Feeling Burnt Out by Conventional Medicine? Discover Functional Solutions Transcript

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Introduction to Testosterone Pellets

pellets are compressed pieces of testosterone here's actually one you can see that that's a hundred milligram testosterone pellet and they come in little vials that are sterile because they have to be super sterilized because we're inserting them under the skin in the fatty tissue so they're usually in a little you know vial that's all sterilized and they give a nice steady state release of hormone over the next few months.

So it typically will last about three months for women and about four months for men.

Dr. Ward's Background and Move to Functional Medicine

This is Dr. Talks. Hi, I'm Dr. David Wickenheiser, and today we will be speaking with Dr. Julia Ward. Dr. Ward's an innovator in some very interesting areas of medicine, some of which I'm familiar with, but I've got lots of questions because, Dr.

Ward, you've been doing some neat stuff here. Now, you're a regular medical doctor. Correct. How long have you been in practice? I've been in practice a little over 30 years and I've been in the functional medicine space about 15 years or so.

I'm in my 30th year of practice as a naturopathic doctor and I suppose, depends how you define functional medicine because that definition has changed over time.

But I suppose we were taught that I suppose from the start, but I'm really interested in your perspectives because standard medicine has certain really definite patterns.

And for you to step out of that into functional medicine, why did you decide to do that? It was purely kind of selfish reasons. When I was about 45, I started feeling really fatigued and rundown.

And to the point where I was falling asleep while driving, going to work in the morning, and then I slept the whole night. It wasn't like I couldn't sleep, you know, it was like I was sleeping the whole night, but I was just feeling rundown, incredibly tired.

and I felt like something was changing. I couldn't really figure out what it was. I went to my GYN doctor and just sort of got blown off as to, well, you know they didn't have answers for me and they didn't seem to know anything about bioidentical hormones which i had heard about but didn't really know anything about because as you know we're not trained in bioidentical hormones in medical school residency and none of that and so that's that's what got me started down this path so you made a quite a professional change How quickly, once you start studying and learning about this new style of medicine, how quickly did you see the returns on it?

Yeah, pretty quickly. When I started studying functional medicine, I was actually working for a clinic doing injectables like Botox and fillers and such.

And so I was able to go to these conferences and do these online study courses on my own time and started doing, you know, like cream therapy with some of my patients.

It seemed to fit really well with the patients that I would see who were coming in for Botox and fillers. and they are of an age where they're also going through perimenopause and menopause so it just kind of fit naturally to help them with bioidentical hormone therapy.

Hormone Therapy: Creams vs. Pellets

So historically the oral was the big deal, pills. You found better results with the creams. Yes, when I took my very first course in functional medicine, it was specifically on bioidentical hormones.

One of the first things they taught us was that the drawbacks and the dangers of taking estrogen and testosterone in a pill form, that it leads to liver inflammation, which leads to weight gain and cholesterol and high blood pressure and all these side effects that we just don't want.

So that was like one of the first, you know, kind of lessons that they drilled into us. Now, between pills, creams, there's some other innovations that you've been involved in.

Let's talk a little bit about how you've innovated beyond the creams. Well, I had heard about pellet therapy. And pellet therapy is pellets are compressed pieces of testosterone.

Here's actually one you can see that's 100 milligram testosterone pellet. And they come in little vials that are sterile because they have to be super sterilized because we're inserting them under the skin in the fatty tissue.

So they're usually in a little vial that's all sterilized. And they give a nice steady state release of hormone over the next few months. So it typically will last about three months for women and about four months for men.

So after that time, you just continually insert pellets and they're completely absorbed each time. Yeah, they get just absorbed, and then they just disappear over time.

So then you've got to replace them. And you're making a very small two to three millimeter incision in the skin to get them in. And you just put them in with this trocar-like device.

It is sort of like a hollow pencil, if you will. So it generally takes me less than five minutes to do a pellet on a female. And maybe just a minute longer for men just because for men they require more testosterone.

So there's more pellets that we have to spread out over an area. Yes. So now you like that more because it's time release and you don't have to count on them for getting a dose.

It's all just taken care of for the entire dosing period. Correct. You don't have to remember to do anything. It's not going to rub off on anyone. You're not going to have issues with absorption.

The testing and monitoring is a lot easier because you can accurately follow somebody's serum levels of hormones with the pellet, whereas with a cream delivery method, it doesn't show up in the blood with very much accuracy.

So you really have to do a saliva test or my preference is a dried urine test when you're doing a cream delivery method. And so it's just an extra step in testing that it's a longer process to get somebody balanced on creams than it is pellet.

The pellet's a much more immediate effect. Okay, that's my big concern is how fast the results, how consistent they are and now working it into a longer term, you'll be doing this for how long with your average patient?

Now, how long have you had people on this therapy? I mean, I've been doing it for at least 10 years and I don't plan on stopping anytime soon because for me, this is a great therapy that works.

This is a fascination for me because people are always wondering, is this a short-term fix? Now, if it's working and it's got low risk, why wouldn't you stay in the normal zone?

What do you mean by normal zone? Very good question. The ideal zone. And that's a big point of discussion where they say you're normal for an 80-year-old.

Well, what's normal for an 80-year-old? You don't want to be normal for an 80-year-old. You don't want to be normal. Well, it's actually confusing normal with common because normal for an 80-year-old is the same dose as a 26-year-old.

So, I mean, if you're going to be healthy, you need to have more hormones. yeah yeah you may simply not get it when when i first started doing hormones on myself i started myself on the creams and for me with the fatigue being the main issue i couldn't tell a difference if i was on or off those creams like it didn't make a bit of difference to my energy but when i heard about the pellet and i got my very first pellet about a week after the pellet all of a sudden i was like Wow, I'm not really super tired anymore.

I'm not like daydreaming about when my next nap is going to come up, you know? I'm back. Yes, I felt more like my normal self. And you've maintained your normal dose for years and you've kept the benefits.

Yes, yes. Very cool. Yeah, and so you have to keep in mind too, and I know that there's a lot of practitioners who are not big pellet fans because especially for women, we're causing what we call a super physiologic dose of testosterone.

So we are pushing the testosterone higher than what is normal or, you know, average.

Pellet Dosing, Monitoring, and Benefits

So like Quest, and I use Quest because that's just a lab around here that we use quite a bit. When I test hormones, the average values for testosterone for women is anywhere from 2 to 45. But for pelleted women, we're pushing the level up to 200 to 400. And that's really where we're feeling like better as far as more energy, more sex drive, sleeping better, less joint pain.

Bone density is the whole thing. Yes. So this is my question. Is that just a difference in how they're measuring or is that just where women need to be at that level?

That's where I've found the most benefit to be as far as like, there is definitely a sweet spot because with women, you can go too high on the testosterone.

You know, there are downsides to getting too much testosterone, but you want to have enough where you're feeling it. So, yeah. Well, that's a big challenge for so many people is that they're saying, I'm on it, but it doesn't work.

Say, well, you're not taking enough. It's challenging. Dosing women can be more of an art form than a science, whereas men are easier to dose because if you give them too much testosterone, for a little while, it's not that big of a deal.

Like, their body can handle more testosterone. But for women, you know, we're going to get some side effects like, you know, more facial hair whiskers or some acne or scalp hair loss.

So we just have to be cognizant of that. And I'm usually, you know, I start at a lower dose and then we can always add more as we as we go along. But, you know, frequent monitoring of blood levels is another thing.

OK, so what's frequent for you? How often would you check blood levels? Usually once every six months. Now, if somebody's been doing it for a while and they're like, no, I don't want to check it, but once a year, that's fine, as long as they're not having issues.

But there's a lot of, I think, values that we still don't know how to measure in the blood. And so a lot of how we dose really has to go based on how you're feeling and what symptoms you're having.

Presentation, yes. Yeah. What's the symptom pattern or lack of? Because if you've got your energy back, you don't really want to go to the doctor. You're fine.

Yeah, yeah. So hormones are part of this whole situation in your practice of medicine. But you've also gotten into some other things here. Now, I have some experience with ozone.

I know about hyperbaric oxygen. Now, you're working with both of those. Tell me about this. Yeah. Ozone is really great. And I didn't even really know about ozone's existence until maybe, I don't know, five or six years ago.

And I think I heard about it on a webinar. And it's just one of those things that it just sounded too good to be true. Ozone is a medical gas. It's O3.

You create it by running an electrical current through medical-grade oxygen. And so when you mix O3 with your blood outside of the body and then put it back in the body, it does several things.

It revs up because it's a free radical. It's like, think of it as a friendly free radical. It signals your immune system to go after, to kind of rev up all the natural antioxidant defense mechanisms.

So it revs up your immune system in a nice balanced way. But when ozone breaks down, it's breaking down into oxygen and water. So there's no like chemical side effects.

And so besides revving up your immune system, boosting your immune system in a nice balanced way, it's also generating more energy at the cellular level from the mitochondria.

So you're getting more ATP at that cellular level. And then it's also killing bacteria, viruses, mold and yeast on contact. So it's really great for people who have chronic infections, mold and Lyme, like all this kind of stuff because it just kills it on contact.

So I've been using ozone for a while. I was certified to use it last March. It was 29 years ago. So I've used different types. So what styles of ozone are you using?

So I'm doing a couple of different procedures. Well, several, but one of them is called ozone dialysis. And this is very similar to a procedure called EBOO.

And EBOO, I'm always getting this wrong, but it's something like extracorporeal oxygenation and ozonation. And it's basically a machine that you have an IV in one arm, and then a dialysis pump that pulls the blood from that IV.

And it sends it through a whole system of these little microtubules. And then the ozone is added to that system in a countercurrent measure. So the blood's constantly being ozonated.

And then for us, we have another UV radiation machine called the hemolymine. And so we run the blood then through a track that UV radiates the blood. And then it goes back into the second IV on the opposite arm.

And so it's a continuous circle now. And so you're getting all that ozonation and UV radiation of the blood. And it can really make a difference as far as decreasing inflammation, boosting the immune system, boosting the energy production, killing pathogens.

Ozone Therapy and Hyperbaric Oxygen

It takes about an hour to do that procedure. Okay. So I've been doing parts of that, but I haven't done the… I've got a hemoleumon. I got one of those a while ago.

It's pretty cool. Yeah. The so-called 10-pass ozone, pretty cool. Yeah, the hypergric 10-pass. But I haven't done the dialysis with ozone. Yeah. I haven't done that one yet.

I'm not sure if I'm going to do that one. Okay, yes. Have you done anything with the ozonated glycerin yet? I have not done that, yeah. No, I've not explored that.

We will talk outside of this. I'll update you on some other stuff that's happening with that. But the ozone now, what are your most extreme cases? Because doing this, what would you call it?

It's the hyperbaric oxygen therapy with the dialysis. Now that's the most dramatic therapy that you do because it introduces the most ozone. What are some of your most dramatic cases?

So my most dramatic case, I had a gentleman come in about a number of years ago, and he was sick with a post-COVID thing. And this was soon after COVID had really started, and we didn't know as much about long-haul COVID at that point.

And we didn't even know that that's what it was, but he had recovered from COVID maybe two or three months ago in the past, and he was having just continuous shortness of breath, like he was really out of breath.

And he was not an out of shape guy. He was, you know, took good care of himself normally. And he'd been to all the medical specialists and nobody really had any answers.

He had had a full workup by pulmonology and all this kind of stuff. And when he came into the clinic, he was so short of breath, he couldn't even speak in full sentences.

And I was like, well, I really should send you to the emergency room because you're so short of breath. But I believe that this ozone dialysis can help you.

So, so he agreed and we sat him down and did the ozone dialysis. And by the end of the treatment, I mean, his color was back. He could speak in full sentences.

It was like his something happened. His lungs just opened up and that was, yeah, it was pretty, that's pretty exciting. Yeah. Yeah. I want to take a little bit of a step back and we can talk about some other things in a moment because you've got some other stuff that I'm really interested in.

But how has practicing medicine this way, which is so different from mainstream MD work, how has this affected you personally? Because professionally, this is quite a change, but personally, what about satisfaction and zest for life?

Yeah, a huge increase in satisfaction because I can treat things now that I never had the ability to treat before. Yeah. It's like having been given a little superpower, like all of a sudden, you know, and before I got into functional medicine, I was completely burned out of medicine.

I was working emergency rooms and urgent cares and just getting really burnt out with seeing the same things, feeling like you're not making a difference kind of a thing.

Okay. And so when I stumbled into functional medicine, I was like, wow, this really makes sense. You know, this seems to me much more logical than the way we were taught of.

you know, treating a symptom with a drug. Like here is, you're getting to the root cause of what's going on and fixing that instead of just putting on another medication.

Well, standard MD world, and especially as an emergency room doctor, you're always putting out fires and then you send them out the door and you're wondering what happened to them later.

Yeah. And now you find, oh, like you can do five more things instead of just stopping the bleeding. Well, let's talk about your blood sugar. Yeah, yeah, exactly.

Exactly. So I think the people I've talked to, a number of the doctors have made the move. There aren't many, but there are some. They're more satisfied, largely because they're just happier.

Yes. Yeah, you feel like you're making more of a difference. And that's beyond you having your hormones balanced out, just emotionally, almost psychically, you're happier.

Yes. Yeah, absolutely. I mean, this is why we got into medicine in the first place. Exactly. Yes. This is what you thought you'd be doing. Exactly. Yes.

Yes. Now, there's another part of medicine that works in with ozone hormones, all this getting back to a normal state that I was introduced to a number of years ago, but didn't really know how to pursue it.

And I've got questions around that, and that has to do with blood vessel health. Talk about that a little bit. Yeah, I was introduced to this piece of technology maybe two years ago from a friend.

And I remember when he first was describing it to me, I really couldn't because he was not a medical person, but somehow he had gotten in contact with this company and was promoting it.

And anyways, when I went and looked at it, it's so it's called the glyco check. And it's a piece of equipment that tests the health of your microvascular system.

And it does this by a non-invasive test. So you have this high-powered video microscope on the end of a probe that just goes under the tongue for about 5 or 10 minutes.

And what it's doing is it's taking pictures or videos of how many little tiny capillaries. So the smallest capillaries that we have are four, five, and six microns in diameter.

And just to give you sort of a wrap your brain around this kind of a measurement, like a four micron capillary, you can fit 20 of those inside of a single human hair.

So now all of our blood vessels, whether they're big blood vessels that you can see or these tiny capillaries, are lined by a special lining called the glycocalyx, which, by the way, we never studied in medical school like that.

No, we didn't either. I'd heard about the endothelium, which is the lining of the blood vessels, but that was it, and we just thought that was it. But there's actually this glycocalyx lining, and it's a clear gel matrix held in place by tiny little hairs.

And this was discovered by Dr. Hans Wink in the Netherlands. And he's the one that came up with the glycocheck machine that can test it and that can actually measure it.

So this probe under the tongue, it's measuring two things, the density of these tiny capillaries as well as the thickness of that glycocalyx lining. And let me just explain further that the glycocalyx lining is so key and essential to the health of our overall vascular system.

because it's holding the fluid in the vessel, it's preventing anything from touching the side wall of the vessel, and it houses all of our natural antioxidant defense mechanisms in there, including things like nitric oxide or superoxide dismutase, you know, just all these great anti-oxidants.

And there are certain things that will degrade the glycocalyx lining. So age, genetics, poor eating habits, not exercising, and stress is a big one. All of those sort of degrade the glycocalyx.

And when you have degraded glycocalyx, then those tiny capillaries, especially the smallest ones, like the four, five, and six ones, they just can't survive, and they just stop functioning.

And so then, if you don't have enough tiny capillaries to supply your tissues and end organs, then you're literally starving your organs of oxygen and nutrients.

Then your blood pressure goes up because you've got to deliver the oxygen somehow, yes, if you're jammed and

blocked. Exactly. So here's one for you.

Microvascular Health and the Glycocalyx

So I heard about the glycocalyx about four years ago at a conference, and I went into the literature at the time, the scientific literature, and it had not been written about anywhere up until two years before that.

So we were never taught this in school. They didn't know it. Yeah, they just didn't. Now you're assessing this, which is wild, because I heard the concept, it's interesting, I don't know how to test it, and that's really cool what you're doing.

What do you do to treat it? So to treat it, they actually have, and by the way, the glyco check has been now in research institutions for the last at least 15 years, and so they've got a ton of published data on this.

And I can share with you the website where you can go and they have a whole page listing out. They're in like over 100 research institutions around the world and they've got over 150 published studies on this.

So this is really working. Yes, this is really working. And you're seeing it in your practice work. Yes. And so I was like in the first wave or two of clinicians who are not in research institutions to be able to access this technology.

But they have a supplement or they've developed a supplement that kind of goes along with it called Rivaska. And it's made primarily like brown seaweeds.

There's different like natural products in it that really help regrow that glycocalyx lining. And so by taking it- This is pretty cool. Yeah, so by taking this supplement for several months, you get almost like a reperfusion of your tissues.

It can really improve things like blood pressure and kidney function, cognitive issues, because you're revascularizing. You're getting more blood flow to the tissues and to the organs where it needs to be.

Now, this is part of anti-aging. It is also part of trauma recovery. Yeah, trauma recovery or it's ideal for like if people are getting any kind of surgery done, you're going to get a better surgical outcome if you have better blood perfusion.

So you'd check somebody before a major surgery and optimize them months before and then go in? Is that something you might consider? Yeah. That would be ideal.

Yeah. Right. Yeah. I think especially for, you know, elective surgeries, especially like if you're getting some sort of plastic surgery done, this would be ideal to be on.

Because a lot of people wait months before they actually get scheduled for their surgery. Of course. So they can prep. Yeah, so they can prep. Why not go on to a natural supplement that will increase your blood flow?

You're going to get a much faster recovery and have much less risk of infection and sepsis. Now, can I give you an example? I'm sure you've heard of it, but a glycocalyx, glycophores, sugar, and calyx for calcium, have you ever handled a slippery fish?

Yes. Everyone has. Yes, exactly. That's a glycocalyx. And so when you put it inside the blood vessel, everything moves better. But to go right down to the smallest level, down to the capillary level, and to be able to measure that, this is amazing.

I'm really impressed with this. It's mind-blowing technology, truly. Yeah. Now, what's the printout? Is it a measurement units that you can see? Because there's a measurement of what they're doing.

Is it qualitative or quantitative? It is quantitative, but it's hard to put the label on that, but just because they take

about several hundred videos of the vessels under the tongue.

Because under the tongue, and they've done studies in the research institutions that that confirm that under the tongue is representative of, say, in the whole body.

or in the brain, yeah, the whole body. And so they're taking lots of these videos and the computer that it's on is then doing a bunch of calculations.

And it's also measuring the thickness of that glycocalyx lining for multiple vests. And then they're putting it all into one score called the microvascular health score.

And it goes from zero at the worst to 10 or more, which is ideal. And that's where we really want to be is at that 10 or more level. Now you've got quite a variety of patients, I'm sure.

The ones that you know are healthier. Yes. Have you ever seen a 10 or more score? Yes, I have seen some as high as 16, but for a lot of people, myself included, when I first did this test, and I consider myself pretty healthy.

I eat clean, I exercise, you know, five to six days a week. I used to do a lot of bodybuilding, like look healthy, but when I did this glyco check score, mine was pretty low.

It was less than one. Scared you a bit? Yeah, I was like, oh, why is this so low? And my best guess is that I've had a lot of chronic stress just because of life in general, right?

I work full time trying to run this practice. I have five kids. Not that any of them add to your stress. It was a lot of stress. And I think a lot of us start normalizing this chronic stress.

You know, we just don't admit to ourselves how stressed we are, but yet this is where it shows up. So I've got one for you. I believe most health issues are because of a pronunciation error, the inability to say no.

Right? Setting boundaries. Setting boundaries, yes. But at least you can reverse it and watch your progress. Yes. Yeah, absolutely. So with yourself, and I hope that you're doing the oxygen and the different therapies on yourself, what have you seen make the most difference in your health?

Well, what I've been doing the longest is hyperbaric oxygen therapy since I have these hard-shell tanks in my office. So you've got quads. Yes. So I've got the big submarine looking tanks that are here and they're steel sided and they go to about 2.2 atmospheres.

Okay. Yeah. And it's pressurized with room air, but inside I've got an oxygen mask. And so I'm breathing a mask, 100% oxygen. And that gives me the same effect as if the whole thing were pressurized with oxygen, but it's a little safer because we don't have the fire risk.

Right. Yeah, so that's you've noticed an improvement with that Did did you have you ever played with that hyperbaric oxygen and the glyco? Yes, and I just forget the name glyco check the glyco check and so i've had the glyco check for Over a year now.

They did a complete like software update camera update at the beginning of this year And so now it's running a lot more efficiently. It's running a lot quicker and starting in, I think it was March or April was when I really started taking the Rivaska more consistently on a consistent basis.

And that- What is Rivaska? Is it a pill form? What is it? They have it in a capsule form. They also have it in a powder form that you can just add to water.

So, you know, I have a lot of patients who are like, don't give me another capsule. I can't take it. Like, you know, I'm oversupplemented. Or I just have a thing about swallowing pills or whatever it is.

And so for them, the powder form is great. Okay, good. Yeah, but since doing the Rivaska consistently, I have noticed an improvement like in my complexion.

My hair isn't shedding like it used to. Yeah, just feeling better in general. Yeah. Yeah. Cause there's so many different measurements out there that you can measure the human body, but what really counts?

I mean, it's, it's even circulation. There's different circulation markers and stuff like that, but to actually know the thickness of the blood vessel itself.

Yeah, it's great because this is the only supplement I have where I can have an objective measurement as to, is this working or not? Or anything like, is your routine of supplements, exercise, diet, is that really working for you?

Genetic Testing and Future Functional Medicine Tools

You can actually test. And the beauty is that it's a non-invasive test that we can do here in the office. That's so cool. Yeah. Because stuff like that, that really made a love.

I have an ultrasound machine. I do a bunch of orthopedic work, and it's really neat to find tears. Now, I'm not happy that I find a tear, but I love to find tears.

Well, I'd love to know if they've got a tear. And then you can actually put the needle in the right place, of course, but to actually visualize it and in your case, give it a score, and shock yourself, I know, but still, to be able to move ahead.

Okay, so where have you gone to in your score? How much have you improved? Yeah, I have improved. I haven't done another recent score. I need to do one again.

To do the test, you really need to be fasted and no exercise the day before. And for me, that's the major impediment because I don't want to give up my exercise days because I'm kind of addicted to it.

And so otherwise, I'd be testing myself a lot more frequently. But yes, it's definitely come up since I started taking the Rivaska more consistently. Very cool.

I'm so impressed with stuff like that that works. There's certain things that we love doing. And if you can measure it, instead of just people come in and say, well, I'm feeling better, but I don't know why.

Well, let's measure you and have a look. Yeah, exactly. Exactly. So what kind of new things are you thinking about doing that would add into all of this?

What new areas are you thinking about? Well, I also recently started doing genetic testing with a company called IntellX DNA. It's a cheek swab and then they're analyzing kind of panels of genes that have to do with things like inflammation, detox.

hormone processing, brain health, like cardiac health, all these types of things. And it's really nice because you can get sort of a personalized blueprint for how your body works.

And so you can look at these genetic SNPs, which are these sort of genetic typos that we have on certain genes. and say, oh, I have this SNP, and so what's going to be more effective for me?

What's the workaround? And they've already done the research for you, and they have linked every SNP to kind of a workaround as far as recommendations for supplements, dietary stuff, lifestyle interventions, and even sometimes traditional medicines.

And then they back it up. They'll cite scientific references to each of those recommendations. So it's pretty cool that way. Well, we always want action steps.

I don't like this doom and gloom of just saying you're in trouble, goodbye. Exactly. Yeah, there's always action steps for this test. So that's what I love.

Yeah. It's never just like, oh, I'm sorry you have terrible genes. It's like, you have these snips and here's what you can do about it. And here's the science to back it up as well.

That's so cool. Yeah. So what do you see coming up now? You're going to be in practice for a while. You're having fun. Yes. You'll go to another conference and discover more cool things.

Yeah. My next projects coming up will be looking more at neurofeedback, brain mapping and neurofeedback. I think that's going to be really fun and something called frequency specific microcurrents.

But I don't know enough about it right now to talk with any authority. But it's all kind of overlaying what you've already done. Yeah, that's the fun thing about functional medicine.

There's always multiple rabbit holes to go down as far as, you know, what do you want to study? What do you want to focus on? And there's, you know, there's just so many options, so many more tools in the toolkit than there was with traditional medicine.

Well, I have no doubt that traditional medicine was kind of fun and a point. Yes. But it got kind of boring when it didn't really reach the objective where what you're doing now, you know that you're making a difference and there's more things to come.

Yes, yes. Yeah, that's what keeps me going too. It's like what cool new thing. It's like what you've told me today, this is so cool. We're going to have to look into this because there's some neat follow throughs on some stuff that I knew before, but this is cool.

Yeah. We'll definitely talk after the show and I'll put you in contact with the people who can help you with this. Appreciate that. So thank you for coming onto my show and giving, I guess, my viewers some really valuable information.

And your practice is in what area of Texas? Just outside of Houston. We're in Sugarland, Texas. It's a little southwest of Houston. So you're really handy to a bunch of Texas people and to the rest of us will follow you.

Now, if people want to know more information about your podcasts and what will they do?

Closing Remarks and Contact Information

Where do they go to get more information about you and your interviews? So my website is drjuliaward.com. And on there I have a page on my website that lists all my podcasts.

Way cool. I really appreciate you taking the time today to go over this stuff because it's kind of cool. So thank you. Yeah, thank you very much for having me.

I really enjoyed it. 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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