Introduction to Preventive Urology

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It depends on the patient's age. So African-American men need to be checked earlier, and men with a family history of cancer also need age 50, 45, 40, depending on age and family history, as well as men that have a mother with history of breast cancer were now found in genetic predisposition to prostate cancer.

So for prostate in itself, we are really much more proactive. I also in Quantum Health and Wellness Center do a more generalized approach to medicine, preventative health.

In all those patients, I'm doing even cardiometabolic risk factors for which is CRP, homocysteine, I would love for it to go D and D. You know, you know all of those two just generalized health, but also for men testosterone is a big thing now.

Everybody's hearing it on TV. And so they have questions, But they also have to be careful to make sure they don't have prostate cancer to being thorough in that evaluation.

you Well, hello and welcome to the Lifestyle Medicine Podcast. Again, I'm your host, Dr. Ivan Rosilko, and we are powered by Access Labs. If your doctor's not checking your labs, then they're not a doctor.

And today we have Dr Hall, who was one of the first female urologists. Yes, it's a very unique thing. So I can't wait to get into her history of why she got into urology of all places.

We're excited to talk about as well as her book. Dr, Hall. Thank you so much for stopping by. Thanks for having me. Really happy to be here. Heck yes, heck yes.

So can you tell me, first and foremost, how did you get into urology? So when I was a medical student, we were paired up with a mentor, and mine just happened to be the head of urology.

How Dr. Hall Entered Urology

And he showed me the great part of medical aspect of Urologies, as well as surgical precision. and so when i was doing the sector in the body, I enjoyed that and I decided to out tell my Dean, i really wanted to in this field and he's like, He dissuaded me from this male centric field.

And so I refused to listen to that. I found a female urologist and she's like, follow your dreams. This is your passion. That's what you should do. So that is actually how I decided to go into the field of urology and have enjoyed it ever since.

So, in a male-predominated world, how do you feel like you fit in? Is it awkward walking into a room with a man there? Or is it just, you just walk in and own it?

So own-it. Confidence is key, and your knowledge and competence is another factor. And I never try to fit-in. My uniqueness as a feminine component to my being is probably my best quality in regards to care and as well as precision in surgery.

And actually men sometimes tell me things they won't tell my business partners because they may be feeling insecure in front of a man and feel more secure in in-front of women, explaining their sexual health or their medical problems or avoiding dysfunction.

I think actually, believe it or not, they're sometimes more comfortable with a woman. Okay. Very, very cool. I'm trying to think how I would feel. We have small fingers.

There's a positive there. Definitely a pause. You got those like bear paws, you know what I mean? That's good. Oh, totally. So definitely. Tell me, when it comes to your approach to urology, what are the most important things when not only diagnosed in a patient, but when comes a formulated and actual treatment plan for them?

So, health is wealth. And as we know now, finding things early is our basics.

Confidence in a Male-Dominated Field

You know, I always check for a PSA to make sure men don't have a risk of prostate cancer. It depends on the patient's age. So African-American men need to be checked earlier, and men with a family history of prostrate cancer also need be check earlier than the normal age 50. 45, 40, depending on age and family history, as well as men that have a mother with history of breast cancer were now found in genetic predisposition to prostate cancer.

So for prostate in itself, we are really much more proactive. I also in Quantum Health and Wellness Center do a more generalized approach to medicine, preventative health.

So in all those patients I'm doing, even cardiometabolic risk factors, such as CRP, homocysteine, DMV, you know all of those medical aspects to just generalized health.

But also for men, testosterone is a big thing now. Everybody's hearing it on TV. And so they have questions, but they also have to be careful to make sure they don't have prostate cancer and to thorough in that evaluation.

So when it comes to your testing, I think we both use Access Labs, nice plug.

Prostate Screening and Personalized Prevention

Yes. Before that, did you have a panel that you kind of use for everyone? Or is it like they'll come in, you hear their story, like, okay, we'll do this, this and this.

Or was it kind like a shotgun approach? I actually do individualized approach for each person. So if somebody's in their 20s and they really have fatigue, like for instance, my soldiers who come back from Iraq and their cortisol shot, you know, they've been shot at, eating MREs away from family, They often have low testosterone.

And sometimes this is not normal in a 20 year old. This used to be an old man's disease. So I would usually check heart disease, of course, to make sure that if I'm going to replace testosterone, then I am not dealing with something else as a cause.

Because I actually had one 30-year-old patient of mine, when Viagra first came out, that wanted that for erections. And I was like, no, you're too young.

You shouldn't be having. erectile dysfunction at this point, because he didn't have social issues and so forth that should be affecting that. And he had a LAD that was 90% occluded.

He was mad because I wouldn't give him the Viagra. Eventually, he was so happy because probably saved his life in the end. For sure. My goodness. That's also a big point to make is that when it comes to any type of erectiles dysfunction, you have to look at the heart, right?

I mean, that's part of the most important part. It's probably the first thing that men will notice, for sure, So when somebody walks in like that, are you checking certain heart markers as well?

I know you'd mention HSCRP and things like. What else are your checking? So I check thyroid, I checked cortisol, check sex hormones, because sexual performance is sometimes the earliest signs of cardiovascular health.

And so even when patients, even with my book, say sexual health is leading to mental and physical well-being. So, so I'll check CRP, homocysteine, apolipoprotein B, complete lipid panel.

I also check for thyroid to make sure that they're not having decreased libido due to our thyroid dysfunction. And also, I often check just basics, their hemoglobin A1c, maybe they are diabetic, you know, or maybe there's a component to insulin resistance.

So I will do a whole complete evaluation for CMP and different markers for heart disease. That's unique.

Individualized Lab Testing and Testosterone Workups

So do you find that you check more than the average urologist? Because I mean, I know a lot of urologists, my brother, he's kind of coming over to the dark side now.

It's all just like you look at certain things, you know what I means? So, do find yourself checking a whole lot more that the other one? Yes, so having been trained by A4M and having integrated functional medicine trained now, I actually do a holistic approach to my urology actually and overall health in regards to hormones, metabolic dysfunction, and metabolic syndrome as we're finding is a lot of the problems now with people with insulin resistance and obesity and also checking all the basic heart disease as well as sexual health But also cortisol, you know, a lot of people don't realize how stressed they are and how that really affects their overall health, not just physical but mental health.

And so some of these symptoms are signs of physiologic decline. We don t just want to live longer, we want live healthy longer. So that's the mindset I have, I guess.

No, for sure. So, so when it comes to sexual health again, because I think, you know, I said sexual help is wealth and in a way that's pretty much why everybody comes, any doctor, and you take that away, take me away.

Exactly. When it come to that, well, what do you think are some of the biggest defining factors? All these those cardiovascular issues. Do you, do think there's all, there is a lot more.

You know. Like, both. It's 50-50, so I want to rule out the medical aspects first. So I'll always check, you know, hemoglobin medicate, make sure they're not at risk for clots if I'm going to start testosterone.

I am also going check their testosterone level, but the LHF, right, their normal precursors. Make sure their prolactin levels are okay. But then the mental component, a lot of our 20-year-olds that are smoking pot lately, because in some states it's illegal, they don't realize this may decrease their sperm count or they may affect their infertility issues, right?

And so for some of those gentlemen, if they are not yet needing testosterone, want to make sure to preserve their sperms function. And so those are some things, but mental component is such a big part.

A lot of guys don't realize that if they're seeing a lot porn on their phones in the old days, they'd have to go buy or steal their dad's magazine and hide in a bathroom.

You know, now they are actually on there phones, porn, lots of, I can't say some names of other companies that present all of these things. And then when they see a woman, they are like, well, this is not what I saw on my phone.

And that causes the mental component to erectile dysfunction. You know, there was a study at University of Miami years ago where they evaluated football players that had the national championship coming.

50% of when the woman naked walked by, They actually had normal erections and the other 50 that were so concentrated on the game. They couldn't, and that's totally physiological in regards to mental components.

That's super unique.

Sexual Health, Heart Risk, and Hormones

And again, it was funny because we were chatting earlier about how my brother just did a podcast on sexual health, which is kind of unique, and one of the biggest things that they had touched on that, so I would love your point of view, is how men, when they masturbate now, It's a much different feeling than when you're actually having sex.

So the ability actually ejaculates two different things. You know, one's the hand going fast, ones dry, once this, that's one, the other. What are your thoughts on?

Actually, I think my mother called it the death grip. And actually, the way I describe it is point and shoot. So point is to get an erection, right? So that's parasympathetic nerves.

And shoot is sympathetic nerves, which is actually the ejaculation. In my book, How to Get Ahead, I described how delaying ejacculation can actually heighten your sexual performance.

and can actually, as David Data wrote about waiting for that elevation to get to a higher feeling of wellbeing and being in an ego-less state and pleasuring your partner is a huge component to erectile function, right?

Not dysfunction, but actually function. Yeah, sure, for sure. What are your thoughts on the readily available pornography as well as how extreme it's become?

You know, back in the day, we used to do the softcore, it has gone to hardcore, then it was taboo, there's just like, you're seeing things you've never, I mean, even like Michael Bay couldn't dream up, do you think the more crazy porn gets, the worse it is sexually?

I think so, because The Godfather was actually written in 1969. No coincidence there. Actually brought the penis into pop culture, really, and started people getting a little bit more comfortable.

Now it's so prevalent that some people create this taboo aspect of it, but it is a normal part of your anatomy as a man, normal parts of our anatomy, as women, or physical well-being, right?

How things look, how they perform and how you feel about yourself. But the problem is when you see porn that has an exaggerated experience and that's not what you get from your partner, then you feel like maybe you're doing something wrong or you don't really know.

But I think talking about it is key. I mean, communication is such an important part of, you know, lovemaking and then also, your love language. So suppose somebody likes hard touch, likes to be grabbed hard.

Yeah. And then you're doing soft, you may be wasting your time and maybe you should be educated on what somebody else likes or tell your partner what you are liking about certain things.

Cause they could be doing something wrong all along and then we're not thinking so the The graphic porn that's out there, maybe educational, but that is why I wrote my book, How to Get Ahead.

No plug there. To educate people on some things they may be afraid to ask the doctor. There are so many people, as I said before, may afraid ask another male, hey, how am I not getting an erection?

What am i not doing right? You know, sometimes they may not know behind the scrotum to the anus. In the perineum, that's a stimulating area because it has nerves that also stimulate the prostate or stimulate nerves to go to penis.

So those are things that you may see on point but not why that works better. And so educating people about the

anatomy I think is key. Now, did you see though, do you, see educating men and maybe women sometimes too, about how like they need to have that there's an emotional aspect being like, yes, you're just fine.

Pornography, Performance, and Communication

We can bump it a little bit, but you need, to tell your partner, are you like this kind of sex? You know what I mean? Like, yeah. You see, there is like that therapy aspect in your practice.

Yes, and I actually at Quantum Health and Wellness Center, I really try to pull out from patients what their desires are because sometimes they're really afraid to say it.

So you kind of have to bring it up for them to feel comfortable because as a physician, you know, one of the main things we're checking their most vulnerable parts, body parts is that you're all just so you have get people to trust you.

and to create comfort. And I try to exemplify that for them in their personal relationship. Trust is such an important part because if somebody's been abused and you never address the issue, they may never be feeling comfortable to share certain things with you and be able to trust.

So I really try and bring up that component, which is sometimes affects cortisol, which then therefore affects testosterone. So it's really a circular, a whole body approach to medicine, mind, body, soul, you know, when I try to address it.

That's one thing doctors don't really realize as they as a hole. Mentality, physicality, emotionality equals great sexuality. Yeah, I like that. Yeah.

Right. It's true. I mean, a proof in the pudding. But when it comes to that, so it's kind of unique. If you saw any correlations, do you see somebody who comes your office?

They're in good shape. They have a very high testosterone yet erectile dysfunction. Are you seeing that when it comes, it's obviously gonna be something psychosomatic it seems.

Do you see that their sexual preference is more of a hard touch, more than extreme aspect versus somebody who comes in who has sexual dysfunction with lower testosterone, they're more about soft, I'm gonna say beta male, but more loving in a way.

So everyone has a different level of their experience. So I try to help find out what is that? Do I need to send them to a sex therapist, right? Or do I send it to psychologist?

Maybe it's something they hadn't dealt with as an experience from childhood that may be prolonged now. Or they may want a firm touch and they didn't tell their partner or their partners not comfortable with that.

or they want a soft touch because their testosterone is low. And yes, when men's estrogens are high, they get more emotional than us women. I can say that as a woman, that we get moody when our estrogen is high and men even get even more moodey.

Even trans men that are getting estrogen, deal as well, very well with this estrogen load because their bodies aren't used to it. And sometimes that can create a whole different negative aspect of their emotional state.

That's a touching subject. I don't usually go there very much, but I sometimes try to see if that's an issue for somebody to deal with. But low testosterone oftentimes, maybe also due to high estrogen and our estrogen rich foods that we're exposed to, know, things in our diet that may be causing us to have increased estrogen production, such as being overweight.

And you know every 10 pounds you lose, you gain more penile length. So that is encouraging enough to lose

weight. You always learn something in this industry, don't you?

Yes, you do. As a urologist, we look at all the aspects. But I think that that emotional component to the sexual function, it needs to be addressed on all levels.

Not just laboratory, but social, what's going on in their personal life. So I'm also curious too, because the biggest thing you always hear about, you know, if you're going to go on testosterone therapy, watch out for the prostate.

And I do know some urologists, they'll do all the checkups and say, yeah, your prostate might be 4.5. Everything else looks perfectly fine. Baby BPH, we're still going give you testosterone anyway.

Then I talk to other urologists are just like, absolutely not. I don't care about their sexual health, how they feel. Where do you like which which part of the fence are you on when it comes to that?

Both sides. So I will be thorough and make sure that I'm not worried about prostate cancer first before I'll give someone testosterone, especially family history.

Trust, Trauma, and Emotional Factors

If their PSAs have been steady, they haven't had increased velocity of more than 0.4 per year, even though a lot of the AOA guidelines are saying that's not as significant anymore.

But in regards to making sure the testosterone before you replace it, making somebody doesn't have a strong family-history prostate is key. I've had patients who I personally taken out their prostate, had history of prostate cancer, and five years after no evidence of biochemical recurrence, I have given testosterone because when I knew what was there before, what I operated on, they're great of the tumor.

I know how extensive their tumor was and I that they've been in a steady state that I feel safe because guys can feel horrible when they have low testosterone.

and have no energy you know so you have to have a good balance but there's a lot of data now showing that testosterone replacement helps to reduce coronary artery disease right so heart disease if you die from heart attack so what if your prostate cancer because you died from something else but not not to minimize it but you don't know what I mean you want to a have good balanced but that's why you had to be educated about testosterone research has been done on people that have prostate cancer.

I actually have a patient currently who has being treated with radiation therapy for prostate cancers, amazingly low for quite some time. testosterone tank lower than mine, which is crazy for a man, and have to replace his testosterone because he feels so bad.

He can't possibly exist. But I'm a urologist. I am going to follow up closely. And I will make sure that we are doing all the right things. If I see a PSA rising, I'll check certain things, but you know, guys used to be worried about the finger exam, now we have MRIs that are much more detail oriented.

The MRI can tell us more, even without having a biopsy or rectal exam. For sure, for sure. I'm curious, can you expand on what, you know, total PSA versus free PSAs versus percent?

Could you kind of break that down? Yes. Total PSA is the baseline PSAs that we follow in AOA guidelines. Now, free PSS tells us how much is around, right?

And the percentage, whenever it's the opposite, if a percent is high, that's a lower risk of prostate cancer. If the PSSA total is low, it has a low risk.

So it is antithesis of what you think. When we look as urologists at percent free, we're looking at a more specific and a little bit more sensitive testing than just the PSA Okay, is there a reason we wouldn't just test percent and

they just say nuts the total P or a PSA or is it just a pricing?

Is it a insurance? Pricing is one. Prices one and then insurance is the other. Of course, probably not covered. You know, that's a whole nother ball game.

Yeah, exactly. But some people will pay for it if they know the value. And so I will give them the option if I don't get all the information I needed to be able to do a percent free versus a total PSA.

I like to always get total free and the percent fee because it gives me more information. Yeah, no, for sure. And again, it's a shame, like, you know, just one extra test and then go from like $2 to like 30 dollars.

It's nuts. But that's the whole another podcast. Yes.

Testosterone Therapy and Prostate Safety

You touched on something very interesting, the thyroid, because again a lot of people tuning in are going to hear you and be like why are they talking about the Thyroid?

I mean, I know exactly where you're going with this, but could you dive in as to why the thyroid is so pivotal when it comes to male sexual health? Yes.

So I like to describe, because most people know cars, so I'd like describe that thyroid is the engine and thyroid supplements such as zinc, selenium, iron, and iodine are the oil.

You may need an engine oil change and not a whole new engine. That's how I describe thyroid. Cortisol is a gas in the tank, which cortisol can steal all of your…

They can cause autoimmune disorders, thyroid disorders. Diabetes, cancers, infections, right? And then our sex hormones are the tires. And so if we get new tires, meaning we replace testosterone and estrogen, but we only have a half a tank of gas meaning our cortisol will get massage.

We're working out. You know, we're praying. But our engine oil is dirty, which is the thyroid. The car isn't going to go very far. And so that's my complete assessment in regards to fixing our tires, the testosterone, regulating the gas in the tank, cortisol, and then regulating thyroid Now what does thyroid present with?

Fatigue? decreased libido, it presents with, you know, hair loss. It presents so many cold extremities. And a lot of people have a lots of thyroid issues for years and are under-diagnosed because they're not checking pre-T3 and we're checking reverse T3.

Most of the times in general medicine we just take T4 and they don't really realize people are making inactive thyroid and not converting to active. No, for sure.

For sure, if you had to guess how many, you know, your logical patients across the nation could be fixed in a lot more holistic way versus what's being done now.

I mean, like, I got to just point and shoot like you were saying earlier, but there's so much more that goes into that. So much. much more. I think that some people are just band-aiding or getting new tires, but not fixing their engine, you know?

And so they may feel better, not really good. It's when all the parts are working together, it's like a three-legged chair. You're not going to survive on two legs.

We really need all three to be working. So I would think probably 80% of our patients really aren't getting the complete evaluation and need to see an integrated functional medicine doctor like myself or you.

So I want to touch on your book. At first, I thought it said how to get ahead. I'm like, wow, this could be a great interview with the urologist, but it's how do you get it ahead?

All right, ahead, not head. Explain how unique the book is because you're coming at urology from a completely 180 different point of view here as a woman.

So could you kind of highlight your travels throughout the booking and what actually goes on inside of it? So people think getting ahead is about making money and status, but really, I define it as staying ahead of our physiologic decline.

So one of the reasons I wrote this book was not just to educate people about blowjobs, which is a major component in the book, about sexual pleasure, But how it affects our mental and physical state.

And how I start out with just educating people about why, as a urologist, I wanted to write this book to people that may be afraid to talk to their physicians.

I brought in the anatomy and the physiology and then the history of fellatio and how this was revered in ancient Rome and in Greece. And, you know, they wore togas so you could get in easily, right?

And easy access. You got me wanting to buy a toga now.

PSA Testing and Thyroid's Role in Sexual Health

And then Pompeii when I went to Pompei all these statues of men and you saw signs of people being able to get blowjobs because some women don't realize that this is pleasurable to a man and that before the wedding cake they may do that but then after the You're making women mad here.

You make a lot of men happy, playing to your audience. I love it. Well, I do also have a chapter on women and about fellatio, but also about conilingus and how that's pleasurable to us because the penis and the clitoris are analogous.

The structure is the same. the Penis does have two functions, to urinate and to get an erection, where the Clitorus is just for pleasure. So I did compare the two and I wanted people to understand if somebody's been through trauma, that was the next chapter, how to get beyond trauma to being able to love and feel good again, physical wellbeing.

And then of course, 50 Ways to Blow Your Lover is how I ended the book. Fantastic. I'm not going to lie. Okay. Very, very good. No, I'm curious. So my first talk at the A4M, the speech was called the seven different ways to make a woman smile.

The seven physiological orgasms that women can have. And again, they're all medically sound and everything like that. Can men only have one type of orgasm or are there other types of orgasms men can?

So there are different types of orgasms in regards to delaying ejaculation because, as you know, Debbie Data, I wrote in my book, how to get ahead is not just getting ahead of ejacculation, because it's getting to that finite level of nirvana where you feel so stimulated that you're enjoying yourself, but you are also pleasing someone else.

And it is better to give than to receive. You see how much pleasure you get. Some women don't even realize they may get more. wet or moist from giving a blowjob because the pleasure they're giving their spouse or their partner is immeasurable for them and they may have always had a negative impact or negative thought process and this was to try to give that information about men get different levels of enjoyment through different level of pleasure.

Whether they are perineal access, which is towards the prostate. And of course, I explained this, but not that I'm well-versed at it. Even by doing a rectal exam, stimulating the prostrate where the nerves run along to the penis is very stimulating to some people.

That's why it may be orgasmic for even gay men to have that area stimulated. Some people don't realize that's another pleasure spot or the peroneum or right underneath the head, where they're fenelum is.

That can get you into another state of stimulation, which is not just, you know, ejaculation. Oh my goodness. That's good. Well, I got to say this has been spirited.

And at the end of every one of my chats, always like to ask my guests two questions. First and foremost, that was a change up a little bit for you because you were fun.

For any other budding urologist out there, anybody in the actual medical field. I love your overall holistic aspect. And again, I throw the word holistic around very generally, because it's been bastardized in so many different ways.

But the fact that you're you are only looking at you know, the prostate or this that, you look at thyroid and this, that and the other. If you were going to give advice to any physician or healthcare practitioner who's getting into this functional field right now, since we've done it so well, what's the best piece of advice you could kind of lend them?

I would say you have to look at the whole patient, not just one body part.

Holistic Medicine and Functional Urology

And the patient is, you know, we're in our physiologic decline from the exposures to toxins daily to our food that has chemicals in them that create a decline in physiology.

We need to not just focus on just what we've learned in medical school, but open our ears and eyes up to what else is research being going on in regards to functional and preventative health?

And what are we not knowing that we just done reactive medicine? Maybe we should look at the whole approach to medicine and think about mental, physical component, as well as even sexual health.

That's a big one now because people are realizing how impacting it is in their personal relationship, but then also their work relationship. If you are happy and you're sexually happy, if there's underwear on the ground, you may not get so mad.

You know, somebody dropped their stuff on. So, learning about what you can do for your patients to improve their mental and physical wellbeing, I think is the key goal.

And health is wealth and happiness is like the new rich. I love that. Question number two, and I'm going to keep it more towards your reality. So if you're a man or the wife of a men or a boyfriend of man, we're going go all aspects here and you know that your husband, your spouse, partner or even a call is not having the best sexual experience.

What are some tips or tricks you can kind of give that person who's looking for it or that persons looking forward for someone to kind to take their sexual health basically to the next level?

I think first they have to rule out having a physiologic problem. So you want to check labs and you went through access labs. They have many different options for us in regards to testosterone, PSA of course, or normal cardiovascular health.

About the Book How to Get Ahead

We also want make sure that we're checking the patient on a whole. Is it mental, physical? If so, refer them to a psychologist, psychiatrist. But then learning your anatomy.

I Many men don't even know their own anatomy. They don' even that under the head of their penis is more sensitive. So learning a little bit about your anatomy, but also your physiology, the physiology is a component that

needs to be addressed to make your whole sexual experience improved.

And then your partner, communication. Communication is key. If your partners doesn't know what you like, you may be spending your life doing the wrong thing and not pleasing your partnership and yourself.

I love that. Very, very true. Dr. Ho, I got to say, this has been more than enjoyable. For anybody out there who would like to get a hold of you or find your book, where can they find you?

Where can the buy your books? So my book How to Get Ahead is on Amazon and it's at Barnes and Nobles, but also my business is Quantum Health and Wellness Center where we do mind, body, and soul, whole approach to medicine.

Also as a urologist, i do consultations in regards to prostate cancer in general and BPH. And most of my patients really enjoy learning from the book, actually their anatomy, their physiology, and then about urology itself.

Some people are not getting enough time with their doctors because we're so time limited with insurance companies turning over that sometimes they need more education.

I spend an hour with patients explaining everything in detail, answering questions and going over everything. So our email, QuantumHealthmhk.gmail.com or Quantum Health is the website and our number is 785-236-1693.

And what about social? You got some socials? Yes, I'm on Facebook and Instagram for at Sulin underscore hall underscore MD or quantum health and wellness center.

Sorry. I had to think for a minute there. And how to get a head book actually is also on Instagram. All I know is I think I need that book and I didn't invest in some togas.

Oh yeah. I got to personally sign that for you. Exactly, exactly. Well, Dr. Hall, it's been such a pleasure. Again, this is the Lifestyle Medicine Podcast for Powered By Access Labs.

If your doctor's not checking your labs, they're not a doctor.

Advice for Clinicians and Patients

It's a spirited discussion today. We might have to have a round two. I'm not going to lie. So maybe we set that up later. Definitely. But again, thank you so much for stopping by.

Thank you for having me. Appreciate you. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

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