Mental Fitness: Strengthening Your Brain To Improve Mood For People With MS Transcript

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Introduction and Friendship

Welcome to another episode of the, Medicine Autoimmune Summit. I'm Doctor Troy Walls, your host. And our next, interviews with Doctor Dr. Ramsey. He's a board certified psychiatrist, psychotherapist, and an author.

His work focuses on evidence based integrative psychiatry, nutritional psychiatry, and male mental health. He founded the Brain Food Clinic, a digital mental health practice in Spruce Mental Health and Jackson, Wyoming, uses the latest research along with decades of clinical experience.

He hopes to transform, to help people remarkably improve their lives. And now, Doctor Ramsey and I have known each other for nearly a decade. We met, in 2014 at an event sponsored by Mind Body Greened.

And, drew and I are very good friends. Welcome. Doctor Ramsey. Okay, doctor Drew Ramsey I'm like so excited to get to interview. Now, everyone, you should know that drew and I, known each other for a very long time.

I met, when I was, I just published my first book, back in 2014. I think that was your first book. I, I just published the Happiness Diet in 2011. You had kale on the back of your business card when he handed it to me.

It was a beautiful kale plant. Yeah, in the back of the card. And I, you know, I think we were we were, we bonded friendship after that, right? We absolutely bonded, you know?

And what a appreciate so about use that you really understood and embrace the, power of nutrition to support better brain health. Is that it's not enough.

Of course, we we want to do many, many things to support our brain. And that you, like me, are a farm kid from the Midwest. Yeah. No, I love that connection.

Having that connection with you, Terry.

Mental Fitness and the Book's Core Ideas

And that, as you say, it's not everything for sure, but it's something that we know so many of us have been getting wrong, and we know that a lot of the traditional advice and kind of conventional advice hasn't been as helpful.

You know, whether it's right or not is is, you know, a question. But there's also this just simple fact that most people are struggling with their metabolic health in some way in America, as majority of us are struggling with obesity, prediabetes, and then, you know, we have this, this mental health epidemic that hasn't really gotten connected to nutrition before our work in nutritional psychiatry.

And a few of us really just pushing this idea again, not that it's the silver bullet. Oh, the whole mental health epidemic is because, you know, we're eating red dye number 40 or we're, you know, eating too many carbs.

No, but but there is a way that our dietary pattern has shifted so much, and a lot of what we're eating doesn't resemble food. The type of food that you and I grew on our farms at all.

And that we need to do something about that if we're going to have optimal mental health. And in my new book, Healing the Brain, if we're going to really be committed to our mental fitness like we're committed to our physical fitness.

So I really, love that, I thought, let's do a quick pitch of your book because it's a wonderful book. Okay. Yeah. Everybody, thanks so much. Yeah. Yeah, yeah.

So where does the in physical fitness. But this mental fitness I love that concept. Well thank you Terry. So everyone my book and my kind of movement right now is around a mental fitness revolution for you.

And the idea that we all have some goals, you know, maybe you're guilty on the sidelines. You don't have any exercise goals, but at least you know what you maybe should be doing walking at a minimum, but probably lifting some weights or stretching or, you know, playing some pickup basketball, going for a run or walk, right?

There's a bunch of different aspects of physical fitness, from flexibility to strength to endurance that we we know about working on kind of intuitively and in our culture, when it comes to working on our mental fitness or having a mental fitness program, or even just thinking about the basic tenets of mental fitness, what are they?

I finally come up short and so healing the modern brain. The Nine Tenets to Build Mental Fitness and Revitalize Your Mind is a book that is about the challenges of the modern world and a very real, evidence based way.

I try to avoid all hyperbole and sensationalism. I want to talk about too much late, too much noise, too much processed food in your life and thinking about the new evidence of mental health.

When I'm talking to you about mental health, I'm not just talking to you about serotonin. So I get into that right away. In the book, I want you to have a nuanced, nuanced view of your mind, of mental health, of the hundreds of neurotransmitters that are involved.

And kind of uplevel your thinking about your mind and your brain to include these core ideas of the book revolves around neuroplasticity, more brain growth, regulation of inflammation, of course, a popular topic for every everybody thinking about health care and wellness right now, thinking about the microbiome and then thinking about a core set of psychological concepts or psychological tools.

I talk about these in the books, like the tenet of engagement or of connection, right. Where I'm really asking you on a day to day, week to week basis to think about these fundamental pieces of your mental health.

You know, in some of these, just like a vital site. Now everybody listening right now, I don't I don't have to ask you a lot of questions for you to sit and think just for a month about the quality of your connections.

In the book, I walk people through kind of a map of your connections. Think about friends and family, asking about institutions, thinking about movements and values and really kind of writing this stuff down.

But you know, whether you're connections need help or not. Okay. Now for the listeners. Yes. You know, we're, people, people with systemic autoimmune diseases.

Autoimmune Disease and Mental Health

So you might be asking like, what's a why did I get this guy all about mental health? To, for the interview. Is that because that's such a big challenge to all of my patients with chronic health?

Yeah. This chronic auto immune and also those illnesses, I think take a, a, kind of a strike at your mental health in a way that's different than other illnesses, because autoimmune illnesses have a bit of a mystery to them.

Right. And there's a way that like almost a feeling sometimes of like, wait, my body's attacking itself? Like, why would it do that? What did I do to make that happen?

And then that, that kind of waxing, waning nature where it's, you know, in a lot of ways, like a lot of mental health conditions, very unique to each individual, the kind of waxing and waning.

And so I hope it makes sense to people why you called a psychiatrist off to come and hang out and talk, not just that were killed, yes, folk, but that everybody in the summit has to be thinking about their mental health, because that's a huge part of taking care of your Ms..

It absolutely is. And for many of us, having either, symptom of anxiety, or depression or overt diagnosis is part of that prodrome that we have often 5 to 10 years before we're overtly diagnosed with either multiple sclerosis or the systemic autoimmune diseases that also have these, anxiety and depression timeouts.

And, when I look at my own life in adolescence, I began to struggle with low mood, and, I was diagnosed with depression. And then, of course, eventually I'd be diagnosed with multiple sclerosis.

In that scenario is what I find very, very commonly, in my Ms., clinical practice and my, clinical research, it's very, you know, I've not recently run the numbers, but I believe it's something like 30 to 60% have either symptoms of anxiety and depression or overt diagnosis of anxiety or depression.

Once I've been diagnosed with a mass. And the longer you have your Ms. diagnosis or your systemic autoimmune diagnosis, the more likely it is that you're going to have either the symptoms or the diagnosis.

So once that happens, what would you recommend people do? Well, I think the first thing I want people to hear about this idea of mental fitness is that's not where I want you to start.

I don't want to wait until it happens because the way that I think about the modern world influencing our mental health, particularly in the last few years, we have a new set of kind of chemical and environmental burdens that's laid or sound or phthalates or, bisphenol A.

I mean, even without being sensationalistic or hyperbolic in any way, there's just a lot of new kind of things are bringing or contending with in an environmental, chemical, stimuli ation, you know, it's about the amount of screen time we're having.

So the brain's up against new stuff, and it's got new parts in it. Right? We've never had a brain clogged up with microplastics before. Do we know exactly what that does?

No, but it doesn't seem to be particularly good for anyone. And and so instead of waiting where you have Ms.. And now you have some depression, so you're going to maybe think about someone like me.

This book really came out of I, I'm kind of done with that model, Terry. I think it sucks. I think people don't get care.

Self-Awareness and Negative Self-Talk

I think they're depressed and anxious and languishing horribly for years before they come to get me, and get my get help. When they do. It's filled with stigma and shame. Right?

People who don't think about mental health clinicians as the resource that we are. And so mental fitness is really trying to get almost like out of the treatment room.

I'm done with that. And I mean, I love seeing it come to my couch. Please. I love doing therapy. I love, you know, prescribing help people. So meds. But like let's take care of our mental health from before.

So it's sort of like the program that you went from this really vital, fun loving child. And gradually began to not be quite as joyful and fun loving.

And I think what you're telling me and our listeners is, let's pay more attention to what we can do to support mental fitness. So we keep having more of that fun and joy in our life.

Would that be 100%? So the definition of mental fitness is, is I think about mental fitness is the knowledge, the

skills, the habits and the and the patterns.

Right. So these things that are in our lives, some things we need skills and knowledge, some things that just kind of develop like habits and patterns and thereby engaging those to build mental fitness.

We over time, you know, in some ways, by design, are leading a happy for a healthier, more enjoyable, more connected life. And the idea then is, yes, for some of it that will prevent depression and anxiety.

But if you look at the data around proper nutrition, around, you know, healthy movement and exercise, good sleep hygiene, having social connections, all of those things significantly decrease your risk of depression, anxiety, and other mental health disorders.

When you have mental health disorders, you've had a depression of anxiety and depression. Okay, these things help you get better and then prevent you hopefully, or help prevent having other episodes.

And so that's where, you know, it gets us being in this reactive stance. You're trying to change. Your mood gets low. What's what's the traditional conventional move.

You know, if you're lucky, if you don't, you know, 150 million Americans are living in a mental health treatment desert. There's is no treatment. And so, you know, if you're lucky, someone actually talks to you and maybe you get a medication, right?

Well, antidepressants work in about 50% of childhood depression. And parents are super ambivalent these days. People get worried, even if the data were great.

It's one of those things that functionally right, it's a little harder for people to simply see clinicians take these medicines and feel good about them than it used to be.

Instead or in addition, I guess I should say, I want to make sure that there's and I think all good mental health conditions are doing a lot of this. It's not like we just give meds.

You want to make sure that you're building all of these other habits, skills, knowledge, right. If you have depression and anxiety or M. S., there are things you need to know about nutrition, right?

There's just foods that, you know, tell me, you know, you're recommending that if you have M. S., you should meet more of based on your research and your experience and the evidence.

That's knowledge, right? Then there's the skills you got to learn to make kale pesto. Okay, I didn't know how to do that. Then there's the habit. I'm going through the grocery store and I bought basil.

I do that a few times a month, so I make pesto. Right? So so that kind of shows how as opposed to just saying eat more greens, right? Or don't really worry about nutrition in your mental health until it goes sideways is really healing.

The modern brain in this proactive mental fitness stance is about all of us acknowledging. In the last 15 to 20 years, we've just learned so much about brain health and mental health that we can apply in our daily lives.

In these tenets, the idea is to help people organize that and then to inspire and motivate people with these wonderful stories that my patients have told me over the years.

And then all the very cool science that we go over in the book, you know, I think, for the listeners, what we're trying to exemplify is that there are these little daily activities that we do just part of, you know, activities of daily life.

And I think drew is encouraging us to make some minor shifts in paying attention that we know that we're trying, again, listeners, to get more movement in our life, which is great for our brain, and get more of these habits that

Drew's talking with us about in terms of, improving our nutrition, improving our sleep, improving our movement.

I'm going to ask you about, another concept that I've been thinking a lot about. And those are the words that we are saying out loud about ourselves in the life, that we're living in, the words we're saying in our head, and when they're negative, like, you know, I'm a loser.

I got a terrible job. Nobody likes me. Nobody loves me. You know, my, my fellow scientists think I'm a nut job. And so I could be saying all sorts of trashy things about myself.

And what. And if I do, what does that do to my mental fitness? Well, I think it speaks to how your mental fitness, needs some attention. And I think you're you're talking about the first tenant of the mental fitness in the book.

I start out maybe in a surprising place for people. I'm not looking to start just a nutrition or sleep or movement. Those are all in there. But I want to start with self-awareness.

And you and Terry's talking about a self-awareness that she's carrying around some, negative voices. Or sometimes these are called automatic negative thoughts.

A lot of times when people have enough for a moment for their listeners, how many automatic negative thoughts go through your head in a day that you let live there for a while?

Just think about that for a moment and then we'll go back to, my good friend, Doctor Ramsey. Drew. So continue on. Yeah. And so automatic negative thoughts.

Perimenopause, Midlife, and Women's Mental Health

It's actually a, Doctor Beck who gave us a CBT, and his wife, Martha Beck, has a book about CBT that just came out. And so that's a kind of phrase from them.

But but self-talk, bigotry or negative or critical inner voices is a very common problem with mental health, both in formal depression but also just in the psychology often of trauma, neglect to that parents who, you know, we're very strict and said these things to you and you internalize it.

As therapists, we think about these as kind of, internalized superego or where, you know, you're kind of critical voices, are kind of brought into the mind and held onto as a way to try and control yourself.

What self-awareness gives us is the notion that we can't just sit and be flooded with negative thoughts about ourselves. That is not going to lead to good mental health.

We know that, just just like we would, take good care of a child. We would offer them encouragement. We would offer them, you know, reality testing. We would offer them, talk about resilience when they fall down.

Those are the types of voices that we want upstairs. That's the type of encouragement we want to give ourselves. One of the reasons we want to do that, and I talk about this in the chapter on self-awareness, is our propensity towards externalization, blaming other people, other things, other institutions for our challenges and our problems.

And I don't want to deny certainly lots of things cause problems for us in our lives. But the most empowering stands for all of us to be, is in a stance where we are the locus of control.

If everything in my life, the problems of my life are caused by other things in other people, there's not a lot I can do. Boy, I hate that feeling. I hate it.

There's nothing, nothing worse for my mental health than when I say I can't do anything. When there are some steps I can take, whether it's writing in my journal, writing all that nasty stuff, angry stuff, awful stuff down, whether it's getting up in the morning and seeing some early morning light, whether it's getting in a sauna so I have better

sleep hygiene or whether it's something like simple and free, like calling up a friend or an old friend you haven't talked to in a while and reminiscing and reconnecting.

There are so many things that we can do for our mental health and for this kind of, you know, negative internal states. And and so that's really, you know, we're healing the modern brain encourages to have self awareness.

For some people, those negative voices go away when they take medication and anti-depressant for other people, those voices go away when they get their B12 level normal because it's low for other people.

Those voices only go away after pretty extensive psychotherapy where, you know, they got to sit with someone like me and wrestle with this stuff, where it comes from, why it doesn't go away, why they're being so nasty to themselves all the time.

So that's when I hear that I, you know, as you can tell as a clinician, boy, if you've got automatic negative thoughts, if you have a kind of being nasty to your self-esteem and degrading yourself, you know, I'm off to the right.

I'm ready to talk because that's your mental health stuff. Well, I've now I've got another really big question for you, Andrew. How many if you the ideal ratio of positive self-esteem talks.

You know conversation I'm having in my head versus the mantra you're a loser. What would the ratio that you think. Is it 1 to 1 one good for one bad. Oh I did that one bad kind of.

I'm a I think that I'm a loser. Thoughts are entirely pathological. I don't there's any need for that or room for that in a healthy human mind, if you're thinking that you're a loser, it's nonspecific.

It's derogatory, it's not helpful talk at all. I think if you're having a lot of negative self-talk, it's an indication of a need for work. It's an indication of something that really isn't being treated or addressed, either in your biology, you know, psychiatry.

So you think about we'll call the bio psychosocial model. Yeah. When I hear of what's going on with you and what you're struggling with, like automatic negative thoughts or negative thoughts, I think about your biology and I have depression is your side right off is, you know, you have anemia.

Do you have a, you know, just the long history of biological depression in your family that, you know, we don't nobody really knows the root cause of it, but we have lots of treatments for it.

You know, you have lots of inflammation, as you know, is it a prodrome or is. Yes. Yes. Okay. So, you know, there's all that, you know, I sort of see that as a symptom and not that we need to always be positive.

I woke up in a really negative mood a couple of days ago as I started to have these first kind of interviews about healing the modern brain, and I, I felt really unprepared.

And I felt, even though I've read the book, I wrote the book, you know, I felt like I couldn't, like with alacrity and kind of the I couldn't, I couldn't pull out all of my favorite stats.

And I had a lot of negative self-talk, but I really, know about this stuff, and I've done a lot of therapy and I've done a lot of mental fitness work, and I got right to work.

I have no I have no need or tolerance for another person telling me bad things about myself. Lots of people have done that. I'm not going to I'm not going to have that or keep that in my mind.

I have no interest in that. That's not what I'm here for. And that's in some ways, to me, that feels like again, where self an awareness is the beginning.

If you're telling yourself you're a POS, you're no good, you're garbage every day. You're kind of going into that

headwind. That's right. Where I want to stop or start because because something about that has to loosen up before you can really make progress.

That is a really important, concept. Again, for the listeners, if you're still having these negative self-talk, get some help. I don't want you to continue that, in a 1 to 1, it's not good enough.

We really want to hear you're balancing it out. You're like, I have this bad negative thought. Oh, wait, here comes a good thought. So it's okay. It's like now when the negative thoughts are tucked sick.

They are toxic because we want to get rid of those. Yeah. We have so much in the world that contributes to that. You know, so many women have just been, you know, horrible negative, cultural ideas about their bodies, their power, their voice.

I mean, it's just like it's everywhere. And so, no, like, your mind is your sanctuary. Get that shit out. Sorry to curse. Yes. No, I really like that in for, you know, autoimmunity as a female predominant disease.

And, we women often have the imposter syndrome. We think, like, you know, are we really good enough to be in the role that we're in and have some self-doubt and negative talks, which impede our professional life or our, work life?

So it's like the most common phrase I hear is, I'm sorry I'm late to patients and my female patients be like, I'm so sorry. It's like you're sorry that I'm late and said, well, I'm sure you were very busy with something like, this is your time.

Literally. You're like, purchase my time, right? This is your 45 minutes. Like, I know, I'm really sorry. It's, And I think it's very important to note, as you do, that the autoimmune diseases, dominate with women.

Women have been gaslit medically for, you know, since the beginning of medicine in a way that, I don't know, I, you know, I don't see any debate in, one of my colleagues, Christina Green in psychiatry, is the vice chair of psychiatry at UCSF.

She has written about a parity, in sort of gender equality in medicine and looked at like even things like, maternity leave at top tier academic medical centers, even they don't meet the recommended, kind of maternity leave by the American Pediatric Association that, you know, even as a field, there's this, you know, real degradation of, women's experience.

And it's certainly something that I've, as a, as a man and as a white man in medicine, something I've, I've tried to do a good job of try to do a better job of than my predecessors of seeing how those biases affect me as a provider.

Probably one way. It's embarrassing, but it's true. I until a few years ago, I did not do a very good job asking about or treating perimenopause. I didn't really think about it as much as I said, you know, I knew is happening.

And I asked about, like, hot flashes and, you know, recommend people see their ObGyn. But, you know, in part of this whole sort of shift was hormone therapy, really woke me up.

And I kind of, like, embarrassed me. I just, you know, and not as good of a job. So let's talk about that. You know, as women enter perimenopause and our estrogen levels are declining, how does that affect our mental health?

Well, you know, I see a lot of, insomnia. I see a lot of mood situations. I, I see this shift in attachment for a lot of women, especially, women who've race families.

You know, there's a there's a sense of a shifting role. I see, perimenopause shifting how women, feel the male gaze in relation to men. I hear this phrase a lot.

I don't know how much I can curse in the summer, but no, go ahead. To give is the phrase that I hear from a lot of a

lot of my patients of just like, you know, there's something that shifts for them.

I think there's a matriarchal power that comes online in a way that's really fascinating, where, people can see some of their wisdom. Are women seeing their wisdom much more in that phase of life, I, I find myself it's funny, as I'm getting older, I find myself very busy, like, curious, intrigued.

And you say like, kind of turned on. If I can say that in an appropriate way by the women in their 40s and 50s, that I meet much more so than the younger women are setting, there's something really, I don't know, there's a different type of, like, potency and depth and wisdom and need.

It's just a shift. And so, yeah, it's something, as I said, being a clinician, it's where I'm in, in some ways a unique role for men. I'm really to do a good job to be a clinician, to be in private practice.

You know, I have to listen really more carefully than than, you know, ever before, as carefully as I can to women. I can interrupt them. I can't try and fix everything.

I mean, and so I, I don't know, I just, I feel like I've gotten to learn a lot or hear a lot about, women's experience. I'm a little bit more of a maybe unfiltered way.

So, for our listeners, if you're in the premenopausal period, I think I heard in all of that that, you know, certainly as our estrogen levels are declining, it may affect the quality of our sleep.

Loneliness, Nature, and Practical Mental Fitness Tools

It may affect our mental health, fitness. And that probably is increased as I make this transition to a lower estrogen levels. Yeah. And I think, you know, a lot of women experienced this differently. Obviously, hormone therapy is something you want to talk about with your clinician.

It's been really quite transformational seeing a number of my patients, you know, go from really struggling with symptoms. Brain fog is another one that happens.

Weight gain happens. You know, I'm certainly not a perimenopause expert, but just sort of seeing this happen in my patients and, you know, it's also a time where, often women are feeling more confidence, more freedom, more knowledge of the self having more support and better connections.

So, you know, I think it's one of those, what it is we do a bad job of in America, we think about development is this thing that happens before you're 18, that's when you're developing.

And I think it's really silly. Before we started, Terry and I were talking about how she's a grandma now. And when I hear things about that, I think about it as it's a developmental stage for Terry Terry's entering a stage.

It's different than being a parent. It's different. Yeah, than just, you know, aging and growing older without grandkids, which lots of people do. It's a specific role.

And so, you know, this, this developmental period, this adult developmental period, you know, it's been such a disservice when we think about it as like a midlife crisis.

Now, we sort of joke that, like, you know, my next move here is to, like, get a convertible and a divorce. I mean, it's just it's really demeaning. I think of the opportunity in middle age and all of the power in middle age or the freedom that we have.

So I really encourage people to, to think about this, period is a massive under, you know, not talked about enough, in some ways, like underutilized developmental period, a place that actually yields great things for you if you engage in it.

And that's in some ways more mental fitness is really asking us, right, from self-awareness as we move into thinking about the various, aspects or tenants that influence our mental health based on the evidence and then, you know, thinking about some of the different phases of life.

I mean, the book is mostly for, adults, you know, kind of 30 to 65, but but thinking about sleep movement and then also some of these aspects that become so important as we age, like connection.

And this book comes around, this idea that like, oh, we have a loneliness epidemic, right? Like if you're isolated and lonely, it's the equivalent to your health of smoking 15 cigarets a day.

That's a lot like what we've we've been talking about your book, but we haven't really mentioned, the title often enough. So one more time. What is the title of the book?

The book is Healing the Modern Brain nine Tenants to Build Mental Fitness and Revitalize Your Mind. If also, if you want a kind of more hands on approach, there's an e-course on my website, Healing the Modern Brain.

And you know, the book is again all about your building mental fitness. Whether you have a mental health concern or not, as I kind of as you probably sensed my tone in this talk, everybody, I kind of don't care.

I really don't, because if you don't have depression, I think it's the most dangerous illness out there, and it's lurking and it's looking for you. And the modern world makes it a lot easier to get.

And I know that there's a set of tools and activities, as I said, the knowledge, skills, habits and behaviors that insulate you, they help protect you from depression.

If you have it, it helps you get better, faster. Whether you need meds or therapy or not. And some of it I said is is common sense and interior what I hope people see in the book, and I guess in this mental fitness movement is a lot of new course science.

Like, like when you walk in the forest, it feels good, right? But do you know that there are these molecules for the sides that you you inhale and it actually changes your brain activity and calms you down?

And you can actually see on an fMRI scanner that just one walk in the woods decreases the activity in your brain's fear center. I mean, that is pretty cool.

You know, that's some wonderful stuff. And again, for the listeners, all the stuff that you can learn in this book will support the brain for somebody having multiple sclerosis or another systemic autoimmune disease that has neurologic or mental health symptoms.

A whole book revolves around more brain growth and repair, regulating inflammation. A lot of the ways that, you know, I've learned from you, Terry, over the years of, you know, I love it when I make my green recommendations and I have this little like, people that are going to eat like several cups of leafy greens every day.

And I always think about, you know, like how the important thing that the important thing is to make the recommendation that they should and help them and help them help.

Absolutely. And so, drew, how do people find you? So, easy to find rubidium. Drew Ramsey, md.com is my website. I've got lots of great free resources for you there.

Some downloads, as well as the courses you can learn about the book there you can check out our podcast, The Drew Ran a Doctor Drew Ramsey podcast. I'm on Instagram at Drew Ramsey, MD, and I run my own feed.

So, if you want to reach out, you can always. I always appreciate comments and likes and follows. I know our self-esteem is supposed to be based on all kinds of other things, but I really appreciate, the engagement I've gotten from my community around, you know, just all of our efforts and encouraging each other to build more mental

fitness and to take great care of our mental health.

All right. Much love to you, drew. And I look forward to next time that we can, share our tasty meal of greens. Thank you so much, Terry. I can't wait to have some greens with you.

Thank you so much, everyone, for your time and attention. And, Terry, thank you for bringing attention to the importance of thinking about our mental health.

And I hope all of you hear my encouragement, no matter where you are on the spectrum of mental health concerns, no matter where you are financially or in the country.

I really hope you hear my encouragement and understand that mental health is a huge part of this. It's a huge struggle, an autoimmune illness, and there are really important evidence based things that you can do in your daily life that make a difference.

And I wish you the very best in that. Terry, thanks so much for an opportunity to share in this conversation. And another great Doctor Talks summit and I look forward to seeing you soon.