

Irma Jennings:

So the osteoblast, I want to go back into this, the book that you wrote, which is rather comprehensive “Where Bone Strength Begins”. In that book, you mention osteoblasts release osteocalcin, which is an indication on how much osteoblastic bone-forming activity is taking place, but needs vitamin K to activate the osteocalcin. So the question is it vitamin K1 or vitamin K2 that it needs?

Dr. McCormick:

When you take in K1, you have to convert it to K2 to be able to activate the osteocalcin. It's the K1 in this particular reference. All I'm saying is when you take vitamin K 1 into your body, your body has to convert into K2, for that osteocalcin to be activated (to be carboxylated). So I think people should take K1, but the game really is K2 and especially **K2 MK4 + Mk7** is great. But I think you shouldn't take too much of K2 MK7.



Osteoblasts Continuation

Dr. McCormick:

K2 MK 4, I think probably works a little bit better even though K2 MK7 has a longer half-life and both of them will carboxylate the osteocalcin.

Irma Jennings:

And I know we've talked about this before that there is a study that's around that supports 45 milligrams of K2, not micrograms (K2 is typically measured in micrograms). Well, you only need micrograms. You don't need that 45 milligrams.

Dr. McCormick:

I can't remember the researcher, you only have to have take: 200 to 500 micrograms of K2, MK-4.

You wouldn't want to take that much of K2, MK7, but you only need **200 to 500 micrograms of K2, MK-4** to fully carboxylate and you don't want to completely carboxylate osteocalcin you need some uncarboxylated osteocalcin, getting it to a certain point to where it activates the osteocalcin to the right amount. You don't need to push the envelope and go with 45 milligrams.

Irma Jennings: That's that study is floating around and a life extension was really pushing that in one dose. So it's just interesting.



Osteoblasts Continuation

Dr. McCormick:

One has to be careful about supplements because you just need to know, that's a pharmacological dose, I think because undercarboxylated osteocalcin is possibly, but mostly in my studies, but it is involved in glucose regulation and in the production of testosterone. You need undercarboxylated osteocalcin so you don't want to push this envelope of trying to carboxylate every single ounce of osteocalcin that you have in your body. So again, just a reminder this is a recipe that's very detailed, right?

Irma Jennings:

It's like minestrone soup, Vicki makes healing minestrone soup. There are so many ingredients that offset and work well together. Synergistically.



Interview Transcript

GMP

What does this label mean?

Irma Jennings:

So your products were labeled the GMP good manufacturing practices. What does that actually tell the consumer?

Dr. McCormick:

Just that the FDA gives certain guidelines to manufacturers and those guidelines are in the GMPs. It doesn't mean that any product with GMP that the FDA actually looked at that product and acknowledged, that product is good.

It just means that they set these standards. And then if you meet those standards, then you have GMP, but they haven't come into the facility. They actually come into the facilities and look at how they manufacture everything, making sure it's clean and that they do all the testing that they need to do, but they don't look at that actual product.



GMP Continuation...

Dr. McCormick:

They look at the manufacturer and the manufacturer follows these guidelines. It's under that umbrella. That doesn't mean that the products are bad. It just means that when you have pharmacological-grade products, the FDA is testing. Every single thing that comes from that product.

Irma Jennings:

Is that on your, on your label?

Dr. McCormick:

Yes.



Interview Transcript

Calcium

Dosing.....a little is what you need.

Irma Jennings:

Why did you choose only 500 milligrams of calcium in your OsteoSustain?

Dr. McCormick:

Really interesting question, Irma. The reason why is because of the Bolland and Reid study from Auckland, New Zealand

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4125316/>

Even though everybody came out afterward and knocked them down and said “you guys didn’t do the research really well”. And they shot holes through it. If there’s any possibility that spiking calcium levels have an issue, then I want to stay away from that. We should do things gently to the body and not hit it over the head. So if you take smaller doses, I think that’s better.

My OsteoSustain has 500 milligrams of calcium. So in each tablet that’s 166 milligrams. So take them morning, noon, and night. That’s 166 each time. And that’s less, of a spiking of blood calcium levels.



Calcium Continuation...

Dosing....a little is what you need.

Irma Jennings:

Are you looking at food as supplemental to your diet?

Dr. McCormick:

I pushed people to get as many nutrients as they can from their diet and then supplement with calcium and magnesium. It's really hard to get 1200 milligrams of calcium a day. And especially if you don't eat dairy, if you don't eat dairy, it's impossible.

I look at lab tests all day long in people, and I see their **serum total calcium levels come back often at 8.8, 8.9.** And that's just too low. Either they're not absorbing or they're not taking it. Many people are saying their doctor said you shouldn't take supplemental calcium because of the Bolland and Reid studies.



Interview Transcript

Hormones

Women's Health Initiative Study

Dr. McCormick:

It's the same scenario of what happened in 2001 with the Women's Health Initiative Study, where that came out saying that estrogen causes strokes and thrombosis, and heart issues. Everybody's stopped prescribing estrogen to women. I think they did a huge disservice to women. Now doctors are prescribing it again. But they went through this for 5 or 10 years of not prescribing to anybody.

And so all those women got hurt. They were prescribing 0.625 milligrams. They were giving it to 65-year-old women who are 15 years past menopause. They shouldn't have been doing that. So, instead of looking at it the way they should have, they just shut down. They should've just brought the dose back to 0.3 and not given it to 65-year-olds, but to women just by five or seven years past menopause, not for longer than that. And no, no longer starting it at five to seven years. If you start at three years after menopause, you can't take it for longer than five or seven years. But, you don't start it 10 years past menopause.



Hormones Continuation...

Dr. McCormick:

You don't start 0.625. The same thing as with calcium, because that study came back, you don't throw the baby out with the bathwater and say, no more supplemental calcium, you take smaller doses. You don't spike the serum calcium levels, and you're going to get better blood calcium levels.



Interview Transcript

Parathyroid

This tricky gland that plays an important role

Irma Jennings:

And why is that important?

Dr. McCormick:

Because if, a person has blood calcium levels of 8.8, 8.9, the parathyroid glands in your throat are going to sense that, and they're going to pump out more parathormone. The more parathormones you have, the more it degrades bones. And then that's how you get the c- telopeptide (CTx). The bone resorption marker goes higher saying yes, we have more bone collagen in the blood because the osteoclastic activity is ramped up because the parathyroid glands are pumping out all this PTH because their serum calcium levels are too low.



Parathyroid Continuation...

Irma Jennings:

That was very good. Very helpful. I remember you and I talked about that study (Bolland and Reid) and you had a different opinion a long time ago. But my point is is that if we don't evolve in the work, then we're throwing the baby out with the bathwater. So it's very important to understand that things do change, to look at things for what they are. You have to take everything in moderation.

Dr. McCormick:

That includes when you look at a study. Don't just shut down and say, don't do this anymore as you need calcium. And you know this from all of our talks, Irma, calcium is not the answer here. I'm just saying, it's part of the answer. It's not the whole answer.



Interview Transcript

Calcium

Why different types?

Irma Jennings:

The reason why I put different kinds of calcium in my Osteosustain is that I don't know who that person is. Do they not absorb this type or that type? So I hedge my bets and let's give a person different kinds of calcium so that we make sure they're getting at least some calcium. Different people are going to absorb different amounts of the different kinds of calcium.

Dr. McCormick:

I like dicalcium malate, calcium citrate nitrate, calcium bis-glycinate chelate, calcium ascorbate. I just don't like calcium carbonate. Calcium carbonate is fine for 40 years olds it's not fine for 60-year-olds. They don't absorb it as well.



Calcium Continuation...

Why different types?

Irma Jennings:

So just to clarify, Dr. McCormick has three different products and we're talking about his product called Osteosustain. I also want to say that I have no financial arrangement with Dr. McCormick. I don't get any affiliation from his product. I just think he has a good product and has a good story. That's why I continue to want to bring him to my Bones Tribe and my community.

So you didn't switch to algae, right?

Dr. McCormick:

No, I don't think it's bad, but I haven't seen the real benefit of doing that. I'm also a little turned off by the company because they say if you don't have a better bone density in six months, your money back. I guess I think that's kind of an underhanded thing to say, nobody's going to retest their bone density in six months and spend you know, \$300 to \$500 doing that when they've only spent \$150 on the supplement and nobody, no doctor is going to reorder, no insurance company is going to say, okay, let's pay for a new bone density so you can see whether it's improved. So I think that's kind of an underhanded thing to do, a marketing scheme.



Calcium Continuation...

Why different types?

Dr. McCormick:

Also, if it's the algae cal with strontium, you are going to gain bone density, everybody gains bone density on strontium, but that doesn't mean that you've decreased your fracture risk.

Irma Jennings:

So here's the thing about that. If you're gaining bone with strontium and you're gaining bone with a bisphosphonate, or an anabolic, how do we know how strong the bone is with whatever product? Isn't it a big test?



Calcium Continuation...

Why different types?

Dr. McCormick:

You don't. That is why TBS is good. You can look at the bone quality for a trabecular bone score, the bone density that you get from strontium fades away fairly quickly. I don't know what fairly quickly is because I don't put a lot of people on strontium. **I'm not a big strontium advocate.** I don't think it's terrible to do it. They did take strontium ranelate off the market in Europe for a real reason. That was increased cardiovascular risk. So is, was that completely due to the ranelate or the strontium? I don't think they really know it is back on the market under another name, but it will never be approved in the United States. We're talking about the strontium and there's not any real data on strontium. Bicarbonate is strontium, citrate, ever, all that, all the research was on strontium ranelate.



Interview Transcript

Supplement Holiday

Is it a good idea to take a holiday from supplements?

Irma Jennings:

I have clients who have been on your supplements for three years and the question came up. Do they need to take a supplement holiday?

Dr. McCormick:

I do think that's a good idea. I do that myself. I will take two weeks off. I don't like to take a month off or two months off. I think that's going too far, but I do think it is good I think your body absorbs things better when it's not just flogged and flogged and flogged.

Irma Jennings:

Like a rotation, like different foods. The mineral whey. What role does the acid-alkaline play in bone health? And I think you had said to me, once a while ago it's a piece of the puzzle.



Supplement Holiday Continuation...

Dr. McCormick:

It is. And I'm very excited about that. I found this new product, K Alkaline MG. K for potassium, and then alkaline because it alkalizes your body, and then MG is magnesium. It's by **Moss Nutrition**. So it's potassium citrate. And the reason why I like it is because it's a powder, which is great. It's 1500 milligrams for a scoop and citrate. This was one of those cool ones that I just love I get when I go to big meetings, like the American Society for Bone and Mineral Research. There was a study done and a talk done about citrate and **citrate is very important for your bone health**. And you get citrate from all the citric, you know, grapefruit lemons, oranges, but citrate like a crab or a Pinchers crab to the hydroxyapatite crystal. It holds that hydroxyapatite crystal.

When your body recycles bone, the osteoclast breakdown bone and you have to..... my new book is all about how bone is important for energy regulation. I can't get into all that tonight, but it's, I just think it's fascinating. And when you break down bone, you're using those citrate molecules as energy for ATP energy. When you take potassium citrate, you're contributing to that citrate pool into your body. You're not only using the potassium to help alkalize the body and rehydrate the hydration membrane around bone.

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Interview Transcript

OsteoMineral Whey

Why Goat Whey?

Irma Jennings:

Going back to the mineral whey. Are you saying that you're excited about the Moss Product and I'm asking you about your mineral whey, and this is something that Dr. McCormick does, he doesn't sell this product...he's not good like that. In fact, when we had our event in Florida and I asked him to bring his supplements, he said, "okay". And then he showed up without the supplements. He's not a salesman, he's a doctor.

Dr. McCormick:

This is cause I love what I do. I am up till midnight, one o'clock and two o'clock in the morning studying and writing my new book because I just absolutely love it.

Irma Jennings:

I understand that. And it shows. Are you saying that the mineral whey can be replaced with the Moss Product or do they do different things?



OsteoMineral Whey Continuation...

Dr. McCormick:

My mineral whey has a lot of potassium and a lot of calcium and a lot of trace minerals and bio-organic sodium. So it's really good at alkalinizing. If you need more alkaline when patients come in and they have within 24-hour urine calcium, and they're losing calcium in their urine and they test their first-morning urine pH and their pH is always a 5.5. One of the things to do is the first thing I do is say, increase your fruits and vegetables.

If we still can't get that urine pH up in their 24-hour urine calcium they are still losing calcium. Then start taking the Osteo Mineral Whey. The reason why I like that actually more than the Moss Product at the beginning is that there are other **trace minerals**.

The Moss Product is just potassium and magnesium, but the **Osteo Mineral Whey** has lots of other trace minerals.

So it's more balanced. I think it's more natural. They take 25 milligrams, they take **25 gallons of goat milk** and they get one gallon of minerals from it. It's a mineral whey. People always think that it's a whey protein. It's not a protein product, it's just a mineral product.



Interview Transcript

OsteoSustain

The Basic Bone Supplement

Irma Jennings:

The four OsteoNaturals items we're talking about are :

1. Osteosustain
2. Osteostim
3. Osteo Mineral Whey
4. Collagen.

Whey is just the minerals. Let's go to the **Osteosustain** because what the Osteosustain has is 200 milligrams of C, 1000IU of Vitamin D3. It has 900 micrograms of K1, MK for, so it has 100 micrograms of K2 MK-4.

500 milligrams of calcium (four different), it's actually five different calciums and there's 300 magnesium, 10 zinc, and zinc has to be paired with copper. So it's got one microgram of copper, manganese, boron, and silica. So who should be taking this?

Dr. McCormick:

I think everybody and the reason, and I don't say that lightly. I do think that because 50% of women are going to get osteoporosis, 20% of men are going to get osteoporosis. Osteosustain is not a treatment per se, for somebody with severe osteoporosis **its supposed to sustain bone**. And that's why it's named that.



Interview Transcript

OsteoStim

The Bone Mother Ship

Irma Jennings:

OsteoStim, which is the big, the big ship, the big mothership, right? So talk about that because it has a tremendous amount of ingredients and it has NAC. It has L-aurine. So tell us about that and who should be taking that?

Dr. McCormick:

... and it's going to change. I'm very excited.. I'm adding two ingredients, but that's probably six months away. Well, so here's the thing that it's important to know because the products are always changing, right? I'm always tweaking a little, I'm always learning. I'm always doing research.



OsteoStim Continuation...

The Bone Mother Ship

Dr. McCormick:

I'm trying to get the best stuff I can. Whenever I am at the place where I get things manufactured, I'm always talking to the person that I formulate with there. She knows that I just go for the best ingredients I can, it's not about money. I actually don't even ask her how much that costs at the end,

I think, oh, geez, how much is that gonna cost me? You know? But I don't know if something's going to cost me \$20,000 per 25 kilograms or, you know, \$21,000. But you know, I have to buy in large volumes. So it can get a little pricey, but that's not my main goal. My main goal is to produce something that's really good. So what are the products?

Irma Jennings:

What are the ingredients that you're going to add, seeing that you give us a little hint?



OsteoStim Continuation...

The Bone Mother Ship

Dr. McCormick:

Resveratrol and quercetin. And the reason why is because there's cool stuff on those two things. I was at the American Society for Bone and Mineral Research, annual meeting, and there were all these endocrinologists, rheumatologists, and one little lonely chiropractor there.

They don't talk any, nutrition there, it's all about drugs. It's all about the research on the fine stuff of the biology of bone loss and it's really technical difficult stuff. But even there, a big thing was **resveratrol** I mean, I was like, whoa, even these guys are talking about resveratrol. The reason why is because there was just one study, there's been several, but this one study, I think it was almost 400 people and just **75 milligrams twice a day**. So that's 150 milligrams showed improvement in bone density.

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OsteoStim Continuation...

The Bone Mother Ship

Dr. McCormick:

Then there's other stuff that came out, but it hasn't been published. You only get at information at meetings that you're talking to the people, the researchers themselves, but it really, really looks exciting. Yeah. I'm excited about that. So we'll have that in hopefully six months. When people buy your products, they buy usually them for a month or three months. Right. So it's not like, oh, I shouldn't buy the product. Right. You wanted to ask a question and I'm not trying to push other people's products, but Moss Nutrition also has a product with quercetin and resveratrol in it.

Irma Jennings:

The Osteostim, who should take that?



Interview Transcript

CTx

What is a high CTx?

Dr. McCormick:

Everybody should take one or two of the Osteostim if you have osteoporosis and if you have a **high c-telopeptide (CTx) the bone resorption marker. What is high for you?** Anything above 400, 450. Okay. I mean, even at 350, but below 350, you wouldn't have to take it. I think people should take one or two just for the vitamin K in it.

So the serving size is three, but even if you took one or two, it is still a big benefit. But if you have, you know, 400, 450 500 with a c-telopeptide, you should take three or four. Then that helps drive that CTX down.

Irma Jennings:

Always?

Dr. McCormick:

Not always, but a lot of times. What I do is I give people essentially five or six months to get it down. If that CTX doesn't drop significantly and it's high then, and their bone density is really low, then we really talk medications.



Interview Transcript

OsteoStim

What's are the ingredients?

Irma Jennings:

So the OsteoStim has many bone ingredients; D3, K2, biotin, alpha-lipoic acid, NAC, taurine, berberine, curcumin, grape extract. It has milk, basic protein. **So what about vegans?**

Dr. McCormick:

If it's of any benefit to talk about this, it's really the immunoglobulins. So there's a lot of people would say, am I going to be sensitive to it? If I'm sensitive to milk. Why are you sensitive to milk? It's typically because of the lactose and there's no lactose. And even if it's the whey, it's just one portion of the whey. I think a lot of people who might be sensitive about drinking a glass and milk aren't going to be sensitive to this, but I'm not going to say that you should take it. I'm just saying that patients who don't drink milk products, dairy products, because they're sensitive and they're fine. I'm not going to endorse it and say that you, even if you're sensitive to dairy, you should take it. I don't want to say that.

Irma Jennings:

What does the milk thistle do?



OsteoStim Continuation...

What's are the ingredients?

Dr. McCormick:

It helps decrease osteoclastic activity, all these things, to some extent or another help decrease osteoclastic activity or increase osteoblastic activity.

Irma Jennings:

So if somebody is on Fosamax, can they take your supplements and should they take your supplements? And which ones?

Dr. McCormick:

I don't think that matters at all. I think we're still trying to normalize osteoblastic osteoclastic activity. So it's almost like it's part of the team. They're still trying to make that person healthier.



Interview Transcript

Collagen

Good for your Bones?

Irma Jennings:

We're going to move to collagen. Can collagen impact P1NP.?

Dr. McCormick:

Yes, I think so. I mean, that's what the study showed. I don't get P1NP on everybody. So P1NP for everybody who doesn't know is **bone formation marker**. Like osteocalcin is a bone formation marker. I like P1NP more because it's more steady. Also, all the organizations around the world are endorsing P1NP and CTX. Not, NTX not osteocalcin, but if you're going to do biomarkers, they're the two things that have been endorsed.

Irma Jennings:

I see the Carol just said that she takes OsteoStim that brought her CTX down from 649 to 424 in five months.



Collagen Continuation...

Dr. McCormick:

I see that all the time. I think the reason why it works is because of the combination. If you didn't one of these things, and that's the thing about resveratrol, they're just testing this one thing, but you do that resveratrol, quercetin, curcumin, berberine, NAC. You put them all together. You don't have to take huge doses because they're complimenting each other. And there are many studies out there that showed that exact thing. That if you take multiple things that do similar things there, it's bigger than the individual.

Irma Jennings:

Are you taking too much D when you're taking the two products, cause you're only taking 2,000 IU?

Dr. McCormick:

Everybody should have their vitamin D tested. Some patients I have need a 1000 a day to maintain, but taking 2000 IU, is not bad, but I have other people that need 7,000 a day. Can you even maintain 50 nanograms per ml? I'm looking at 50ng/ml a 40 to 60 nanograms per ml person. I don't think you should go 70 and 80 and 90 nanograms per ml, but some people need a lot, but you just test.



Collagen Continuation...

Irma Jennings:

The allopathic world is much lower. It's like 30, 32..The functional level of 40 to 60. Back to the collagen. Can you take it while taking an **anabolic Tymlos or Forteo**?

Dr. McCormick:

I think you should. And the reason why, because those anabolics are really pushing your body to do something that is not really set up to do. So we need to supply it with the substrate that needs number one substrate, meaning calcium, magnesium, manganese, all that. Plus when you put the body into hyper overdrive, making something it's producing, it's spurring out a lot more free radicals because all night long you're building the bones up. When you build up tissue, you release hydrogen ions, that need to be alkalized. It needs to be buffered by alkaline minerals. And you need to dampen the oxidative stress that it causes. And that's where alpha-lipoic acid and N-acetyl cysteine (NAC), berberine helps with that a lot. So you're really demanding a lot from your body with these drugs.

Irma Jennings:

I do want to ask you the question about collagen and, heavy metals.



Collagen Continuation...

Dr. McCormick:

Yes, they test for collagen. That's all I know. They say there are no heavy metals. Do you know Kara Fitzgerald, she did bone broth testing on two or three different products and found nothing.

Irma Jennings:

But, here's my, my bone to pick with you because so many bones are coming from all different parts of the world and China is one of the countries on the map for Fortibone. So Fortibone is the product it's made by Gelita.

Dr. McCormick:

I think that product that is coming from the United States, the ones that they're selling in Europe because they've opened up a new manufacturing plant in the United States.

Irma Jennings:

When you say things.... that would be so good to know. So many people look at Consumer Labs cause it's helpful. They're talking about collagen and having heavy metals because of the soil and the soil in general. It gets into the bones, the bones are soaked, and then all of a sudden we're drinking it.



Collagen Continuation...

Irma Jennings:

It's such an important piece to know. And I don't know why Fortibone won't respond. They just pushed me away. When I asked that question, they told me to go back to you and it's the round-robin, so people really want to know that.

Dr. McCormick:

I'll try to find that. So I don't know if what I am selling is strictly from the United States. It was strictly from Europe, but now, because they've opened up this new plant, how much is from which place? I don't know that.

Irma Jennings:

Do you think that's a fair question that you can get an answer to?

Dr. McCormick:

Yes.



Interview Transcript

CTx – P1NP Tracking

Why this is important

Irma Jennings:

Do you think that people should track your CTx and P1PN prior to the consumption of either collagen or your supplements? I mean, I'm a tracker, so I like having that.

Dr. McCormick:

I just had it a little bit of a verbal fight with this endocrinologist out in California. He is very much against doing P1NP and CTx and saying that that's not advised. I have a section in my book about it and about all the organizations that have endorsed it. I use CTx and P1NP all the time in my practice and you know, they're not perfect and neither is a bone density. And once again, we don't look at NTx P1NP or CTx or bone density scores or anything and, and make decisions completely on that.



CTx – P1NP Tracking Continuation...

Dr. McCormick:

We look at everything and I'm not going to throw away bone formation and bone resorption markers and keep a bone and say it seems silly, but you know, a bone density, you have to have a 0.3 standard deviation difference to be a statistically significant change.

In the spine in the total hip and a 0.5 standard deviation difference in the hip neck, that's huge point 0.5 to say a statistically significant.

The same thing is with P1NP and and CTx. I had a patient today, her CTX was a 562, and we did Osteostim for four months and it went from 560, to 525 and she was very excited. I said, don't get excited about that. That's five points that it's nothing..... that's a failure. I don't think it worked. You know, I don't think we got your CTx down.

She was a little bit depressed after that but also being honest, the 35 point drop is not a drop. A 75 point, a hundred point drop. It's a drop that's real, but so is the same with the P1NP and also the P1NP and the CTx are going to mirror each other.



CTx - P1NP Tracking Continuation...

Irma Jennings:

If that CTx goes higher, the P1NP is going to go higher. If CTx go lower, the P1NP is going to go lower, why is that?

Dr. McCormick:

Cause your osteoclast and osteoblast talk to each other. But what we're trying to do is we're trying to bring that CTx down and the P1NP is going to follow, but maybe not quite as far, that's what we're trying to do. So here's where the CTx and P1NP are, they're going to go up and down like that. But we're going to try to bring that CTx down, but the P1NP is going to go down a percentage less.

Irma Jennings:

But you want your P1NP to move higher. Am I wrong?

Dr. McCormick:

If you're taking an anabolic you want it to be higher, right? But if you take an anabolic, the CTx is going to go higher too. If you start off with a 400 CTx and you start a person on Forteo, it's gonna jump up to 700.

Irma Jennings:

What Dr. McCormick is talking about is bone marker tests. I have run into a lot of resistance in the endocrinology world to get those tests.



CTx – P1NP Tracking Continuation...

Dr. McCormick:

I'm going to send you a little letter that I wrote to people about it.

Irma Jennings:

That'd be great. There are workarounds, and that's the beautiful thing about the consumer wanting to take charge of their health. Dr. McCormick can write a script. Your scripts are with Lab Corp? Life Extension also offers scripts, and they go on sale every so often. So it's Lab Corp. You have to understand LabCorp and Quest come up with different numbers sometimes.

Dr. McCormick:

They do. The problem is different companies have assays. They do assays differently through different technology. Same thing was with parathyroid hormone. You can get a parathyroid, PTH intact, or just regular PTH. It's like bone density. You try to get bone density from the same machine every time. Same with labs you should try to get from the same lab all the time.



Interview Transcript

DXA

Can I use different machines?

Irma Jennings:

I have heard If you have a different DXA machine if you travel or if you move it's okay on the American Bone Health. That is the consumer education that was talking about. They say it is OK to take different DXA tests from different machines.

Dr. McCormick:

It's not okay. I have seen a full standard deviation difference from different machines. Sometimes it's from one company to another different machine.

Irma Jennings:

Now Karen had asked about hypothyroidism and taking your supplements. if that's any problem

Dr. McCormick:

The person's on some type of medication? I think it's fine to take. You take it because it has alpha-lipoic acid. You just take it four hours after. So you take your thyroid in the morning, take the Osteostims four hours later.



Q+A

From attendees

Irma Jennings:

We have many questions. I know Dr. McCormack will stay in perpetuity to answer questions because he loves this so much. Vicki, can you share some of the questions?

Vicki Sarnoff:

I won't cover any that you've already answered. So one thing it looks like OsteoSustain and OsteoStim are not meant to be taken together because collectively they would exceed the vitamin K levels that Dr. McCormick mentioned.



Q+A

From Attendees Continuation...

Dr. McCormick:

No. They are designed to be taken together. If you add them up, you have to realize that in the OsteoSustain you have 900 micrograms of K1 I think should take between 500 and a 1,000 of K1. And you should take between 500 to 1000 of K2 MK4. If you add them together, there is 700 in the OsteoStim, and there is 100 in the OsteoSustain, which means 800. So that's right in between the 500 and a 1000mck for K2, MK4. And for, for K2 M K7, there is none in the OsteoSustain, but there's 50 micrograms in the Osteostem, which is between the 50 and a 100 that I think people should take for the K2 Mk7. I don't think people should take more than a hundred micrograms of K2 Mk7. So the take-home messages that you don't go over.

Vicki Sarnoff:

Your mineral whey ingredients contain strontium. Does that occur naturally? Is that a concern given what you just said about strontium?



Q+A

From Attendees Continuation...

Dr. McCormick:

Yes. It occurs naturally. I think there's what 5 milligrams or 2 milligrams. Yes. It's natural to it. There's no added strontium. There's nothing added to them. It's just what comes out of the goat. That's why it doesn't have a lot of magnesium. Goat milk doesn't have a lot of magnesium. So you cannot rely on that for magnesium, but no, no added strontium. A little bit of strontium is part of life. Yes, there is some mechanism that needs strontium and a little bit like five milligrams, not the 680.



Q+A

Hydroxyapatite

Is it safe?

Vicki Sarnoff:

What is your opinion on hydroxy appetite? Is it safe?

Dr. McCormick:

You know, it's maybe 20% absorbed versus 32% absorbed for calcium dicalcium malate, chelate. So calcium hydroxyapatite microcrystalline hydroxyapatite. NCHA is really good. It probably has growth factors in it. I used to have a product with it. The only reason why I don't have a product anymore, it's not because I don't like it. It's just, I couldn't secure a healthy, a quality product that I knew was safe and I had to let it go. It is a bovine product.



Q+A

Calcium-Potassium-Vitamin D

Vicki Sarnoff:

Is it okay to take calcium supplements when taking 6,000 IUs of vitamin D3 a day, the doctor told me mixing the two could lead to kidney stones but wants me to be on the D?

Dr. McCormick:

It's fine to take them together.



Q+A

Osteopenia

Vicki Sarnoff:

What do you suggest for someone with osteopenia in the spine to get ahead of things so they don't develop osteoporosis?

Dr. McCormick:

Get a bone density and do CTXs. If your CTx is high, we know we've got a problem coming up, but the CTX is important for everybody.

Irma Jennings:

Would you suggest taking your supplements with osteopeni?

Dr. McCormick:

Yes, so they don't develop osteoporosis for sure. I recommend the OsteSustain.



Q+A

Osteopenia Continuation...

Dr. McCormick:

You can take them both. The only thing that are duplicated is a little bit of the calcium, a little bit of the K and, and they both have vitamin D a thousand.

Vicki Sarnoff:

I find potassium is in so much food that I eat, that I would be hesitant to also have it in the supplement. My blood work is always high in potassium.

Dr. McCormick:

If the blood works high in potassium abnormally high, then, then that's an issue. But I would say, just look at your first morning, urine pH. Then I would assume that she or he, who asked the question their 24-hour urine, calcium is normal. And that their first-morning urine pH is 6.5 or so. You know, if it's a 5.5 maybe they need more magnesium instead of potassium. Maybe they need, bio-organic sodium, not sodium chloride, but bio-organic sodium. That's different. So you don't want to increase salt, but some people who really avoid salt need sodium.



Q+A

Kidney Stones

Vicki Sarnoff:

Someone was recently diagnosed with a kidney stone and read a few studies about collagen converting to oxalate. What are your thoughts about taking collagen if you have a kidney stone?

Dr. McCormick:

I think there are just different kinds of sensors, different kinds of stones. I have not read that. I don't know why it would convert to an oxalate like that. So I don't know. I don't know why that would be, but there are different kinds of stones. That would be just a question to ask your nephrologist.

Vicki Sarnoff:

Size of capsules: OsteoSustain and is having trouble because they're so large, she's having trouble swallowing them. She wondered if there's any plans for reformulation into a capsule?



Q+A

Kidney Stones Continuation...

Dr. McCormick:

There is but not in a capsule because I, and that will be in six months. They're large. But what I do is I just break them up in my mouth a little bit. I think that does two things. It improves their bioavailability, your absorption ability, but also you taste it a little bit. And when you taste it, it's like food. So then your body says, oh yeah, this calcium is coming into me and it accepts it better. You don't know how much I've labored over this question of the size of this tablet. I was going to go to actually cut it in half and have people take six a day to get the size down but that would almost double my price. So the actual product price would have to go higher for me to do that.

I'm switching one of the magnesium types in it. There's new magnesium that's out I'm going to switch and be able to make the tablet a little bit smaller. In six months that'll be a little smaller.



Q+A

Rising CTx

While on an Anabolic medication

Vicki Sarnoff:

How concerned should we be if our CTx rises on an anabolic?

Dr. McCormick:

That's good. You shouldn't be concerned about that 5% of the time, these medications don't work. And one of my pet peeves is, that the doctor who prescribes these drugs doesn't do a follow-up. They don't do baselines, bone resorption and bone formation, bone resorption markers, which they should before they start the person on the drug. But, number two, they should then repeat that CTX or PINP three months into it to make sure the drugs working. Five% of the time the drug doesn't work. So we want to know that before a year or two from now, we want to know that now so that you should be happy at the CTX went up. If you're on an anabolic and if it didn't go up, that's a problem.



Q+A

Fortified Foods

With calcium added

Vicki Sarnoff:

A doctor told me to get my calcium from food, then proceeded to give me a food list, including items that had added calcium. How was that any different from taking a supplement?

Dr. McCormick:

That's a great point. My response is the added calcium that they put in these things is not nearly as, bioavailable as taking calcium malate, chelate, calcium bis-glycinate. They're just not as helpful. They're not available calcium. Tricalcium? That one's not bad. It's better, but it's not great. Yeah. I've looked up all these different kinds and there's a reason why they don't use them in supplements.



Q+A

Fortified Foods Continuation...

With calcium added

Dr. McCormick:

I guess that depends. The reason why I created these supplements is that I think they really help people's bones. They're made to take together. They all do different things. Like I said people don't have to take three of the Osteostim. They get away with one or probably two because of the K. I have some people who would take four OsteoSustain a day because they just don't get the calcium they need. I typically don't necessarily suggest my Osteo mineral whey unless people's urine calcium is high and unless their pH is really low, then if that's it, then I really suggest that Oteo Mineral Whey. I do suggest collagen to everybody.



Q+A

Collagen

Why I like my Collagen

Dr. McCormick:

I love my collagen because I think it is better than most out there. The reason why I think it's better is that it's just one collagen and collagen is kind of like sugar. When you eat lots of sugar, there are empty calories. There's no zinc there's no manganese. There are no other things to process that sugar and collagen is the same way.

Collagen is a very poor protein source. There are no essential amino acids in it. And so when you take in that collagen and you need to steal things like tryptophan from other parts of your body to utilize it. So, yes, you're providing your bones for the basic amino acids for bone, but you're also having to metabolize that to, to utilize that your body's going to steal that is not just going to put it in your bones.



Q+A

Collagen Continuation...

Why I like my Collagen

Dr. McCormick:

It's going to use it to make muscle and things like that. But if you're not taking a whole bunch of collagen, which is, like I said, it's a poor substandard, essentially protein. You're having to steal these essential amino acids. And that's why some people can get depression from taking high amounts of collagen because they're taking 15 grams of it. Now they're having to steal that tryptophan, which makes serotonin, which is a really important mood stabilizer in the brain. And so in my collagen, and you only have to take five grams. So because it's just, it's just type one collagen. It's not type two and type three.



Q+A

Collagen Continuation...

Why I like my Collagen

Vicki Sarnoff:

Here's the last question for you? It says with your current Dexa scores, did you find that your TBS improved over the years?

Dr. McCormick:

You know, I have never had a TBS score.



Q+A

Supply Chain

Do you have an issue with supplies?

Irma Jennings:

The last question: do you feel that you'll be in the throes of any of the supply chain issues?

Dr. McCormick:

Yes I am, I am in those throes right now. I'm struggling to get stuff. And you know, what was really interesting? I'm struggling to get the ingredients, but also least 5, 6 months ago. I couldn't get containers. That's one of the reasons why people wondered why I switched containers on the collagen. I couldn't get the containers that I had gotten before. . So, you know, it's a big deal.

Irma Jennings:

What about collagen from Germany? Is that going to be problematic?

Dr. McCormick:

I don't think that's any more so.



Q+A

TBS

Vicki Sarnoff:

If getting a TBS means that I have to get my next DXA on a different machine, do you recommend that?

Dr. McCormick:

That's a great question. I would say is if you've had three or four DXA's in a row, it's probably not worth switching. If you've had one, definitely switch, go to a different one, a place with TBS. If you are on that borderline as I mentioned before, of whether you've got to do a drug or not, TBS is a great source of clarification of which way you gotta go.

Irma Jennings:

McCormick does do private sessions, his information is on this website. Anything else that you would like to say, Dr. McCormick?



Q+A

Dr. McCormick's New Book

Coming in 2022

Dr. McCormick:

Just that I'm really excited about the book. I've worked so hard on this thing, and it's going to be way more technical and people will get mad at me cause it's just, there's so much.

Irma Jennings:

Now what about a lay person copy?

Dr. McCormick:

I'm trying really hard to tone it down, but my brain doesn't work that way. But there's a lot of really neat information about it and not only about supplements, but about medications on how to use medications, what they do and what they don't, you know, we didn't talk about that, but like the difference between taking bisphosphonate, Prolia, Forteo, TYMLOS, Evenity. We didn't mention Evenity. You know, they all have different abilities to improve density or quality. They all have different, side effects that cause big problems or not. There's just a lot of that I'm talking about in the book.

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Q+A

Dr. McCormick's New Book Continuation...

Coming in 2022

Irma Jennings:

When will the book come out?

Dr. McCormick:

I will let Irma know and she will inform her group.

Irma Jennings:

I'm going to say goodbye. Thank you very much.



BONE SUPPLEMENTS WITH DR. MCCORMICK 2022

Bone Supplement Interview

Thank You...



From my bones to yours...

Irma Jennings, INHC

Your Holistic Bone Coach

Food For Healthy Bones®

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