Introduction and Guest Background

Hi, everyone. This is your co-host, Doctor Joseph Anton. For the Fasting and Longevity Summit. Today is going to be a very special episode. I'm here with Doctor Sharon still.

She's a fantastic, an amazing, actually human before being a doctor. I think everyone who promotes, healthy aging, but with happiness, with success towards aging, which is a sad physiological, you know, development of life turns it into happiness.

And success for men and women is a blessing on this planet. Besides that, she's one of the leading. That's a poetic doctor that focuses on evidence based solutions to help people age gracefully.

She focuses a lot, very menopause. So the age before the age three and the half after. I'm very passionate about this topic. And women's health. Women drive decision making in health care.

They drive the health of the family. So for both women and men watching today, open your eyes and ears very well. Because Doctor Sharon has changed thousands of patients life.

She's very well known in the fields to do that. She does partially that with fasting. So we're going to talk a lot about fasting, aging and longevity.

You have a great expert today, doctor sales. I don't know if I did fairness in the introduction, but I would love for you to do the proper one as well, and we'll take it from there.

That was, that was a beautiful introduction. Thank you so much. It's it's my pleasure to be here. And, I feel the same way about you and Caroline. And I am, for those of you that don't know me, I'm a perfect medical doctor.

I've been practicing over 23 years. I'm located in Scottsdale, Arizona. We have a new big 7000 square foot clinic going up in spring of 2025. And at that time, it'll be right at my 57th birthday.

And so when most people are thinking of winding it up and retiring, I'm embarking on a new adventure because I really like to practice what I preach. And to me, I feel like 57 is I've got some I've got some decades under my belt and now I kind of understand these few things, and I want to share that with patients and help people to heal.

And so I, practice very individualized medicine. And you've heard me tell this before, but those who have been I when I first learned about Poland, it was so many years ago already, I don't even remember how long ago, but it was quite a while ago and I was approached and they were like, oh, we have this kid and it can help everyone.

And I was like, yeah, I'm not really into one size fits all kind of medicine. People need different things. You come to my clinic and if you have been diagnosed with breast cancer, you have a very different protocol from me than someone else with the same diagnosis.

Because disease processes are so multifactorial and we get sick for different reasons, and no one's reasons are identical.

Understanding Perimenopause and Hormonal Changes

And so I was approached and I but I do have an open mind. So I said, all right, but let me take a look. And I was so blown away about Caroline and what it did for me personally.

And then it what it started doing for my patients. And so I am a huge promoter, supporter of pro-life, and I love to

get people involved in a pearl on life style.

And it's really the only thing that is like, here's a kit that I subscribe to because the the genius, the research, the time, the energy, the science that went into creating this program, this product is just so, so amazing ahead of its time.

And it gives such huge benefits to the end user, the patient that I would I would not be doing my job. I feel if I wasn't singing pro-life on and shouting it from the rooftops because it really is a game changer and it really is something that I have personally seen, you know, move the numbers, move the dial both in how people feel and how their, their data, their lab reports look so huge fan here.

Appreciate you very, very much. We're we're we're big fans of support as well and especially together about the mission of women's health and men's health.

And probably there is no, no more challenging part of a woman's life than going through menopause and feeling that, hey, I'm not just aging, but I suddenly started feeling that impact on my body, on my skin, my cholesterol, my weight on my and and you specialize into that period of life.

Can you tell us a little bit about the struggles that women go through, but that they're probably most people watching here, that going through them? But what can we do to turn that age into a positive part of life?

And what are the scientific interventions and the things that you coach the patients to do, so that they go through it in a positive way and regain the vitality within the life.

So yeah, so that's such a great question. And I think the first thing I want to say is just when you say perimenopause, I think that is such a misunderstood time because women don't think about menopause till they're having hot flashes.

Typically it's not something that is brought up in the doctor's office unless you're you're seeing a doctor like myself. But if you just go see your primary care, you go see your OB gyn and you're having whether it be sleep issues, mood changes, weight gain, urinary tract infections, hair loss, you know, the whole gamut of symptoms, fatigue.

And you're in your 30s and you even bring up the word, could it be my hormones? You're almost always shot down and told, no, this is not this is not your hormones.

You're way too young to be thinking about menopause or those kind of changes. And that stuff's just not true. Because if the average age of menopause is 51, then that means some women, like myself personally, I was done by 48.

So I was, you know, on the early part of average, I have some patients who are cycling well into their 50s. They're on the ladder side, you know, everything is like a bell curve.

So some of us go early, some of us go late, some of us go right in the average and the bell curve. And so perimenopause can start up to ten, even 15 years before you are menopausal.

So it's certainly in your 30s can be a perimenopausal issue. And some of the things that you can look for just throughout your life is when you got your period and were having regular cycles, were they regular?

Were they every 28 dates or so and, you know, they could be 27 or 29. The average cycle is 28 days. Did you suffer? Did you have migraines? Did you have breast tenderness?

Did you have bloating? Did you have mood swings? If you had symptoms? We have normalize these symptoms. We think that's part of being a woman. Part of having our menstrual cycle is of course, some PMS.

Of course I'm biting everyone's head off and knocking down on chocolate. You know, for the week before my

period. That's normal. And it's not normal. It is a sign of hormonal imbalance.

It very often can be a sign of low progesterone, which could be a sign of low thyroid function. It could be a sign of what we call estrogen dominance, which means we have too much estrogen relation in relationship to our progesterone.

But we might not have too much estrogen, or estrogen may be fine. We may just not have enough progesterone, or we may not be clearing our hormones. So then we need to look to the liver and the bile.

And I see a lot of stagnant stuck, sludgy bile that's just not flowing. So there's a lot of pieces that go into it from a physiological perspective. But so if you've had period problems, if you've had a hard time getting pregnant, if you couldn't carry a pregnancy, if you had fibroids, if you've had endometriosis, if you've had PCOS, if you've had acne, hormonal acne, if you've suffered with some, you know, weight gain that you just it doesn't, you know, you you walk by the bakery and you gain 5 pounds just from looking at it.

You didn't even eat anything. So all of these things can be a sign that your hormones or imbalance that you have issues going on in your endocrine system.

And so these are like little telltale signs that when you get to perimenopause, when you get to menopause, it's going to be rougher. So prevention, prevention, prevention not waiting till the hammer hits you over the head, but like seeing the hammer and going, oh, I don't want it to hit me over the head. I better do something.

And so these if you're struggling with any of these things, you want to work with someone who can help you balance your hormones. Because that way when you get to perimenopause menopause, it's going to be smooth sailing.

And I've done this with tens of thousands of patients at this point. I've been practicing 23 years, and I did it first and foremost with myself. So I know what it's like.

I was the Queen of premenstrual syndrome and the queen of hormonal imbalances, and when I balanced my own hormones, did the things I needed to do, I, didn't even have a hot flash when I went through menopause.

So you can really look at yourself now, no matter how old you are. And if you're listening and you're in the throes of hot flashes, or you're ten years out and you're watching and you're like, you know, I missed the boat. No you didn't.

Top Clinical Strategies for Womenu2019s Health

It's never too late to get a handle, to improve your health, to do things for yourself. So don't don't believe it's too late. And you missed the boat in. And I want to, I want to.

This is a long topic, and you have a lot, a lot of experience on it. But what could be the top five things that you support patients with or. I mean, I wouldn't want to call them patients.

It's every woman's every woman's part of aging goes through menopause. But what are the top five things that you feel that you do in your clinic that supports women?

And it's around that phase. And then afterwards I'm going to talk about fasting and then and then prolong after that. So prolong is definitely one of those I mean, the top five things, gosh, it's hard to tone it down.

But I would say looking at diet and not just what you're eating, but also what you're absorbing. So we talked about women and women need protein, especially as we age and to support our muscle, which is, you know, this really important organ in our body that we want to pay attention to, that we start losing as we're aging.

And so we have to not only think about what you're eating, but we have to make sure your digestion is on track and you're actually absorbed. And I see it's rampant.

It's an epidemic of low stomach acid, hydrochloric acid of not enough pancreatic enzymes support of, as I mentioned before, bile issues and low fat absorption.

So the gallbladder is struggling. So we have to get that all healed up. We have to make sure the gut is not leaking, or at least do our best to to get the leakiness under control, because that's also an epidemic.

So we really need to look at our diet. And when, when, when I talk about our diet and it's one of the things I love about proline is we have to not only think about, like, what we're eating, but we have to think about why we're eating and when we're eating and where we're eating.

And who we are when we're eating, because food is such a, you know, complex topic, right? We we can't get rid of it. We need food to survive. But a lot of, especially women have a very complicated relationship with food.

A history of food, eating disorders, whether it be like a full blown, you know, you've been anorexic or bulimic, or maybe you're just like, you know, way too focused on it.

Controlled. Maybe your parents or your teachers or society or the media told you you were too heavy. And so you've been obsessing about counting calories or what you can or what you can eat.

It's it's really, when you really drill down and I talk to all my patients about it, unfortunately, it tends to show up as an issue more than not. And so one of the things I really love, I mean, we can talk about the physiological benefits, but the emotional benefits of doing a five day water fasting mimicking diet where you're not totally restricting all food, where you even get to eat choco crisp baths, and what it does for your for your mind and your relationship with food.

It really is a game changer. I hear that feedback all the time. I don't crave as much. I'm not as obsessed with food. I'm eating less. I'm chewing more.

I'm nurturing myself. Understanding that meal time is a time to turn off the phone, turn off the TV, to really be with my food, to be mindful with my food, to appreciate my food, to be grateful for my food.

And so diet, diet. You ask five things. I kind of went on a little tangent, but diet and absorption would be one certainly, bioidentical hormone replacement.

For menopausal women and often for perimenopausal women. You know, as we're younger, we may not need actual bioidentical hormone replacement, but I see even and I'll talk about men for a second because I do see men in my practice.

And I see, you know, usually what happens. And we were chatting about this before we went live. You know, I see the woman, she comes in, and then she's like, oh, could you help my husband?

And then she drags him in and then she brings her kids in. So I end up seeing a lot of families. And so I do see a lot of younger boys, you know, I see a lot of my patients sons.

And what I'm noticing is that testosterone levels are plummeting in. I just ran levels on a 17 year old the other day, and his levels were like at the age of like someone who was 60 and so we need to get to the root cause.

And so why are those testosterone levels low? What's going on with toxins and how are toxins affecting our endocrine system. So looking at toxicity is really important.

And so in someone young like that I don't my first step is not to just give them exogenous hormones. We're really looking to rebuild and regenerate the system so the production can happen on its own.

But in a woman or man, because men go through and rapports, which is, you know, when their testosterone really does decline, when it's supposed to decline as they're aging.

And for men and that situation and women whose hormones. Because like you said, menopause is not a disease, even though it has an ICD ten code. It's not a disease. It's a natural process.

It's going to happen. You can't avoid it. They really need that exogenous bioidentical hormone support because they're not going to start making it. The job is not to regenerate the ovaries, testes.

They're like, see you later. Peace out. I'm done. I'm going on vacation. You know, I've done my I've played my role and now it's time to rest. And so looking at the hormones, properly supporting the hormones, properly evaluating the hormones, I see that's where a lot of, patients unfortunately get misled.

They get misinformation. They don't get the help they need because their hormones are being looked at in blood testing rather than in 24 hour wet urine testing.

So they're not getting a accurate workup. So that would be two. And I guess three would be what I already alluded to is toxicity. And not just toxins like glyphosate or pesticides, but also invisible toxins like emfs and dirty electricity and toxins in our in our thoughts, in our what you know, what we what we say to our self, what is our self-talk?

What is our inner critic saying that, you know, we can have a lot of toxicity towards our self and what we're thinking and our thoughts are very powerful things.

And then dentistry, the toxins from dentistry, doing a lot of my training over in Switzerland, in Germany, this was kind of drilled into me as a baby doctor that the mouth contains like 80 to 90% of our toxic issues, of our blockages, regulation blockages.

And so working with a biological dentist, we're in the middle of looking for a good biological dentist to come work at the new clinic. Because that is really something I like to do side by side.

But so those toxins as well, whether it be root canals or cavitation or mercury fillings or galvanic electricity currents, so I would say toxins. So we've got diet and absorption, we've got hormones, we've got toxins.

I would say the energetic emotional aspect, because if you have trauma, if your nervous system is not regulated, it's really hard to heal.

Fasting Mimicking Diet and Autophagy

And so and to me, healing is a it's a very complex, deep humanistic experience and can can give us a lot of knowledge and understanding as to why we're here and who we are and what we're here to do.

And so I think it's very important to be working on that energetic, emotional, nervous system level. So that would be four and five. You know, I and I put proline in with the diets so we can talk about that because that is part of eating.

And I also put it in with toxins. And I also put it in with hormones. And I also put it in with emotion. So interesting line up. It kind of is because it's so encompassing.

And I think the fifth thing would be and why I'm opening a clinic is actual hands on treatments, whether that be getting, color puncture treatments or putting yourself in a oxygen bath or doing a yoni steam, or getting red light or PMF or all these things that we're putting in, getting a chiropractic adjustment, getting a fascial release session, a hands on session.

But I think it's really important that we also take time to, to do things, to nurture, to realign our, our physical bodies that we're in that we can't, you know, and I didn't say supplements and, and I do use a lot of supplements, but I think we if we really have good practices sweating in a sauna, jumping in a cold plunge, getting sunshine, we still have a need for supplements, but the need will be less.

And so supplements are just that. They are a supplement to a healthy lifestyle. And so that's that's five off the cuff.

Yes. I was trying to delay the discussion of proline.

I know proline and a lot of obstetrics and gynecology physicians. You know, actually the leading the number one consumer of problem is in obesity and physician 32 problems.

She has completed herself and that actually we just crossed 15,000 clinics prescribing prologs. And what I can say is most of the doctors, what I love the most is they do problem themselves, right?

This is what I'm mostly product because typically doctors are good at prescribing. But when it comes to their own body and their own life, they're very skeptical of a lot of interventions.

And one of the biggest pride and trust because of the science. Of course, a lot of doctors do problem themselves, but women's health and obese, they leave their chart with prolonged and maybe because of menopause as well.

I mean, there's the fasting and breast cancer. There's the fertility and the PCOS at the young age. So throughout the women's life cycle, there's a lot of moments where the fasting mimicking bad and prolonged can help.

But in menopause, a lot of doctors like think about it as as it's reversed. The bio age is a symptom of aging, metabolic markers, cholesterol, glycerin, blood pressure, blood sugar.

So there's a it's like a perfect period for a woman to embark on this, on such nutrition. So I know you have extensive experience with it in your clinic.

I would love to, invite you to explain why you would you do line for your patients or, again, I don't like to call them patients, but. And what do you see the benefits.

And what are the protocols that you use? Withdrawal. Yeah. When someone is first starting out I like to do the, you know, one on every month for three months.

And we, we do do testing. So we'll do their baseline markers. We'll get their vitals, their blood pressure, their inflammatory markers. So we're looking at D-dimer and CRP and homocysteine and fibrinogen and insulin and uric acid and said rates and interleukins and probably some other things that I'm forgetting.

We're looking at amylase and lipase, which are markers and somatic markers for the pancreas that I see elevated often. So we'll do that and then we'll retest.

And we always see a change, always. We always see the the numbers moving, the blood pressure dropping the weight if it needs to come off. You know, being lost.

It's does depend, you know, if someone has a lot of weight to lose, they're going to have to do more than three. Or maybe we're going to do other things with it, because I'm always looking at supporting their hormones and their adrenals and their cortisol and their thyroid and their estrogen and progesterone and their testosterone and so forth.

So it's, you know, again, there's it's multifactorial is a word I use often because it is the truth when it comes to looking at someone's health. But when we're we're talking about menopause, one of the things I love, love, love, love about prolactin is that it's inducing autophagy.

And there's a big misconception that when you intermittent fast, you are entering autophagy. And and you're not. And you know, this. And so and autophagy is the cellular cleansing.

It's getting rid of the proteins that are not working anymore that are clogging the body. So it's like a house cleaning for for the body. And you don't hit that till day three of the Pro line.

And so you never hit it when you're intermittent fasting. And for some women, intermittent fasting is fine. I still say

they have to do prolonged because of the autophagy.

And for some women, intermittent fasting messes with their thyroid. It messes with their blood glucose levels. It messes with their adrenals and makes their adrenals more stressed out.

And it is not a good idea. And so it really. And here to just to remind, remember and to remind everyone. Autophagy won the Nobel Prize in Medicine in 2016.

This is what Doctor Stills is talking about. It's such a big phenomenon in medicine now, which is figured on figuring out a way to rejuvenate the cell to where 37 trillion cells in our body and fasting touches every cell.

Because every cell lives on autophagy, every cell lives on calories. So when you're fasting, you're touching almost mean. Nothing touches all the cells, but almost every cell.

And this is why protein is one box that is helping, the one box that helps most people and is not tailored because it touches the essence of the calories and the working processes of the cells.

So the cells rejuvenate and they go back into a biologically healthier, younger state. And this is where you're talking about aging is one of the ways to temporarily reset and rejuvenate the bio age of the cells.

Yeah. And it's a lifestyle, right. Like I would never sell someone do a proline and you know, I just got back from a three week trip and I have my, proline kit sitting right at the foot of my bed.

And I'm going to go look at my calendar and figure out, you know, when I have five days coming up that I can do it within the next couple of weeks. And so it is it is a lifestyle because it's not enough to just induce autophagy once we have to continually be doing that.

And so I like to do it quarterly. But even just twice a year, once you've achieved your goals, can be a really good way to turn back the biological clock.

Right. So you're not going to turn back the chronological clock. And I speak a lot to this because I used to say I was an anti-aging doctor. And then I realized and I said before, words are powerful.

And am I really against aging? And is that really a good proposition because it's happening whether I'm against it or not, it is happening. We are all aging.

It is the human condition, and this is how it's set up. And so why not be pro aging? Why not get on board? Why not seek the beauty, the wonderful nuggets that come from aging?

And why not support the process while doing it gracefully, in the most healthful way possible? And then turning back that that age, the age of our body.

You know, you could be 55, but your body can say it's 40 and prolonged. Does this prolonged contributes to this? There's not a lot of ways to induce autophagy in the body.

And so and also like water fasting is hard. It can be dangerous. You typically can't do that and function in your life.

Protein, Glucose Monitoring, and Healthy Aging

So I mean I think prolonged is so brilliant that they have figured out a way that you can still eat, you can still have a kale cracker or a soup, you know, you're not feasting, but you're still getting some food.

So you I know I do it and I work and I see patients, and if I was doing the water fast, I'd be, you know, lie down on the couch and so you can still be in your life while giving your body this gift.

And it truly is. When we look at some of the things, the more severe conditions that I work with, with patients like cancer or long Covid, fasting is one of the top cures for these issues.

So you you alluded to it before real briefly. But we know if you have cancer and you choose to get chemo, that fasting is really important for protecting the cells and for helping the chemo to get to where it needs to go.

We know that if you're dealing with a spike protein issue, autophagy is one of the best ways to help support the body to lower that load. And so by incorporating this this program, you're giving yourself this wonderful push to your health.

And of course, you know, it's the other things as well, right. Like you can't do prolonged for five days and then go eat fast food and seed oils and on organic things and all the things and expect, you know, it's going to be a miracle and you need to do the work with it.

But when you do the work and then you incorporate it, it like takes your healthy lifestyle from like here to here. It really does a lot of good for and it's five days.

I mean, I guess six if you count the three feeding day, which is always an interesting day because going back to the emotional aspect for women, usually by day six you've had a total reset.

You're, you're not craving anymore. And I don't know, every time I do prolonged I crave salmon and broccoli. It's like, I just want salmon and broccoli.

And by the time I get to day six, it's like I'm like, oh yeah, whatever. You know, it's because I think we have that part in us where it's like, if you're told you can't do something, well, now I'm going to be the rebellious teenager right now, I now I want to do it.

So when we're told we can't eat anything but what's in the box, we often start to want other things. And by the time we get to day six, that's kind of worked its way out.

And we're just like, you know, and I love I'm obsessed with the new protein shakes. I go back, I'm like, do I like the strawberry better? I like chocolate better. I can't say.

I love the M drink and I do it every day. It's such a great protein option. It's like my new favorite protein option and. It doesn't spike insulin or IGF.

This is very important for women and men. We're nourishing our muscle with it without paying the price of accelerating aging with spikes of insulin, IGF and and health conditions.

Right. So this is you know, we've tested in two universities and it has patterns behind it. It's it's plant based. And I have a big story of the protein that is still I don't know if you know it, but if we delayed the production by 16 months because every supplier in the US wanted to add silica and other ingredients, that in the US you can add, and as long as you're below 2% of the label, you don't have to declare.

So every supplier I went to for everyone who drinks protein or eats a protein bar, know that there's 2 or 3 ingredients that are added to it across the US that are below 2%, and the law says if you're below 2% of the label, you don't have to add those to the label.

I didn't know that I was shocked about that. I took a hit on our budget by 16 month, delayed it up until I was able to transform the production of one of the suppliers and produce it super clean, without any artificial or any hidden ingredients in it.

Wow. I mean, I go wow, but it like doesn't surprise me because when you dig, you find all this constantly happening. So I applaud you guys. And that's, you know, that's kind of companies I like to align with that.

You know, we'll wait the 16 months that put your health before profits right? Yes. That's super important. And the other thing with proline that I want to talk about for women, which is super important, is that while you're doing the proton, you're not losing muscle mass.

And we know muscle, you know, muscles like gold around here. And so if you're just water fasting, you are. And so you're getting all the benefits and none of the negative happenings.

And so you can do this regularly. You know, if you start doing water fasting regularly now you're putting your muscle at risk. But you can do proline regularly and you're supporting your muscle.

And that's a really important piece as we're aging. And so as we age, you know, if our estrogen is dropping, we're putting ourselves more of an insulin resistance.

And it really comes down to insulin, cortisol or blood sugar regulation. We really need to be focusing. That's like the base of our hormone balance. And so we want to be drinking protein that's not spiking our insulin.

And you know, slap a CGM, a continuous glucose monitor on yourself. And you can see it for yourself. You can test your different proteins and you'll see it and you'll go on this glorious adventure of, oh my God, my blood sugar does what?

When I do this. And I think it's such a powerful tool to use because you can really learn what foods work for you, right? Because you're not going to just eat out of the proline box for the rest of your life.

You do have need to learn how to have a good relationship in between cleansing experiences. And a CGM can really help you hone in because an example I use often is white potatoes are bad, right?

They spike your insulin and sweet potatoes are good. They're complex carb and they don't spike your insulin. But a CGM on and see if that's true for you.

I have patients, it's the exact opposite. And I, I had just recently I had a CGM, I wear one I don't wear it all the time, but I put it in periodically and I, I was sick and I had ordered some Thai soup.

I wanted some nice spicy soup and it came with white rice. And I don't normally eat white rice, but I was sick and there was a soup and I was like, I'm gonna put the rice in the soup I need, you know, give me some quick energy.

I was tired, my CGM started going off like an alarm, like a fire alarm. It spiked my glucose to like 260. It was like. So insane. And I knew white rice is not good. It's not something I typically.

But after that experience, I'm like, I don't want to be in the same room as white rice. So it really and I had a patient the other day who was we were talking about, she's got a CGM in and you know, she could just see I had a fight with my mother and it spiked my glucose.

I do this exercise and it doesn't spike my glucose. So we can really learn a lot. So in between cleansing, we can be honing in our diet. And as we do that, as we incorporate the fasting mimicking program, we are we are aging backwards and we can enjoy aging.

We can feel good. We don't. I really, really, really want to change the environment and how we experience aging. And I really want us to see 85 year olds hiking and us not to be like, oh my God, we should post that on Instagram.

That's insane. Like, I want it to just be the norm. Because when we embrace these habits, when we use autophagy as a tool, then it can be we can be hiking or swimming or dancing or at the gym or whatever it is you want, ballet or whatever you want to be doing.

We can be doing it. We just have to treat our bodies properly and then our bodies will support us. We can. I said it before with I was going to 120 because we are really biologically designed to live to 120.

But and I said this even before your great studies came out showing that proline does reduce the the biological age. But I said I'm going to go to 130 because I got to get an extra ten years for all this autophagy inducing and the fasting and the, you know, eating.

I mean, you are eating, but it's it's less food, right? It's, you know, it's a soup, it's a pack of olives and so that gives your digestive system a reset, a chance to exhale, a chance to just kind of unwind, to help the gut seal up and so easily ten years, I don't know, maybe down the road all up to 140.

But for right now this is 30. Well, again, as I mentioned, I'm so happy when I hear the physicians themselves talking about them doing prolonged and then living longer with it.

It's there's nothing of trust that you can get to that level. I've never heard any of the doctors saying, I want to do I do this brand of protein, I do this whatever.

But I hear them cheering by on themselves, not just for their patients. It's just another testimony with how much you guys trust the science, and you guys read the articles and see how powerful that is.

And it's a five day and you get the results immediately. So you feel the results and then you read about them and you try them on their patients and it works.

So with that, I want to thank you very much for your time today about yourselves. We're we'll have many more rounds of interviews and discussions. We're both on a mission of hopefully helping people go through aging in the best way possible and maximize it.

And just enjoy it and extend it in a healthy way. Thank you very much for your time today. Thank you for having me.