Introduction to the summit and guest

Hello, ladies. Welcome back to nest during the Menopause Transition summit 3.0. I'm your host, doctor Sharon Stills, and we're at it. We got another good interview for you.

As you know, I go find all the most brilliant minds out there so they can share with you the things that you might not have even thought about are important or happening or impacting your menopausal transition.

And so tonight I'm going to talk with one of my dear friends and colleagues, Doctor Nifty Son. So I'm sure a lot of you know her because she hosts her own summits on chronic illness and mycotoxins and Lyme disease, and she has a clinic with her partner, Doctor Eric Gordon.

And they're very prolific and generous and sharing a lot of free information themselves. And so we're going to talk about those things and how some of these chronic illness pieces can be impacting you in ways that you might not have thought of.

So now's the time to grab your pen and your paper if you didn't already, because we're going to give you. As we were saying before, we can give you lots of juicy little nuggets to help you better understand your health and your hormonal journey.

So welcome to the summit. Thank you for having me. Always being with you, Sharon. I know, I'm like excited. I get to spend this time with you and and have you educate the listeners.

So, if I is there anything else you want to share about who you are and what you're up to before we jump in and start talking about things? And I'm going to make it really quick so we can make this really juicy conversation about menopause and chronic illness.

But in general, my practice focuses on people who have complex chronic illness, Lyme disease, autoimmune conditions, Covid, long haul, the mysterious illnesses and well, menopause plays in here.

So I'd say we can just dive right in. Yes yes yes yes yes. So let's just start off on, you know, a lot of what you're talking about has to do with immunology and the immune system.

And so what is happening immunologically when the body is losing hormones, what is, you know, during that perimenopausal menopausal time. Yeah. Our hormones have an important influence over our hormonal system, over our immune system.

But sorry, Sharon, I just mean, I just said something really stupid. Can we cut for a second? I'm gonna start again. Okay?

Hormones, immunity, and menopause

Our hormones have a very important role over our immune system and over our inflammatory system. And I think if we were to ask almost any woman in menopause, do you notice, do you notice a difference in your immune system at this time of your life?

I think most of them would say, you know, yeah, I do. I noticed that I'm less resilient to infections, or I noticed that I'm more sensitive to chemicals or foods or even the same personal care products I've been using all this time.

Some say I feel like I'm inflamed and others a lot actually say, and now I have an autoimmune diagnosis. I never had that before a diagnosis like Hashimoto's or rheumatoid arthritis or lupus, for example.

And I say that what women are experiencing as it relates to their immune system, it does translate to what's happening immunologically, because as our hormones plummet, we do have an increase in inflammatory cytokines and oxidative stress.

And a decrease in the activity of our natural killer cells and our CD4, B and T lymphocytes. So it's absolutely true. When a woman is experiencing we're going to her immune system is reflected in her biochemistry.

But not only that, but our hormones are protective to our bones, protective to our heart, protective to our brain. And so this is why, as the hormones deplete, we can have the symptoms in all of these systems.

And even more, it is music to my ears because, and I, I just diagnosed a menopausal woman with lupus yesterday and so it is something that we do see. And I love that you just brought it.

Like thing number one you need to write down is that my hormones are so much more than my hot flashes. Right? Right. Are impacting our immune system. And I saw a lot of my long term patients who I have had on bioidentical hormone replacement and good estrogen levels.

When they went through Covid, they didn't really struggle as much, they didn't get as sick. And they they had more resilience. And I definitely credit a lot of that to that.

They had their hormones on board. And so right off the bat, you just bring up such an important connection that our hormones, because I think a lot of women know, like they're the bones and the brain, but they're the immune system.

They affect the immune system. So let's keep let's keep moving along. So you do a lot of work with toxins. So let's talk about to start off heavy metals because it's not a question of do you have heavy metals.

Right. It's a question of how many how many heavy metals do you have and how is your body excreting them. So how do the heavy metals play a role in affecting women who are perimenopausal and menopausal?

Yeah, this is a big one. And I think it's it's really, really under load. It's unappreciated, but it's a big deal right? In in medical school, doctors are taught to think about acute poisoning.

Right. Poisoning of metals a nobody nobody thinks about because they're not taught to think about low level chronic exposures. But we're all exposed to to these.

It's it's in our it's in our air. It's in our water. The metals are in our soil. Not just metals but all kinds of toxins. Well, those metals then go into our bloodstream and and they can affect multiple systems of our body.

Now women in menopause now because of their decreased hormone they have immune dysregulation. They can be under oxidative stress and inflammation. Not only that, but they can also have high levels of lead more so than other people.

Now this is because as we're exposed to lead, it then goes into our bloodstream and and then it gets deposited into our bones. So our bones are a repository for lead in particular, not very many other metals but mostly lead.

Then due to menopause and the lack of hormones, not only are we in immune dysregulation, but we start to lose some bone. And as we lose the bone, then the lead that was stored in the bones, it starts to leach out and we can become our own source of toxicity for lead.

Now, it might sound like it's kind of out there or this has got to be rare, but it's very, very common. There's not one woman in my practice who is perimenopausal or post-menopausal that that I don't screen for LED in the blood and in the urine.

And it is so common that I see women with low hormone and high lead, and you want to put those two pieces

together and wow, that's a lot of oxidative stress.

That's a lot of immune dysregulation. Putting those two pieces together and high lead, not enough hormone compromised immune system. And now we've set the stage for further diseases to take place down the line.

Yeah. And I think about it like because in our 50s you know even if you're in your late 40s or your 60s, we we grew up lead was so ubiquitous because they were the lead pencils, the lead newspaper, the lead gas, the lead spraying lead was everywhere somewhere.

So we all have it in our bones, right? And now we start losing bone. And so we start exposing ourselves to lead from the inside. And so it is really I see it to constantly I, I don't really see anyone who doesn't have lead in Mercury at this point.

Me too. Right. It's so common. Yeah. Once in a while I see someone who doesn't. Right. And so we do the pretest to see if they're getting the acute exposure.

And then we challenge with something like DMZ. And then we collect the urine for six hours after. And once in a while I'll see someone I don't know if.

Do you see this like where they won't have led or Mercury and my brain immediately goes, oh, you must be really shut down and not able to detox. It doesn't go like, oh, you have no letter.

Heavy metals, detox, and drainage

Like it's just not possible, right? Right. These people aren't able to excrete very well. We can look at their genes and we'll see. They have they have snips or less than optimal genes of detoxification, particularly in the metals or in other substances.

Or they have snips in their, in their inflammatory pathways or their endocrine pathways. And it's actually not or it's usually and these people will have less ability to, to detox.

And then, then I look for the mineral status and their amino acid status and their be vitamin status, because these are the cofactors they need to detoxify.

So if we're not seeing anything straight excreted, then then I'm wanting to shore up on all of their their detoxification cofactors. Then we can test again and then we'll see that those toxins are actually excreted.

So golden nugget right there. Right. Because I, I'm sure there is lots of listeners who've been to, to a practitioner who maybe doesn't have the experience or knowledge or years of practice like we have.

And you know, they've maybe had a test and been told, oh no, you don't have any issue, but it's just because of what Doctor Nafisa was saying. It's not that there's not an issue.

It's actually almost a worse issue because you're not excreting in your I call them, you know, patients. I feel like that they're like instead of a garbage collector, they're like metal collectors.

They just collect everything and hold on to it. Right. And so they can be more sensitive to MPs or more sensitive to a vaccine or more sensitive to infections, because now they've got further immune dysregulation.

And these are the people who we have to detox so much slower, because if we try to give them a glutathione, which is say that one of the end products of methylation or one of the end products of the detox cycle, they're going to start to mobilize toxins really quickly.

And in a body that's maybe 50 years old, that's done that very slowly. When we start to move those toxins quickly, things backfire. So we have to be so careful and low and slow with these patients.

Exactly. So can you talk about before I have a number of questions, but I think what you're talking about so important and I know you talk about this and I love the, you know, pre toxin.

Right. We have to pre talks before we detox. We have to open things up. So can you just talk about what that means and why that's important. Because if you are detoxing and you are struggling there's probably a good chance that you're being pushed too hard and you haven't pretext.

And I feel the pre talks is often more important than the detox, right. Like it's. So could you speak to that. Yeah. So I think that's very very important.

It's been something I've been thinking about very very deeply for the past many years because I've seen many patients who come to me for detox or they need detoxification therapies because they're, they're toxin levels are very, very high.

But they might not be ready. Maybe the patient has constipation. So if the patient is constipated and we start to detoxify them, we're pulling toxins out of their cells to then get flushed out of their system.

If they're constipated. Those toxins are just going to recirculate or if they have a genital urinary problems, for example, maybe they have, recurring urinary tract infections, or maybe they have interstitial cystitis.

What if that area is inflamed and I'm trying to flush toxins out of the system. It's just going to further irritate the bladder. Or what if the patient has hormonal imbalances and I haven't balanced those hormones or hormones very well.

The patient is already in a state of immune dysregulation. We pull toxins out of cells to detox. It's going to create further immune dysregulation. So so I go system by system, assessing what's happening with each patient to make sure the systems are balanced as much as I possibly can before I start to detoxify the patient.

And this is when patients start to feel good during detox. Like many patients they've come to me and and you I'm sure to. And they say, you know what?

Don't do that to me. Don't give me a detox. I tried that before. It was horrible. Right. But it was like, okay, I tell them, you know, that was the right thing for you, but just at the wrong time. So it's crucial.

I had a patient just yesterday who I had done all her drainage remedies and, you know, detoxing her for a couple of months. And I was ready to now move on to doing some deeper work and some suppositories and some more chelating agents.

She was like, can I just like I feel great. She's like, do I really have to do anything else? Can I just keep doing that? And so you, you know, when you help someone to just have their kidneys excrete and their gut moving and their lymph and their bile like that alone can really help you just feel so much better.

And I was like, I'm glad you still feel that. We still have to do the other stuff because we still got to get the metals out, but end. You said lymph because this is a huge one, right?

Like a lot of patients have have lymphatic back up like right around right around right around the neck and in or I mean really anywhere. But when it's here in particular they're going to feel a lot of brain fog and, mood issues.

And that might not know why. And we just don't we just don't need more toxic backups. We're trying to get everything flowing. So that's really important as well. The.

Yeah, I think you and I definitely look at the body the same way and it's often not so much. I think functional medicine is always about putting in putting in.

You need this. You're but first to get a have a field and a terrain that can actually accept those things. Yes, I think

that's what the functional medicine misses.

Right. Like they're a good entry way, a good entry way if you need if you need some help balancing your system. And it works for people. But when people have bigger things going on, and I think more people do nowadays back to the toxins, because we're all living with more toxins.

This is where I believe, and general functional medicine just doesn't doesn't quite have it yet because you need a lot of training, a lot of experience, but in environmental medicine to know what to do here.

Exactly. So let's let's keep rolling along. Let's talk about Lyme disease and just how you see that in women who are perimenopausal menopausal and just, you know, tips on Lyme disease in general, because that's such a huge topic.

And I think it's not something that is often part of when you go to someone for help, that they're even looking at that or thinking about that. Right?

I think the first thing to say is that there can be some, some similarities in symptomatology because there's immune dysregulation that takes place in both.

So I'm talking about chronic Lyme disease. Now there can be autoimmune manifestations in chronic Lyme. And of course we know there can be autoimmune manifestations in menopause.

There can be immune dysregulation in both. So then we can get symptoms that are similar like brain fog, sleep issues, mood issues, aches and pains, gastrointestinal tract, gastrointestinal issues.

So when the symptoms look similar, you know, it might be tempting to go in and chase that Lyme diagnosis. But usually I'm not doing that yet. I'm working on on I'm first starting to work on that promotes work on the microbiome.

Now, if I do those things, I correct for those things. But maybe a woman or her brain fog is better, but she still has pain and she still has really volatile moods.

Then I'm going to cast a wider net. That's what I'm going to start looking for. Other chronic infections. That includes Lyme disease. So there's that. And another thing is a lot of women and I'm sure it's for you to share.

And they come to our practice. They're in menopause and suddenly they're not. Well like sign right. We do. We do those things. We work on their hormones.

We work on their gut. We do the the general naturopathic or functional medicine things we need to do at first. And if something isn't right, then we're casting the wider net and and we're looking for the diagnostics.

And lo and behold, very often we're finding that a woman suddenly has Lyme. How can that be? Right? And I tell my patients, look, you're you've now hit menopause and you don't have enough hormone.

Now your immune system is affected again. The immune dysregulation, the inflammation, the oxidative stress. There's that going on. And now you probably have some lead.

Let's check. Oh yeah you do have lead that's going to create more inflammation in your system. And so now you're in chronic Lyme. But it's not that you just got bit last week or last month or even three months ago.

It's very often the tick bite you had a decade or decades ago when you forgot about it, didn't even know you had because it could have been like behind your ear.

You didn't know, right? And our immune system could keep it in check because we had the hormones on board. Right. But without the without the hormones.

And we've got immune system lacking, suddenly you can be in chronic Lyme and you never knew you had it in the first place. Exactly. That's such a good point.

I was going to ask you that, so I'm glad you brought it up. That. Yes. So it can it can be from a bite a long time ago. Because I'll have a patient. Well, I haven't had a tick bite.

And it's like, well, you don't know when you did. It could have been a long time ago. And so really it really makes, women more susceptible. And we see that.

So I'm curious, you know, in this day and age, I feel like I can have a conversation about chronic illness without asking, like, what's your experience with, Covid and long haul and vaccine injuries?

Lyme disease, chronic infections, and long COVID

Because I know for you two, I don't even have to ask because I just know the kind of doctor you are, like, it's in our docs now. It's in our differential diagnosis. It's something.

It's changed. I mean, I've been practicing for 22 years and it's changed the way I practice. Right? Like the first time where something's come along and it's just, like, blown up and changed the way I practice.

Yeah, it's the it's a layer on top of every patient's case. Exactly. I'm looking and there's no way I'm ignoring that. I'm asking when do you get vaccinated?

When did you get Covid? And and then looking at a timeline like what? What happened after these events? I've seen a lot of, long Covid in my practice.

And that can be post, post the illness itself. But post the infection or post vaccine, I myself had a vaccine injury. So did my daughter. So did a lot of people.

So yeah, I'm seeing it a lot. And it's on the top of my head. Absolutely. And I'm testing. I'm doing the micro testing, I'm doing a long haul panel, and I'm seeing a lot of people with with micro clots in their blood.

It's not the kind of micro clots for our audience. I know, you know, sharing, not the kind of clots that are going to dislodge and cause a stroke or a pulmonary embolism, but the kind of clots that, that, that get stuck in your blood vessels, they're tiny, but they they then contribute to further information that the spike protein has already caused.

So then we work on dissolving this class. But when I see those micro clots, I know what that's from. Right? Like it's from something during this pandemic.

So for the people listening are there certain tests you can recommend that they could jot down to ask their doctors to run on them. Yeah. So the, the med, it's called the micro test I think it's by med health clinic.

It's by Doctor Jordan Vaughn's clinic. Not every you can't just order it. Doctor has to sign up with Doctor Vaughn to get test. And then the the long haul panel by Radiance Labs.

So those two can give us a good idea. And I wish we had more testing. We're not there quite yet, but but looking at those two labs, we can we can get an idea.

Yeah I've been running also just general like fibrinogen and DNA compares and you know you can see a little in there. It is quite an it's like you said it's not just vaccine injuries.

It can also be you weren't vaccinated but you had the virus. And what we called the great unveiling. Right. Where if he was just simmering below the surface, it pops it up, whether it be Epstein-Barr, an autoimmune issue, an underlying cardiovascular issue.

And so it's really changed it. It's frustrating how much it's changed our health. And right, all all these things that were low grade mean maybe a person couldn't sleep well, or maybe they noticed they had some hormonal dysregulation.

But then along comes Covid or perhaps a vaccine in some people and and in to use the word you, it's it's a great word. It unmasks it unveils everything that was already there but that the immune system could keep in check.

So we see dormant viruses wake up or dormant Lyme wake up. And when you're checking for Lyme because I want the listeners to also understand like a lot of the testing we're doing is not just like what your general practitioner is going to do for you.

So when you test for Lyme, do you use I Gen-X or do you use vibrant or what's your yeah choice for leaning towards I Gen-X. If somebody has has the money to spend on it.

I like tick borne disease. Panel ten is it's going to give me a lot of information. Excuse my voice. I'm losing it. But I'm still here. So it's going to give us a lot of information on Lyme and its co-infections.

And it'll give us an idea of if somebody has had it and if they currently have it. And I also like to use the infected lab panel. It's looking at T-cells, interferon gamma and interleukin two to see if somebody is actively fighting it right here, right now or if they've just recently seen the infection.

And there's a little bit of inflammation left over after the after them screening with, tick borne disease panel ten by Gen-X. And then after treatment I'm retesting just with infected lab to look at what's active and what's not.

And what are some of the treatments you offer for Lyme. And this is a huge question actually. It's very often that I'm I'm treating it indirectly, and I don't even need to go ahead and treat it because because there are so many other issues that are making somebody susceptible to chronic Lyme.

In fact, I don't even think that Lyme disease is the correct name for it. Once it becomes chronic, it's every system is affected. In calling it chronic Lyme assumes that there's one diagnostic and there's one system affected and there's one treatment, and it should be the same for everybody.

So when it comes to a diagnostic like chronic Lyme or other mystery diagnoses like long-covid or for myalgia, chronic fatigue syndrome, there's usually multiple root causes.

And I know you know this, but just for our audience, there's usually multiple infections. It's not just Lyme, it's often Lyme and it's co-infections. Patients have parasites.

Fungus is high viral loads, bacterial loads, all of this all at once. And in multiple systems of the body, the gut, the genital urinary system could be the lungs.

Often the sinuses in the mouth. So we we have to scan the whole system to look for these chronic pathogens that these patients might have. They have multiple environmental toxins, not just lead, not just mercury, but many metals, microplastics, glyphosate, EMF sensitivity.

They have structural integrity issues. We talked about that earlier as it relates to the lymph even. Right. Like lax lax ligaments or tight tissues. That's affecting the whole system.

They've got trauma. It could be adverse childhood events or the trauma of being sick or current life trauma. So all of these things together are going to create immune dysregulation.

Even one of these chronically is going to do that. You put that together and that immune dysregulation is going to create inflammation that is now systemic.

It goes through each of the systems in the patient. And the final diagnosis is really about inflammation meets the

genes. Okay. So back to the question of how do I treat Lyme.

Well because I don't think it's only Lyme I think it's it's all I don't think I know it's all of these things when a person is chronically ill, I'm working on every system and all the things that I find it typically modulating the immune system first with peptide therapies, I'm then detoxifying and, and then if I need to, amusing herbs to treat Lyme or peptide therapies that are broad spectrum.

If somebody has neurologic Lyme, our clinic does offer I. V. antibiotics. In those cases, we don't like to use oral antibiotics very much because those really trashed the gut.

And I've seen a lot of patients who've come to me that have been on oral antibiotics for a year or years, and they're a mess. They have to undo that mess. Right?

So sometimes antibiotics are needed, of course, but most of the times I don't need to do that because I'm working on the whole terrain. Yeah, I find that I don't just need antibiotics typically a little treat.

Someone has a chronic illness or Lyme, and I find that can compound the problem and right, well, deficient forms and create more autoimmunity and more chaos.

So yes, absolutely. So any last as we're kind of tying this all into a big bow, we've kind of cut. There's like like we didn't lie. There's a lot of golden nuggets in here.

But any last words of wisdom or things you want to share that I didn't ask you about? Yeah, I will let people know that there are solutions. Right. So, like the places to start at home, of course.

Clean food, air and water, organic food, filtered water, air filters, personal products, makeup. That's that's green. That's clean. You can find that on the website.

Those are the things you can do at home. And a good entryway is, is to work with a good naturopathic or functional medicine doctor. But if you're not getting anywhere after that, that's when you want to see doctors like Doctor Stills and myself.

Because we do a lot of environmental medicine. We work with chronic infections, we use naturopathic and functional medicine as our base, and it's a great foundation.

But there's so much more that we do and that we have experience with. But, there is hope. I want to make sure, you know that there's so many shelves that you can reach for, right?

Starting with at home. And there's always hope. And I know I'm glad you said like the trauma of being sick, because when you're sick and you're chronic ill and you've been from doctor to doctor, it's easy to lose hope.

And so I hope you take from this that there are other ways of viewing the body and that there there can be hope and we can get used to. I know what it's like.

I, I spent three months on my back in bed with chronic fatigue and Epstein-Barr and, you know, while neighbors were helping me to raise my children, this was, you know, years ago and Covid and I'm not vaccinated, but Covid, I had Covid and it unveiled my Epstein-Barr from 30 years ago.

And so I had to re deal with that. And so I know what it's like to be sick and feel like, oh my God. And I am I ever going to get better? And am I ever going to, you know, be able to do more than just make it for a shower?

And that's my event for the day. So I hope you know, there are there are things you can do. There's always there's always something that if you're not better yet, then there's something that was missed.

There's some realm, whether it be looking at your emfs or chronic infections or whatever it is, your emotions or

combination of all. Like Doctor Nafisa talks about, that there's always hope for you and that this time, menopause, you know, is a beautiful time.

Hope, aging well, and where to learn more

But it's also a time to really make sure you have your immune system, your hormones balance, because that's going to serve you. So you can, you know, just coast into your your sacred, sexy years.

And, and and I'm happy you called it that. Right? Because this is something I want to end with. Actually, we're taught that we're not supposed to be sexy anymore.

We're not supposed to feel that anymore. We're supposed to kind of, like, fade away. And these are the invisible years. Absolutely not. Right. It's our time to shine and to feel that energy to feel good.

And the performance will help you do that. We don't need to suffer. So we're taught, right? This is just aging. Just it just age naturally. Well, you know what now with with some some, some science, we can have natural aging take on a new meaning, right.

Because we're using hormones that are bioidentical in nature. Yeah, they're made in the lab, but they mimic exactly. That's what Doctor Sharon and I use the right hormones that mimic exactly what we make.

So we don't need to live without. We don't need to age in a way that we're told we're supposed to. We can. We get more freedom around that. And I find that to be very exciting for women.

It's an exciting time because we can offer this to women. Exactly. We don't. I say we are. We are this new generation. We have this unique opportunity and ability to change the way we age and change the way the future generations view aging, that we really can turn the page and turn the dial.

And I think about that with my my granddaughters, how they look at me and my granddaughters. Because how old are you, baby? I'm like, I'm 56. You're 52 years older than you.

And she's like, all right, can I climb on your back and play horsey? Like, you know, she it's just, you know, she just sees me as vibrant and playing with her.

And so I'm doing my little part in my little corner of the world, you know, these two little beautiful granddaughters are mine. You know, they're growing up thinking differently than what I thought about aging because my grandmother didn't get to have bioidentical hormones.

And, you know, she was she was old when she was eight, right? Yeah. And I'm, I'm, I'm almost 50 and I, I thought that that was old the back 15 years ago.

Right. And now I'm like no, I refuse. Exactly. I, I read a thing on and I was like on Instagram or something said something like, old age is always now 15 years above, you know, where I'm at.

And I was like, yeah. I was like, I love it, right? Yeah, because I do. I remember being a a child and thinking 40 was like, you know, that was the end of 40 was the old exit.

Right? And I just feel like the decades keep getting better. And I, you know, now I just turn 56. We're filming this, a little before we're airing. And so I turned 56 in March, and I was like, oh, I went from being, you know, 55 double nickels to 56.

And now I'm like, I'm in my late 50s, right? I'm heading towards 60. And instead of being a bummed out about, I'm like, oh, 60 is going to be such a such an amazing decade.

I'm enjoying my 50s, but every decade just seems to get better and better and better. And so I think that obviously

all the things we talk about. But bioidentical hormones are definitely a huge hunk and piece of pie that helps to to create that.

And no one needs to suffer. So thank you for thank you for that's the perfect bow to wrap an amazing conversation. So where can women who are struggling, who are having, you know, difficulties, where can they learn more about you and work with you?

Yeah. So I'm in Gordon Medical and the website is Gordon medical.com. We're in the San Francisco Bay area. People come from all over the country, all over the world.

Actually, we have complex chronic illness to work with. Myself and all the doctors at our clinic. So, yeah, you can find us here. Lovely. Gordon. Medical.com.

So if you are struggling, I have now given you a source to help you. So check them out. Check out doctor. An office. She's hosted her own summit. So you can dive in deeper and learn much more.

And thank you for being here and at this, I, you know, I'm like, oh, I love to hang out with you. I love to chat with you. It's always nice to have, a like minded doctor and girlfriend and someone who really gets it.

So I appreciate you so much. And thank you. Super busy and coming here and sharing with my audience. I so, so appreciate it. So thank you. Thank you. I appreciate being here and I just always have so much fun with you and I'm looking forward to more.

I could have talked with you for another hour, but I know I'm not allowed to do that, so we'll do like. And thank you everyone for being just like a giant love fest.

I love you all too. Thanks for being here I do, I think it's just amazing that all of you come and take the time to listen to the interviews. You know?

I know you can be doing so many things and you all have busy lives and that you are a caring enough about yourselves and your health to spend time here at the summit learning and growing with us.

So, kisses to you all too. So we'll be back, with another interview, and we'll see you then.