Introduction and Doctor Pfleghaaru2019s Background

Welcome back to the Bioregulator and Peptide Summit, folks. I am so excited about my next guest. When it comes to bridging the gap between conventional medicine and cutting edge integrative therapies, very few people do it as seamlessly as Doctor Jen Pfleghaar.

She's a double board certified physician in both emergency medicine and integrative medicine, a combination that gives her a uniquely grounded yet forward thinking perspective on patient care.

She brings the urgency and precision of the E. R. together with the root cause, whole body philosophy of integrative medicine, and sprinkles in a whole lot of heart.

Doctor Pfleghaar is passionate about helping her patients optimize their health from the inside out, and that includes exploring some of the most exciting and emerging tools in longevity medicine today.

Peptides and even bio regulators are very much on that list. She's a sought after educator and speaker known for making complex science accessible. Whether she's talking to fellow commissions or empowering everyday people to take charge of their own health.

We are so thrilled to have here at the Bio Regulator and Peptide Summit to share her clinical insights and perspective on how these remarkable bio regulators and peptides fit into a comprehensive, personalized approach to longevity and health span.

But today, we're specifically going to talk about how she supports women as they move through perimenopause and menopause. Please join me in welcoming Doctor Jennifer Pfleghaar. Hi.

Thanks. Nice to see you. Thanks to see you. Thank you so much for being here. So, Doctor Jenny Pfleghaar please get us oriented here. Tell us a little bit.

I mean, you started off in medicine and and then integrative medicine so very quickly because we know we want to keep these tight. Just help us understand how you made this transition to where you are today.

Yeah, absolutely. So I went to medical school. I wanted to be a do they think more whole body approach do some on, you know, manipulation to cool stuff like that.

But I went into the emergency room and I got really disillusioned fast with conventional medicine. And everyone coming in had chronic illnesses that then were in emergency.

It's not like I was dealing with a lot of emergencies. It was more chronic disease management. So I started looking even deeper into root cause in medical school, were kind of groomed at here's a symptom, here's a pharmaceutical agent to fix it.

So I was looking outside of that, digging into why I went into medicine in the first place to help people dig for root causes. And I went back and did a fellowship in integrative medicine and never looked back.

And yeah, and then about a decade ago, I was starting my brick and mortar practice, seeing patients and looking for more tools in my toolbox, because that's really what it's about.

If one tool doesn't work for a specific patient because we're all different, we need to reach for another tool. And I stumbled upon peptides, and then I stumbled upon actually through unit bio regulators.

And, you know, it really just opens your eyes to things. And then, you know, in the past 5 or 6 years, we've all kind of been turned on our heads with all of this, with the FDA regularly regulations and changes.

And, and it's been really cool to watch the community pivot, go to other things, go to oral agents. So none of this is new. The downside is it takes a lot of time to figure out.

And if one thing's taken away, where to find a good source for for it. And yeah, I've seen a lot of great results using peptides and bio regulators in my practice as an adjunct for lifestyle changes and diet.

So that's what I really want to say to everyone listening out there. This is a tool in the toolbox. This is not the cornerstones of your health and should never be a substitute for that.

I love that that's such a powerful statement. That's so important to say. So let's just dive right in. What are you finding? Like, how are you finding that using leveraging peptides is helping your patients?

Like what are the whether it's conditions or symptoms or imbalances that you're finding these peptides and or bio regulators, like whatever you're bringing to the table here, where are you finding them to be super helpful?

Yeah, absolutely. Well, I'll just talk a little bit about bio regulators first and then we'll dive more into peptides.

Using Bio Regulators and Peptides in Practice

So bio regulators I've really done a lot with patients looking at their biological age and seeing what organ systems aging faster and pairing that with a bio regulator protocol.

That's been really fun to see those results and improvements. And then I'll also use bio regulators as an adjunct to support immune system through thymus, to support sleep cycles of the pineal kidney.

I've seen a lot of kidney problems, low GFR, and really supporting with the kidney bio regulator, plus layering and some other mitochondrial drive peptides has really like blown my mind.

Patients heading towards dialysis. Oh yeah. This one case study to say real quick GFR of 30 which is like your stage two kidney disease. She thought she would never recover.

She got the kidney disease because she was on chronic steroid use for an autoimmune disease. So right now we look at the whole picture. And root causes first started with auto immune disease.

So we were trying to fix her gut health, fix her diet. You know it's all these base pillars of health. Fix her sleep now then we were pretty aggressive with the kidney, bio regulator, thymus and pineal blood vessel.

I stacked those all together and then also had her on as Sasha Fiber had her on. A nitric oxide blend of supplements. Also introduce Motsi. Yeah. And then and then SS 31 because those are really targeting the mitochondria.

And the kidney is so rich in mitochondrial cells one of the richest because our kidneys are always filtering, always working. And with this I mean over a six month progression of using lifestyle diet, you know, exercise supplements, bio regulators and peptides, her GFR went up to 80 and no way. Yeah yeah it was crazy.

And we I you know I lecture on that case and she just it's amazing. And she was like high risk you know for kidney disease diabetic African-American like she had like all the things stacked against her.

So she did really good with that. So that was one example of just we can use these as tools in the toolbox. And if you're working with someone that, you know, just didn't take a weekend course on peptides, but actually has been using it in practice and talking with colleagues about what are you seeing, what's working?

Because the hard thing with these tools that we have, because they're not pharmaceutical agents, you know, with big pharma companies putting out millions of dollars in research for this, we have to use them properly and intellectually as signaling molecules.

And, you know, we just can't put our foot on the gas pedal all the time. You know, you'll you'll get in a wreck. So it's really sophisticated. But that was like an amazing case.

And then midlife we can talk a little bit more about that. So with midlife women I mean you know I'm going through it now. We've been through I mean, we're all in midlife, right?

Women are struggling. So one thing women struggle with is, is sexual desire. Right now this all goes back to stress and cortisol. So when I work with my patients, I tell them we need to fix the root cause of stress and cortisol.

We need to be doing parasympathetic activities by the nurse stimulation going outside, being with nature. Get off your phone reading, you know, all of these things.

But then we can also use a tool in the toolbox to help the situation. So one thing is sexual desire. In midlife, because we have fluctuating estrogen estradiol, we had declining progesterone.

So you're just not feeling it after you put all the kids to bed. Right now I have a teenager boy who just stays up until like 10 or 11 every night. And I'm like, you have to go to bed, right?

I'm like, we, you know, but we'll we'll lock the door and stuff. But anyway, so I love PT 141. And then you can add oxytocin to that. So let's break them down.

So PT 141 is you can get an injectable. You can actually it's an FDA approved drug right now. You can still get it at compounding pharmacies to injectable.

And I personally like the intranasal better. Interesting. Yeah. Yeah I just feel like there's less nausea with that. And then parents act with oxytocin. Yeah.

Because one of the side effects of the 1241 is going to be nausea. And let's be honest, that is sometimes one of not sexy. Yeah. Yes. Like you don't want to. Yeah.

You don't want to do that if you're nauseous. So that can be really helpful with doing the intranasal I'm seeing with my patients less nausea than the injectable.

The injectable also kind of has a higher risk of just a transient hypertension or high blood pressure. So so that's why, you know, the injectable is fine.

But you know, sometimes I prefer the international. So what it's doing is it's affecting neurotransmitter transmitters a little bit in the brain. And that is causing the hyper arousal I like to pair it with oxytocin.

Oxytocin is the love hormone. So that is actually a peptide that we produce. Women think of oxytocin more with breastfeeding when it's high. And you know if you've breastfed an infant it's just so like relaxing.

And you're just you usually nap with them. You're calm, you're relaxed. And we also can get oxytocin with hugging and cuddling. So this is why we really well it's a tool in our toolbox and we can get it synthetically.

We also need to just do things that make oxytocin secreted naturally. And I think I was reading a study about like hugs. And I think like, I don't know if you've read this study now, like I think it has to be like over 30s for a hug to. Yes.

Yeah, but we don't hug people that long. It would be creepy if we did. Right? But strangers anyway? Well, yeah, that's right. But like, we need to. Even when we see each other at conferences more, we need to like, hug and like,

you know, talk and like, connect.

Be like, hey, how's it going? You know, we just need a hug. More for 30s.

Midlife Women, Libido, and Oxytocin Support

It's like a free biohacking. Maybe we should do that at the next conference. Have, like 100%. We'll have a party. Yeah, but so. But I love using the oxytocin with the PT 41.

And I would imagine it's, it's just the tiniest amount. Right. Because oxytocin is very powerful. You have to be careful that you don't over do it. And definitely this is one of those substances that's really important to get some guidance from your medical provider for.

But I would imagine that what it does in this situation is it gets the ball rolling. Maybe, you know, by using a tiny amount that opens you up to this to more physical contact with your partner.

You now get into a world where you know good begets better kind of thing. You. Yeah, you start off with that little burst artificially, if you will, that brings you to the place where you're now going to produce it naturally through physical contact.

Yeah, exactly. It's kind of like I personally like to use it during my luteal phase. So for women, if we look at the menstrual cycle, you have your follicular phase the first half of your cycle.

This is where estrogen is more predominant than you have ovulation. So ovulation women we have that burst of testosterone. We're going to be wanting to play in the bedroom with our spouse.

Right. We're going to be ready to go because that is how God created us, because ovulation is when we are more fertile. And the whole purpose of our cycle is to have babies and to reproduce.

So then that then we get into the luteal phase. So once you're mid to late luteal, I mean you're just kind of hunkering down. You just want to watch TV or you know, you might want to cuddle, but you might not want to be intimate.

So this is tough though because men every 24 hours their hormones are the same. Right? They're the same every day. So they're always going to be wanting to be intimate.

And with marriage you. In midlife, we see a lot of divorce. We see a lot of struggles. It's hard. And that's an extra stressor on women, which is not good for their health.

So really connecting intimately for spouses is is so important, I have found, to talk about this with my patients because it could really secure that bond in the marriage.

And it can also if there's hindrances to this, it could also drive a wedge in between. And really to get like ultimate health in midlife for women that are trying to do it all unfortunately, which is a whole nother topic, you know, making sure that bond is okay.

You know, I do ask my patients, how is your sex life? Let's talk about it. What what tools can we use? How can we improve? But as you're as you said, not like this is going to help.

Just draw you in. More to that. It's not like if you if you don't want to do it at all, it's not going to be a magic switch. I mean, these peptides r not like that, but it's going to get you closer to that.

Yeah. So so using about a half an hour before is going to be helpful. It's just it's going to bring more arousal. The oxytocin is going to make you feel calmer and more relaxed.

And sadly a lot of people use alcohol you know, as like lubrication. And that's not it's not good for your health at all. And there's safer ways to do this.

You know, alcohol is a poison and oxytocin PT 141. You know, these are signaling peptides. So this is going to be a safer bet. So that is something that people can think about.

And yes oxytocin. You definitely don't want to overdo it. If you're doing really high units of oxytocin that's going to have negative side effects. So I am very low and usually just do like ten units.

I'm pretty conservative when it comes to anything supplements, medication and peptides and like start low and and go slow. So that would be something that if you're listening out there and you haven't tried it, it's something that you can just use, you know, PRN or as needed.

And spouses can use it too. That's how cool is that works for boys and girls. There aren't many things that do that. That's so. And do you are you also alongside this working with your patients on maybe hormone therapy, like helping to balance hormones.

So because I just wanted to put that out there that this is and I love the way you said this is a tool in your toolbox. It's not going to replace all the other tools.

It's going to work with the other tools. Yeah. What about what other conditions are you seeing pop up in this phase, like in Perry menopause and this transition?

That can be very challenging because of all the reasons you stated. So yeah, we have this one pillar of physical connection, emotional connection to your partner, which ironically, once you reestablish that can help make everything else easier as well.

That's true. I'm you know, I remember I think I read a paper or book where they were talking about how being sexually active, if you can kind of overcome the barriers through this time, it can actually, in and of itself, also have hormone balancing effects, like it helps support estrogen balance and things like that.

So it's one of those balls that if you can get it rolling, might be very helpful in many different ways. But what about things like are you seeing any impact on gut health?

Like are you finding that you're needing to dip into your toolkit on gut health as women are moving through perimenopause as well? Yeah, gut health, histamine shifts like that can all be a problem.

Yeah. And it kind of goes back to to stress, especially in perimenopause. So women might be compensating. You know our body is very resilient. So they might have let's say a good example because I just have a patient on my mind that that this happened to started just gaining massive amount of weights.

Like by the time she saw me and I thought it would just be hormones, maybe some insulin resistance done. Easy peasy. She's like, no, I tried like hormones already.

So I took a good history on her and she had a mold exposure. So she but she was like compensating. Fine. It was all the way in college and but then she was colonized with mold.

So her body was compensating. Compensating. She hit perimenopause where that progesterone is declining, declining, declining. You did the dial spikes and progesterone can modulate like inflammation histamine all of that.

And she just kept gaining weight. And she was like you don't get it. Like I'm not eating at all. Like some days I'll only eat like 300 calories and I will gain, you know, 5 pounds being like that.

Yeah. Her body. So we have cortisol stressing her out. She's inflamed and her gut health is a mess. And then her body is just like perimenopause hit and probably Covid played a role.

And then she was just like, her body is like, I'm out. I am gaining all this way. So yeah, like I'm done. And sometimes weight gain, its first of all, a lot of the times it's not the person's fault.

I mean, there are so many root causes for it. Like so many times these women are like literally eating perfect or not eating at all. So we we treated the mold her inflammation like went away her.

She's like, I can feel my cheekbones now. I haven't been able to for ten years and we can pair that. So part of the gut healing. So if we have something in the gut that is like, you know, it's causing a ruckus, think about like if a squirrel got in your house, right, and like went through all your cupboards and threw stuff everywhere, it's going to cause chaos and inflammation and badness.

Gut Health, Mold, and Root Cause Weight Gain

So we can layer in. Oral BPC 157 to calm things down, repair the gut. We can layer in CFPB, which helps with anti-inflammatory properties, helps with that tight junction.

I like CFPB a lot with mold patients because when we have mold in our gut and our nose exposure to it, it can really dampen our alpha melanocytes stimulating hormone, which is anti-inflammatory.

So sometimes that will really just help like take the edge off, especially if they're very sensitive mold patients. So that was helpful with her. So then I also layered in with her in the specific case turns up a tide with her because mold can make you makes you insulin resistant.

So she was very insulin resistant because of all that she went through with the mold, plus some hormones, plus just having all that adipose tissue. So really gently stepping her down, her weight down.

So first lost a lot of weight with just inflammation. Yeah. So you just released the inflammation right. It's not even. Yeah. Yeah. So that was insane.

And then we worked on you know getting the adipose tissue out. And then obviously it's always about body composition change and not weight change when you look at GLP ones.

And we can dive into that a little bit more. But that was kind of a cool case. So if someone's out there listening and they're like, or they've been listening to all of a lot of these interviews and they're like, yeah, but like this doesn't work.

Well, there might be a root cause. So you you have to we had to kill and remove the mold and deal with that first so the peptides could work. It's kind of like a delicate, you know, like just symphony almost.

And then we use peptides as tools, as layers while we're targeting each thing. We're not just doing all the peptides at once, being like, poof, it's going to fix everything.

So that's that's like a specific case. That was kind of cool. And she like made me cry almost when she's just like, it's life changing. So yeah, that's so great.

Well, I think what's one of the takeaways from that story, which is a very powerful story, is that the mold exposure had been years ago. Yeah, right. Oh yeah.

And the the message that your body can cope with some of these toxins for a long time. Until the last straw. Right. And so for her maybe exposure to Covid or, you know, spike protein in general added an extra layer of burden.

And by the time perimenopause came around, her body had just tapped out all of its resources and just gave up the ghost. So I that is, you know, it's something that if somebody is feeling really stuck in your health journey, guys, don't be afraid to go back and like, find the physician that's going to sit with you and play detective, right?

Like, take me back. Like, was it could have been a tick bite. Could it have been a tick bite when you were a kid, did you live in a moldy house? Did you?

You know, did your basements smell really musty or, you know, whatever the case may be, that it's your body in its magic and power dealt with it all these years, and now it's finally hit a wall where it's like it's outstripped your body's capacity to deal.

And that that that is really amazing. And and you know what? I keep hearing from you and other physicians on this summit is how, look, you used to treat people without peptides and bio regulators in the past, but what's happened with them is it seems to have kind of shortened the distance between identifying an issue and helping your patients to get to resolution and see the results that they want to see.

Yeah, it's such a good tool, such a good adjunct. And, you know, when you work on the pillars of health that once you get those habits, once you really make sure you identify where you're not getting good sleep or why.

And you know, your nutrition, your movement, your breathwork and prayer life, then the peptides only just will build on to that and then you'll just keep soaring.

You won't need to be spending money on peptides forever, or you just add them on for fun or for longevity purposes. So I think that should be the goal with peptides not looking at them, you know, as a it's going to fix everything.

It might for a short time. But if you're not working with someone or working on the pillars in general, and this is why, this is why peptides in the last couple of years have been the Wild West, because everyone's looking at it as a fix all for everything and everything will be okay.

And that brings us to like the GLP ones in weight loss. Yeah, everyone is so desperate to lose weight. And a lot of these women especially, I mean, they're looking at people getting, you know, like like cocaine thing, you know, like how it used to be cool in the 90s.

Right. And you know, they want that because they've wanted that since they were, you know, in high school because that's how women looked back then. And then they're getting it and they're getting all sorts of problems, like having to get their gallbladder removed or being weak, you know?

And then I worry about these women as they cross over to menopause. And if they're not, they don't have basis of like proper, you know, hormone replacement and stuff like that.

They're not going to have muscle to support their bones and they're going to break a hip. And then if you break a hip and end up in the hospital, your mortality rate is super high.

Yeah. So with with the GLP ones, I really go through a lot of counseling with my patients on it about how this is about body composition change. It's not about just losing weight.

They have to lift weights. Three like I have non-negotiables. I'm like, you have to lift weights three days a week. I do I'm kind of mean about it. I can't imagine you being mean about anything.

Okay, I'm not mean, but I'm like, this is what you have to do. Yes, yes. Yeah. I mean, yeah, not me, but, you know, live three days a week, have 120g of protein a day.

If you don't feel like eating or drinking, then you know we're going to dial back. You know, this is slow and steady, wins the race. All the things like, you know, you don't want to look like that person on Facebook that lost 50 pounds in three months.

And you're like people. And then people come at you look good. It's like, no, like, well, here's the thing, GLP ones, they are modulating inflammatory cytokines.

We do know that they decrease inflammatory cytokines. So those people might actually look good because they're less inflamed. But if they have saggy skin, if they have no muscle then they're doing it wrong.

GLP-1s, Muscle Preservation, and Longevity

They're on too high of dosing. They're not doing the habits that are really going to make it work the way it's supposed to. And this is and that I would love to know what you think.

I think it's like it's such a beautiful peptide that we've been using before, big pharma, the Kardashians really pushed it. And I just it's getting pushed too hard, too much, too long.

And we have diabetics that are still eating donuts for breakfast, but they're on a GLP one. And we're going to see positive results because it's modulating inflammatory cytokines that, you know, inflammation is what causes, you know, the heart disease and it is helping there fasting blood sugar.

But I mean, we're just in a mess right now. It's crazy. Yeah. I think what they're sacrificing is their longevity and health span. Right. Because if you're not nourishing the body at a micronutrient level in terms of what it needs, if you're not giving it the materials that it needs to build healthy bones, build healthy, maintain enough muscle that you can retain your independence, right?

And feed your brain and all of the other things that we know we need to do. If if all you're doing is looking thinner but not taking care of the rest of the house, it's the long term results that I think is going to be the most concerning.

So the nice thing I think for the Globes is it's a little bit like we talked about with the oxytocin. They give you a leg up right. They give you that kickstart.

They give you the opportunity to change your diet and improve your lifestyle and all that stuff. But it's about working with a coach or a physician and like, you know, you get your prescription from your physician.

If your physician doesn't do what doctor does, which is to actually coach for clients, then find yourself a coach who can help you, who could then support you in the day to day so that you're not sacrificing the long term for the short term gain.

Yeah. And then sometimes with a GLP one I will add in a growth hormone secreta Gog. So those can also be helpful in in midlife. And this is like a Moreland CJC 1295 Sarah Moreland.

So we can layer those in. And growth hormone secreta dogs. It's not giving growth hormone right. I mean you can get those online where you're giving yourself growth hormone.

But then yeah but then we run the risk of, you know, our skull growing, our hands growing. I always think of Barry Bonds. I don't know if you like. I was really into Pittsburgh Pirates baseball.

And like, I remember there was like the growth hormone scandal with him. And anyway, that name always comes up in my head where I'm like, we're not giving growth hormone.

But but sometimes that can that can help. It can stimulate appetite a little bit, help with that lean muscle because we know that GLP ones can decrease muscle okay.

And and fat, but both at the same time. So sometimes layering that growth hormone secreta Gog. And I know we're talking about midlife women but men respond really well to these.

I have a male patient that he he like is so tight about his weight. Like he did the HC diet for year. No. Yes. And I'm like no more. So we we have a monstrous appetite CJC Upper Moreland.

And then his testosterone is optimized and he's doing great and same thing I had to be firm with him. And I'm like

why aren't you lifting heavier weights.

Because I went through his weightlifting routine and I don't know, but like so many people, just won't lift heavy weights. And I like, have to like, write it like as an order.

Right? I have to be like, I am making, you know. So I mean, if I could go to their house and, like, stare through the window and be like, lift weights, I would but but he had great results.

So he lifted weights and did the growth hormone secreta gog and gained 10 pounds in muscle like over three months. And I was like, this is actually crazy because he had the building blocks.

Like his lifestyle is dialed in. He had optimal testosterone. He was using the tours appetite because he to help his hunger cues, because that was an issue for him overeating.

And then he had the growth hormone secreted. So it was pretty layered. And then for me, growth hormone secreta God, I let patients use it for 2 to 3 months and then we take a break.

We check IGF one levels. So once again like when we look at the bodybuilders, when we look at the people that are, you know, on peptides and all the gym bros pushing all these peptides, we don't know what's going on inside of their body.

They could be pushing these pathways, mTOR pathways, IGF one to hard. And we know bodybuilders in general have a shorter lifespan. So it goes back to what you were saying at about like, what are we sacrificing here to have a perfect body, to look really lean all the time and have our blood vessels pop in and, you know, like, I don't know, I just don't think that is worth risking our longevity for me, looking perfect right now, trading that for time with my grandchildren in the future.

So I think that everything's a balance. This is my problem sometimes that I'm too in the middle, like I'm not extreme. But anyway, I mean, I just my fear is that watching these conversations on Facebook, I joined a group on like, you know, peptide users.

And it is horrifying. People are showing these like files that are brown and they're like, should I use these? And I'm like, this is so scary. This is so sketchy because they're not getting them from compounding pharmacies, and they're not working with someone that knows what they're doing.

And I'm like, are you willing? You know, this is just like trying to trade short term fulfillment in joy for or not even joy. Just, I don't know, like self-gratification for future, you know, treasures.

Yeah. And yeah. So we have to be careful about that. And that's why I wanted to share a bunch of stories about how patients with it done, how sophisticated peptides and bio regulators can be, and that it's it takes a little bit of time, you know, and it's it's thoughtfulness.

Final Advice and Where to Find Doctor Pfleghaar

And and now you've been in this space for well you're the OG. So so you know you know how it is. Yeah. Yeah. Well thank you for that. I mean I think I'm, you know, one of many people, but it's definitely it's, it's we've definitely moved into a new phase.

But having said that, that's what the summit is all about is helping people to connect with people like you, practitioners and physicians like you, who bring a nuanced approach to the space, which I think is lacking.

So as we close up, are there any final thoughts you'd like to leave the audience with? And after that, let's tell them where to find you, where to find your beautiful book, and how to connect with you if they're looking for some support.

Yeah, absolutely. I would say to those listening out there, just really focus on your pillars of health before you get ready to dive into the peptide world.

Just take a little bit, take a step back and just do a little inventory of the pillars of health, like where is your sleep at? Where is your meditation prayer breathwork life?

That where is your food at? Where's your exercise at? So do a little inventory, see what you can tweak and then maybe add on or bio regulators. So I would I would say just take a step back or if you're like, I need some something to get me over this home.

You know, even like we talked about PT 141 and oxytocin. Like you need something for that. Hum. Yes. That's fine. Like add 1 or 2 in, but just do an inventory before you start rushing into everything, because it's so fascinating and it's so attractive to just like, yes, I want to use everything.

These are all so cool, but just take it slow. I would say just take it slow. Beautiful. Thank you. Where can people connect with you? Yes. So I am on Instagram at Integrative Doctor Mom, Integrative drmom and YouTube.

I have lots of free content there and then my website is Healthy by Doctor Jen, healthy by Dr. J e n And lots of free resources downloads there that could help you in your health journey.

Thank you so much, Doctor Pfleghaar. It's always a pleasure. Thank you, thank