The Path to Progress: Empowering Type 2 Diabetes Reversal with Medical Weight Support Transcript

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Introduction to diabetes and weight

This is doctor talks. Real talk from real doctors. Only issues that matter to you most. All right. We are going to be talking about the relationship between type two diabetes and weight.

I have a wonderful guest with us, doctor Beverly Yates, and she's a licensed doctor of naturopathic medicine. She's the nation's leader in online type two diabetes care.

Her virtual practice has programs and supplements to help people lower their blood sugar naturally at home, without ever having to step foot in a clinic.

And she is on a mission to help 3 million people heal from type two diabetes. So thank you so much to for joining me, Doctor Yates. All right. Thank you so much for the invitation to be here and be a part of this summit.

And, you know, I'm looking very much forward to our conversation because, you know, we all know that there are concerns with diabetes right now, the concerns with weight management, all the things they're super popular in terms of what people are paying attention to.

That also means there's a lot of myths and misunderstandings. So I'm really looking forward to our conversation. You're popular and I'm glad they're popular because they're really important.

Right? I think the last, data that I checked about 1 in 8 adults in the United States has type two diabetes. So isn't that like a rare condition? It's something that probably all of us should be paying attention to because it is so common.

If we don't have it, probably a loved one or a friend does. Yeah, yeah, I've gotten incredibly common, and it's also gotten a lot younger. This used to be an illness that, you know, happened to people maybe in their 60s, 70s, 80s.

Now we see kids as young as eight years old being diagnosed with type two diabetes. I find that shocking. It's not sustainable, you know. So thanks for partnering with me about getting great information out to the public.

So what do you think in terms of some of those like myths and misconceptions? What are some of the most common things you see that doctors and other health professionals get wrong when we're talking about diabetes and weight?

Yeah, I think that some of our messaging is simply not helpful or not accurate. I think the messaging that isn't helpful versus what is. Right. So let's start with there some of the simple things around eat less and move more.

That's the message from over a century ago, started back, I believe, at around 1915 and was popularized certainly in the 1950s, 60s and 70s and in today's complex world, with all of these strange chemicals that we're affected by and all these other things that have, you know, really dramatically shifted it.

Myths, blame, and caregiver burden

I think that that's part of the conversation that isn't commonly being talked about. So that's one a good thing about the messaging is personal responsibility.

Obviously, we need to prioritize our health and do our self-care. But sometimes I find in the clinical setting, people are never being asked like, what's the back story?

They're being judged the moment they walk in, you know, the doctor or the nurse at the health professional sees the diagnosis and just assumes they know that this is how a person got there.

And the presumption is almost always that the person has parted their way to this diagnosis. And I found with the people that I've worked with over the years, that's not often the case.

I've been kind of I've been really surprised. It has motivated me to think better and to think more deeply about what's going on, like the root causes, you know, and I'm finding that often these are the people who are the rock in the community.

They do a lot for a lot of others, but it means they also don't maybe have enough hours in the day for their own self-care. They may or may not have the money or the information and education and frankly, the life energy.

They're often exhausted and tired. It takes energy to care for yourself. It's no joke. This is so behavioral. I was listening to a colleague and a continuing medical education event this weekend who said it so clearly, which was the whole concept of you cannot take enough, medicine or supplement, etc.

to get out of this problem, you have to pay attention to the lifestyle side, including your choices, which means it's constantly in front of you. This has a mental health aspect.

People sometimes feel really depressed or anxious because they feel like they're constantly in in performance mode, and if they don't have a clear plan for how they're going to, you know, deal with this, it's a downward spiral.

It's understandable we're human, but we still have to be able, as colleagues, as medical and health professionals, learn to talk to people in a way that is inviting, that is inspiring and helps them to understand that they absolutely are the star of their own healing journey, that they're accountable, but not in a way that blames, shames or judges.

It's not helpful. Instead, lift people up. Most people, you don't need to put your foot in their butt and be mean because frankly, you know, frankly, their inner thoughts, what's going on between their ears, they're already beaten themselves up.

They don't. I mean, I couldn't agree more. Oh my gosh, so many gems there. You know, one thing you pointed out that people don't very often, and I see this very frequently for my patients, is a lot of the people that struggle the most with healthy behaviors are doing so many things for other people.

They're the moms that are so busy taking care of the kids, the kids that are taking care of aging parents, the teachers, the people who are working so hard to care for other people and they are not treating their own body the same way.

Yeah. It's true. I've been amazed at that thread. You know, the caregiver and the first responders, the people that we other people rely on. And so, you know, one thing I'd love to shout out here, just because it's, it's right at the tip here, is for those of you who benefit from somebody else being rocked in the community, if you are healthy and able to, please join in and take some of the load off their shoulders.

If you're a sibling and you have another sibling who's doing all the work for mom or dad who now is in need of help, join in. Don't turn your back. Don't not spend.

Respond to the text messages or the DMs, etc. please be a part of the solution. Because if you're wondering why someone isn't taking care of themself and might be because they're too busy taking care of everyone else, exactly.

You know, like, I just think if we think about this a little more holistically, the answers and the solutions are there. We can we can do this, but we have to think about this in a different way.

What we've been doing has led to an explosion. So we want this to be better. We're all going to have to cooperate. And I also wonder if you will speak a little bit more about some of those things in the environment, that our we, you

know, would look like they're triggering type two diabetes.

And I think that twin pandemic of, of obesity. Tell me a little bit more about what some of those things are. Yeah. So when we're looking at, you know, losing weight and being able sustain it, you know, releasing the weight and keeping it off, etc., we're fighting against the very real tide.

Much of it is invisible. And that's why there's all of these strange chemicals that we're now all affected by, whether they're in our air or they're in our water, they're on our clothing.

You know, they're in a lot of places that aren't obvious. And I tell people, stop being paranoid to keep reading labels. Some of them are labeled as forever chemicals, the PFAs kinds of chemicals.

Environmental factors and hidden fat

There's others as well that have their own, effect. There's the ZnO, the, you know, estrogens, you know, testosterone. You know, progesterone is like the Xeno class of hormonal agents where some of these chemicals mimic.

And unfortunately, take over the receptors for what would naturally be our hormonal balance, pushing us out of hormonal balance. And, you know, for those who do all the right things and find they're still struggling, it's a great place to look at, you know, whether or not you need to consider a detoxification regimen or maybe, you know, get some water filters, things like that.

I, I just feel like the world got a lot more complex on that angle. You know, once the US, it's hard, you know, if you are conscious, like, it can be hard to completely avoid those things. Right?

Because like you said, they're basically invisible, right? Like they're they're hard. And then it's another reason to remember, like, we can't blame ourselves too much.

We can't blame and shame ourselves too much or our loved ones either because, some of the things we've been exposed to, I mean, it's been out of our control and now we we have to deal with the consequences of that.

Yeah. And so our health may well be hijacked, whether it's something that others can look at and assess, you know, the external factors like weight if someone is overweight or obese or if someone is skinny fat, maybe they carry a lot of fat in their abdomen, but it's not a punched out belly.

Instead, it's right around the organs, around the visceral area. It's stuffed into the liver, but it's not visible from the outside, and they may have just as much of a problem.

It's why everyone deserves an objective assessment so that we don't make assumptions about who's got what. I love it, yes. And so making sure you're working with a health care professional who is not making assumptions that you trust, and that's listening to you.

Tell me more about that intersection between type two diabetes and weight, and how they overlap. Yeah. So it's really interesting, you know, that with type two diabetes, there's about 40% of people with type two diabetes who cannot buy a pound.

They're not overweight. And the other 60%, the majority absolutely have struggles with weight. And that's the part that's visible where other people, you know, sometimes feel the need to comment on, but in a way that's not helpful.

So instead of just saying, hey, how are you doing? How's your health going? I you know, I have some concern. I don't know if it has any validity. You know, like don't make assumptions versus, you know, oh my God, you've let yourself go or whatever it is.

Somebody has to say that. They seem to think it's helpful. Don't know what gets into people. Folks should have more sense now. So that overlap between diabetes and with obesity, some of it is the interplay of inflammation, the background kinds of, stew, if you will fire, that can burn in the body and burn out of control.

Now, to be clear, I want to make sure that people understand there's kinds of inflammation that are good. For instance, if you get a paper cut on your finger and your finger nips up real nice, real quick, you know, with your clotting factors, etc., that's inflammation in part, your immune system has sent the soldiers to say, hey, is this an infection?

No, we just need to knit up the skin. Great. And that happens for us. We don't want to turn off that kind of inflammation. It's lifesaving. By the same token, the other side, everything seems there's at least two sides, two aspects to it.

Sometimes more. And some inflammation can really be a problem. And that's what can lead to heart attacks, to strokes, the inflammation it causes people to wind up on dialysis, loss of libido.

Their nervous system can be impacted and then they wind up in property.

Diabetes, obesity, and inflammation

So with diabetes and with weight, there's this thing where the interaction of our sleep over our nutrition, of our stress levels, of our exercise and strength training and our meal timing, those five pieces of the eighth protocol really make the difference, you know?

So if you can get at least 2 or 3 of the five put together, usually you can make a really profound turnaround, but it will take time. It took time for things to get out of balance.

It takes time for things to come back, to balance. What are some of the hormonal overlaps between type two diabetes and weight? Well, I think part of that conversation really needs to look at it from the point of view of the lens of insulin sensitivity, insulin resistance, and whether or not the things we are doing are helping us to be harmonious and in balance with our insulin responses to our life or out of balance, whether it's our foods, whether it's our sleep and sleep quality and sleep quantity, is it our stress reactions, things like that.

So if we're eating foods, for instance, that provoke a big response from insulin as a hormone, it means it's far more likely to put the weight on after you've met your needs for nutrition for the day.

So if you are eating foods that are simple carbohydrates, sugary, sweet, or savory and, mommy like, you know, biscuits and gravy is a great example, right?

If you have too much of that kind of thing, you're absolutely going to start to gain weight because you've more than exceeded what your body needed for its actual energy needs.

And whenever there's excess that way too much blood sugar, too much glucose and insulin is grabbed it up. The cell has gotten resistant to taking that energy inside.

So instead it goes to be stored in the liver or other places into its storage form. And it's ironic because with diabetes, if you think about it, there's so much stored energy.

I think of it as potential energy. Part of that's my engineering background. And that potential energy is not available to people to feel great, and instead they get dragged down and they're tired.

They exhausted. It's a very real kind of feeling of fatigue. It's ironic, but the good news is you can turn it around and it's going to be on a lifestyle side for sure.

Well, let's talk about maybe some of those strategies for turning it around. You mentioned the Yates protocol. What

are the strategies the utilize to help people turn around their type two diabetes?

Number one, the bullseye to target. And by no means the only thing you do, but a really key aspect is going to be nutrition. The food you eat and the things you drink will have a profound impact.

Yet now, usually what I've seen of late, in the last 20 years or so in working with people with type two diabetes, it's not the kind of thing where only food needs to pay attention to.

Again, our world is more complex, but it's central and you need to look at specifically what is your insulin response? What is your blood sugar doing in response to what you eat?

I have seen in the last 20 plus 30 years now, clinically, people sometimes have unusual reactions to otherwise what most of us would think of as clinicians as healthy foods.

This has been such an eye opener for me, and it's one of the reasons why, if possible, I'd much prefer for the people that I work with. If we can use a CGM, a continuous glucose monitor, because then we're going to get actionable insights in real time to be able to figure out what's working well for them and what's not.

You know what? If you're eating broccoli or you're eating cauliflower, you're eating spinach or kale or quinoa.

Insulin resistance and individualized nutrition

Otherwise, for most people, low inflammation, no inflammation, foods that are deemed healthy and for whatever reason, your blood sugar is spiking. In response to that, I can think of any number of folks that I have as friends who are well known people who have put on the CGM and have gotten their eyes open on my kale and spinach smoothie, is actually the problem versus it's great for me.

I should keep doing it. You know, I say test on guess, find out. And that's probably why we haven't been able to figure out the best diet. Right? People, I'm sure people ask you this all the time.

What's the best diet? I'm like, well, it's going to depend on you, right? You know, there's some basic principles eating more whole foods, eating, you know, a balance.

But like I agree, we have new technology. These continuous glucose monitors. And, you know, one of my patients was really interested to find out that the cherry tomatoes she was popping all day were just massively spiking her blood sugar. Right. She's like, oh, I thought that was a healthy food.

I was like, well, maybe you need to do a little more moderation with that particular food, right? So, it really is a game changer for people to see how their body responds.

And from that point of view, thank you for bringing that up. Here's a point for everyone to understand. What does moderation mean for some people it's super sensitive in terms of portions.

And so it might mean that a half cup of say brown rice is fine. One cup is kind of okay and two cups is too much. Maybe you can't even look at a white potato, or you can have a white potato mixed with cauliflower half and half, 5050.

Right. You know, again, if you're testing and you're looking at your results on your continuous glucose monitor, you should have a great idea about what works for you.

And always remember, there's a 15 minute lag when you're using a CGM. It is not a real time device. It's a 15 minute lag because they're not looking at your blood.

It's looking at actually a fat cell. So wherever you actually have placed it, it's getting information. So 15 minutes, then you're in what's actually happening for your blood sugar.

If you want real time then you use fingerstick get a drop of blood, put it on a test strip, insert it into the glucometer. So nutrition key and individualized nutrition.

What else is part of your protocol. So other things that are part of the protocol include talking about sleep, working with people on stress, making sure, heaven forbid that the two aren't interacting at the same time.

Because if they have a problem with their sleep and or they have chronic levels of high stress, that they're not able to really resolve and heal from those to either one of those two in heaven forbid, both of them can run off with and hijack your blood sugar pills make a difference.

So which one would you like me to talk about next? Let's talk about sleep. Okay, so sleep is where all the healing happens. Sleeping is healing and healing and sleeping.

Having said that, having enough time and the way I've been described, I mean, of late with people is giving yourself enough time when you go to bed to have the opportunity to get a full night's sleep.

For some of us as adults, that's going to be seven hours. Other people, it's going to be more like eight hours. Some people could be as much as nine. Whatever is the right time window for you if you have teenagers in your care, they're kind of like toddlers in terms of their sleep needs.

They need more sleep. Ten hours is appropriate for a teenager, just like I was a toddler. And in your sleep, it's a massive opportunity. Every night, your body's inviting you to hit the reset button so your blood sugar can go back to a healthy, normal level.

When you awaken in the morning, you're doing a reset or restoration, a repair, if you will, of your entire body when you're asleep, and if you eat too late in the day.

That's the meal timing aspect. That's one mistake people make. You don't get enough time by the time the morning comes to get up to have the reset happen, right?

Which is why there's nutrition. There's going to be meal timing, there's going to be sleep, right? These are all part of the magic that let your blood sugar get to a healthy level and hopefully stay there overnight.

And I'll add to that when we're thinking about like, you know, to be able to eat healthy, we want our hunger to be managed right. And so when we don't get good sleep, even when we just miss, you know, 30 minutes of sleep, we have studies that show it dramatically changes our hunger hormones.

And so it's much harder the next day to make healthy choices, whatever those may be, that we've decided are the good fit for us.

Sleep, hunger hormones, and cravings

You know, those cravings sneak in, we get more hungry when we are not getting good sleep either. Yeah, that's another piece with sleep and it's interaction.

This is where sleep and stress can can interact. Let's talk about the sleep side. And that's with the hormone ghrelin. Ghrelin I love the name because I think a greater stomach is growling birds.

That's how we remember ghrelin for growling right. So if you get problems with cravings you have problems with overeating. You have problems with hunger.

Your hunger hormone is highly activated and turned on. You know, look at your sleep quality and quantity. Look at your stress levels. Because those have an intimate relationship with ghrelin, and that could be part of the struggle.

You can resolve it, but just understand it's not that you lack willpower. Willpower is not helpful. It's not part of this

conversation, that's for sure.

And in that it's your body responding to the signaling and said, I did not get a good night's rest. Therefore my melons out of balance. Yes, the next day I want to eat a lion or a tiger and a bear.

Right? These are very real feelings and it is hard, I think, to for many people to be successful in the face of that. That's real. Absolutely. So then the sort of twin that you keep mentioning of stress, tell us a little bit about how that affects diabete, how that affects weight, how that affects appetite, all of it.

How does how to stress play it here. Sure. When we say stress yeah. All the things. Right. So if you think about the interaction here let's look at stress as a standalone.

And I'll tie in with sleep. Stress is to me the thing that can hijack your blood sugar. And it's like a thief in the night. Sneaky. But there it is. When you have chronic levels of stress, especially if it's really severe and you're just pinned high for whatever reason, or if you've had one or more major traumas in your life that you haven't really recovered from, you're more likely to be insulin resistant.

That insulin response that we first started talking about now might already be a bit, it is disrupted and with that, then this can get really magnified.

So if you have high levels of what you perceive to be stress, and stress is a lot like nutrition. It is individualized. We have bio individual responses to stressors.

The person who was a preschool teacher, who loves to be around young children, is got a different response to those little kids than someone who can't stand kids.

Same way if someone is a professional mediator and they enjoy conflict and they enjoy helping people resolve conflict and other people flee the second they think there's conflict, someone who's a Navy Seal, right, can go into very dangerous situations and they are calm as can be.

Other people look at it on a movie screen and their hearts thumping and then frighten them. You know, we are so different in how we respond to stress and what we perceive to be stressful.

But meanwhile our body's still responding. So with stress we have a rise of a hormone called cortisol, a neurotransmitter called noradrenaline. All sorts of good stuff happens with that, though.

The interesting thing is cortisol, in my opinion, puts us into superhero mode. And this means we need to have access to quick, easy energy. So when cortisol goes up so does blood sugar and glucose goes up.

And it should. The problem is, if you've chronically gotten this going instead of your blood sugar having a chance to recover and go to normal, it's just going to stay high.

So then over time, that insulin signal is less and less effective. You become insulin resistant. You're losing your insulin sensitivity. So this is the compromise.

Now what's that got to do with cravings and being overweight and diabetes okay. So the continual rise of blood sugar. Now this is making sense. If you've got a chronic situation, if you are really stressed in the morning, throughout the day, it is very likely that you're going to have problems with cravings and with overeating because your body thinks it needs an infinite source of energy.

Because you're so stressed to things, you're constantly lifting a car off of a loved one and you're not. But it feels like it, right? And so this drive gets the go.

These feedback systems then start to get really out of balance. And so I call it the interaction of the twin gremlins of ghrelin. We introduced ghrelin before with this stomach growling for hunger.

Stress, cortisol, and blood sugar

And then another one to talk about is a hormone called leptin, which is what allows us to feel satisfied, to feel full and know when to stop eating, to feel sated, satiated.

And if leptin is out of balance and ghrelin are out of balance, oh, that's a lot. You're going to have problems with overeating. You're not going to know when to stop eating, and you're going to feel completely out of control.

And some of it will be the root causes might be an issues with sleep. If you have a sleep disorder like sleep apnea, for instance, as a classic example, obstructive sleep apnea.

If you have problems with your stress response, things of that nature, you're absolutely more vulnerable at this time. You definitely are. So what do we do about stress, though?

Because sometimes it feels like it's happening to us. Sometimes it is happening to us, right? Like life can keep on life. And as a Christian man says, right, like life be life.

And so what we do is we figure out what stresses us because we are definitely individuals in what we find stressful. I tried to paint for clear examples of different kinds of things that can be joyful for one person, stressful for another, and in that, you know, get rid of as much as you can.

The ones that don't weren't necessary. Right. So you can decide, for instance, if in your workplace that you know, certain people that you work with are really difficult, do what you can to buffer yourself against them.

Maybe you go to a different work team and you have them move. Maybe you change jobs. Maybe you interact with people differently. Maybe you call in others, perhaps mediator, whomever, somebody to help to untangle it.

Because some people, frankly, are difficult to work with. I don't think that's a secret. That's fine. And chances are you're not alone in your team. If that's the case, if it's somebody in your family.

Similarly, you could try, you know, talking with them, maybe with some other people around, if particularly if they're really ornery because one on one might not go well.

And to say, look, you know, here's my intention, here's what I'm experiencing when you do the following and you know, and invite them to see if they'll work with you, we don't stress the same.

Exercise and strength training are really great to help burn off excess cortisol. However, you cannot exercise a bad diet. So when we're talking about diabetes, if we're talking about medical weight loss, if we're talking about releasing weight and being healthy with whatever weight we've got, we really have to keep it real because you need to have enough going in the right direction for all of these things to work together.

And then look at your portions. You know, maybe you're the kind of person for whom meal planning could be amazing. For some people, just knowing that they've already thought about their food and they no longer have to make decisions about what they're going to eat, is so freeing and such a get ahead of time instead of in the moment, right?

Because when we make it in the moment, it's sometimes it's like we get, you know, bamboozled by our cravings or what's easy or convenient. We've already committed to what we're going to eat, already have it there.

We don't have to think about it when we're hungry or when we need it. It can be pretty life changing. Yeah. Hit the easy button, you know, and this makes you far more, full proof against the incessant bombardment, at least here in the US of advertising that constantly want you to eat stuff that's going to kill you.

So you touch just a tiny bit there on exercise, which I imagine is one of the other components of your protocol. Yes. Yes, it's a key component. But I always let people know upfront, just like, you know, people in the world of exercise

will tell you you can't.

I'll exercise a bad diet. You need time to sleep and recover when you're exercising, right? You know, you talk about all these other pieces. Same thing.

So this beauty of, exercise, especially with an emphasis on strength training, is simply because being strong, doing things to make yourself physically stronger, right.

Why do we even care when it comes to diabetes? Because active working muscles are blood sugar sponges. Now, having said that, if you are using a CGM, do not get confused because when you're exercising, your blood sugar is going to go up.

That is a normal physiologic response. Why is it happening? Because active working muscles are blood sugars functions. So when your muscles are working, your body is beating that demand and it's mobilized glucose. It's mobilized your blood sugar.

It's feeding those muscles. So you can continue to do your work. Whether you're gardening, you're doing housework, you're at the gym. Maybe you have a kettlebells and weights at home.

I had some here, but they're not here at the moment. You know, just whatever it is you're doing that's totally normal. It should go back to a healthy blood sugar range.

If that's where it was at when you started exercising within 30 to 60 minutes or a half hour to an hour. So it's always good to have a glance at your CGM data before you start the exercise, just to see what's going on, you know?

So don't don't think that that's unusual.

Exercise, strength training, and community support

And if your blood sugar is, in a bad place, if you already have type two diabetes, look at your blood sugar data anyway, before you start the exercise, and then see how much of a rise it gets, and then see how long it takes for it to go back to whatever the starting blood sugar level was.

So let's say your blood sugar when you're sitting there, you're not doing anything. Before you exercise was at 150, which is high, but okay, it's that 150.

Then after you do your exercise within an hour, it should go back to 150. Well, Doctor Yates, you do a phenomenal job of breaking down all these concepts and making them understandable.

What, if anything, do you think we've missed, on this conversation today? You know, I think we missed the opportunity to understand the importance of the mental health aspects of this, along with the need for community.

It is really hard to be successful with something that is so centric to lifestyle in isolation. And despite the fact that around the world, there are literally hundreds of millions of people with type two diabetes, it is exploding everywhere, just about right.

People feel alone. They feel like they're the only one and they're not. You know, it's just it's just, an interesting moment. So I'd say do what you can to increase your community and collaboration.

Have an eye on the people around you. Some people will cheer you on and be successful partners and be on the plus side, and some people will want to claw you back into perhaps behaviors and choices that aren't good for you, you know?

So you're going to have to make some discernment about who's on your team and who's not. That's really wonderful advice. And I think important. And I think I like the you pointed out people aren't alone.

I again, I think in the U. S about 1 in 8 people have type two diabetes. And so there's no place for, as you mentioned earlier, blame and shame and judgment about this.

Let's use the tools we have. You've outlined many of them so beautifully and and don't feel alone. And if you need to build that community, build that community.

Yeah, definitely. You know, now's the time. And sometimes people kick this can down the road, or they're working with maybe health professionals who are like, oh, let's just watch your numbers.

You're kind of okay. And like look don't let anybody shine you on. This is one of those silent, sneaky, relatively relentless diseases that just erodes your quality of life and potentially your quantity of life.

And then by the time the big symptoms show up, boy, you're going to wish you had done something about it when you were younger. You know, the number one thing I hear from people, what what do you hear?

They wish they had taken better care of themselves when they were younger. If they had had any idea they were going to live, as long as they're living, they really regret it.

So whatever age you are listening to this, please get going. Yeah, whatever. Age is never too late to make changes. It's never too late to get healthier.

Yep, yep. Lots of resources for Doctor Yates. If someone wants to connect with you or learn more about what you do, where can they find you? How can they connect with you?

Okay, great. You can certainly find me on social media, Instagram or on YouTube at Doctor Beverly Yates. That other show up that way, and Dr. Beverly Yates. So at Dr.

Beverly Yates, my websites, we're buffing them up. You never know what the Google machine will be. Turn. So one of them is natural health care.com. Nat, you are al at alt Caricom.

And the other one is my name Dr.. Spelled like Dr. Beverly Beverly Yates Wyatt. Yes. Um.com and you can connect with me there and I would recommend anyone please take note of all the wonderful goodness available in the summit.

You know, our wonderful leader here is making a big difference in this arena and really trying to give people quality information because this is important.

It really important. Well, thank you so much. All right. You're welcome. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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