Reversing Alzheimer's: Why 66 Out of Every 100 Patients Are Women, and What Menopause Has to Do With It Transcript

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Introduction and Heather Sandisonu2019s Brain Health Work

Ladies, welcome back to the Future of Menopause Medicine Summit, where we are unapologetic. Unconventional. Unfiltered. All the things you need to help you on your menopause journey.

I am still your host doctor, Sharon Stills. And you know me. I'm always excited because I get like the best guess for you. So I'm like, I've got another amazing guest for you.

And many of you probably already know her. It's doctor Heather Sandison, who is a New York Times bestselling author, which is, like, so proud of you. That's so amazing of Reversing Alzheimer's, the new toolkit to improve cognition and protect brain health.

She's a renowned natural doctors. Than she gets more love because she's a natural doctor just like me. And she specializes in narrow cognitive medicine.

She's the founder of Salisbury Health Clinic, which is a premier brain optimization clinic based in San Diego. She runs coaching programs to help you understand your brain health.

She's she's doing all the things. She has a podcast with Doctor Talks, she's everywhere. And she's really a game changer when it comes to brain health, which is, you know, one of the most important things that we need to be addressing as we're going, you know, always and certainly as we're going through this transition.

So give it up for doctor Heather Sandison. Yay. Thanks for having me. So nice to be here with you. Yes, she's also personal friends, so I get super, super excited.

I haven't seen you in a while. Okay, so. Yeah, I mean, the last time I talked to you, you were not a New York Times bestselling author. So I just want to, you know, that's just so amazing.

And, you know, it's a real profound title, right? Reversing Alzheimer's. That's not something that is a the typical conversation is so-and-so has Alzheimer's.

And now we're just going to watch them fade away and deteriorate and ultimately die. And so I think it'd be just great to start right off the bat with that.

Like that's a bold statement reversing Alzheimer's. So if you can share with the audience what that means to you and what it means for them. Yeah, absolutely.

So it was very bold, right? When we came up with that, it was it was like, okay, we should send this over to legal and make sure that it's okay to even say this out loud.

But the reason why I felt so confident is because I see it over and over and over and over again. I see people with diagnosed Alzheimer's who improve their cognition, not just some of the time, but most of the time.

Now they need to be willing to do the work right. It does take changes to diet, exercise, sleep, stress management, and these things can be uncomfortable, and they can be really challenging for people with full cognitive capacity, let alone people who are declining.

And so, you know, this statement though, was especially my book launched. I can't believe it's been two years since we've caught up because we the book came out in June of 2024, and I started writing it in 2022.

And since then, you know, since I started writing it, since it's been published, this has become more mainstream, much more mainstream, and not because of the medications that are out there. Right?

There are these new medications that can be in LA are available. They're on the market for Alzheimer's. But what they do in the best case scenario is they reduce the rate of decline.

They draw out a tortuous process, they make it last longer. And there's benefit to that, right? There's benefit to having someone's cognition decline less rapidly.

Don't get me wrong, however, what people really care about is improvements in cognition is preventing and reversing this awful disease. And, you know, I want to get into 217 because that's a biomarker that's out there for the diagnosis of Alzheimer's disease.

But no one cares what their 2017 number is, right? No one cares at all. What they care about is can I make breakfast for my grandkids when they come to visit this summer?

Can I engage? Can I can I maintain my relationship with my spouse as a partner rather than becoming a dependent right though? And with my children, can I be can I maintain my relationship with them as a parent rather than becoming the child?

Right. So those are the things that people really care about.

What Reversing Alzheimeru2019s Means

It's that cognitive capacity, that ability to engage in life as the best version of yourself. Right? And there's still lots of joy to be found even when there is cognitive decline.

But I think when we think of this reversing Alzheimer's concept, it's really about regaining cognition and reversing the disease process as well. At the molecular level, it's about turning off the microglia, the immune system of the brain that's going to create that cascade of pathophysiological events that leads to the buildup of tau and amyloid, right.

So when when we think about that, it can feel overwhelming. It can feel like daunting. But there's a very systematic process to that approach. Right. And it's not one thing I think it's easy to, to, you know, bite the clickbait of like herpes causes Alzheimer's and or this one thing and this one drug is going to is going to change everything in the Alzheimer's space.

It's like, no, what we need is a paradigm shift, an approach to dementia and Alzheimer's that matches the complexity of the disease. In my mentor, who I know you interviewed on the summit as well, doctor Dale Bredesen, he has been the one who has really, you know, for a long time.

He was just yelling into the wind around this, but he has been the one who's published a lot of the research. We also I had the privilege of contributing to that.

And and doctor Dean Ornish, the, the Alzheimer's Association had a trial, the pointer trial that came out last summer and in June of 2025, that was basically a coaching program, the coaching program, similar to what we do, a lifestyle based intervention where people improve their cognition, right, where you're getting actual improvements.

So we're seeing this over and over again. The medications they can slow, they can get rid of amyloid. That does not improve cognition. What improves cognition over and over again in the literature.

You see this in the 2020 2022 paper authored primary authors Cat. Toups in the Journal of Alzheimer's Disease. In our paper, I'm the primary author on that paper.

It was also in the Journal of Alzheimer's Disease in 2023 and then in Dean Ornish his paper in 2024, June of 2024, and then in the 2025 paper with the Alzheimer's Association, The Pointer trial.

All of these had improvements in cognition in people with mild Alzheimer's, mild cognitive impairment and the consistently what does that is a lifestyle based intervention diet exercise social connection some supplements some nutritional nutrient supplementation.

It is all about those lifestyle foundations. So I want to get a little into the systematic approach. But before that, I just would love for you to speak to the woman watching who when we go through perimenopause and menopause, one of the primary complaints or experience is has to do with cognition from I can't do word recall.

I can't remember where I left my keys. Mood changes, all of these things. So is there something you can say to the women listening, which not that any of it is normal, right.

Because a lot of it has to do with the things you're talking about with hormonal decline. But are there things that should be more alarming that you're experiencing more so than things that are, you know, like stress or distraction or the fact that we have like I was thinking the other day, I was thinking when when Doctor Ben was a baby and I would just sit in my rocking chair with him and nurse him and rock him.

He loved to be up all night and it was just us, right? Just. And now if you were sitting in the rocking chair, you'd probably have the baby, and then you'd have your phone in your other hand.

And it made me very sad. And so I'd love to also, I know got like 17 questions that I just rolled into one. But I'd also love to know, like what you think about the cell phones, the emfs, and just the constant distraction and how that also impacts our cognition.

Yeah, we know that women are two thirds of Alzheimer's patients, right? So 66 out of 100 Alzheimer's patients are female. And this has a lot to do with hormonal changes.

We think this menopause is when our sex hormones fall off a cliff. And for many people, not everyone but many women experience this shift in cognitive function.

And what I would say is that you know when to where you went to not. I think if you have a sense that your cognition is changing, talk to a doctor about it, because what we don't want to do is miss the opportunity to intervene.

And if you are a higher risk for Alzheimer's, right. If you're ApoE4, positive, if you've got 1 or 2 copies of the app foraging, if you've got a strong family history, genetic predisposition towards dementia, then we want to intervene.

When you're younger, we want to intervene when the symptoms are more mild. This is treating dementias just like treating cancer. If you're if you're in those last stages, it takes so much more effort.

We have so much less confidence that we can help. But if you come in earlier and you are younger and we're in this earlier stage of the disease process, we have so much more confidence.

It takes less money, less resource, less less work to get those. That reversal of the neuropathy physiological process of that amyloid buildup. And so when we think about menopause there's a few things happening.

Right. And it is there's this drop in hormones and that can manifest in a bunch of different ways when it can impact sleep. And deep sleep is crucially important to brain health as we age.

So when we get into that deep sleep state, I'm sure many of you have heard this. It's that Glen static rinsing that happens. That is when amyloid comes out of the brain.

If you skip deep sleep because of hormonal changes or stress or whatever is going on, you miss the opportunity to

rinse the glimmered attics and to get amyloid and phosphorylated tore out of the brain.

We see this after one night of sleep deprivation for people in their 20s and 30s. There's an increase in brain tau and amyloid. So super, super important that we get sleep.

And for many people, a reduction in progesterone will lead to to poor sleep that night sweats hot flashes. This can interfere and impact sleep. So treating those symptoms as we go through menopause right.

It's like it's the downstream effects. It may not necessarily be for you that your hormonal changes are affecting your brain, but it might be that the hormonal changes are affecting your sleep, which is then affecting your brain.

However, we have estrogen, progesterone, pregnenolone, testosterone, DHEA receptors in the brain. Our sex hormones have an impact on the brain. This is why we get hot flashes, right?

Our temperature center of the brain is in. The temperature center of the body is in the brain. And when that estrogen isn't showing up there, that's why we get hot flashes.

We can't regulate our temperature.

Menopause, Cognition, and Early Warning Signs

So very, very clear that there's a lot of there's a biochemical cascade in the brain that is really important. Also testosterone in particular. But many of the other hormones, they're sent nap to genic like.

They help us grow and and create new. They help us regenerate. They're associated with youth. Right. So the more of that that we have on board, the younger our brain is going to feel, the younger our bodies feel.

I mean, I'm sure you see that. You know what? I look at women who are on hormones versus those who aren't. They're just younger. They're having more sex.

They're more engaged in life. They they're just happier. They and they look younger. Not that it's all esthetic, right? It's really about your experience of life.

So, you know, I think if you're if you're going to the mailbox and you kind of you can't remember the name of your neighbor, you know that I don't want people to feel afraid of that.

You don't want to panic, but it is an invitation to say, maybe I should look into this. Maybe I would benefit if something's changing, if things aren't the way it used to be anymore.

That's a sign. And worst case scenario, you're reassured, right? You don't have Alzheimer's. You're not at risk for that. Great. Wonderful. So you want to protect your brain and live a healthy lifestyle.

But if you do find out that there is risk, then what an incredible opportunity to protect that, to be proactive. So early signs the questions I asked my patients are, you know, are you losing words?

Are you having trouble coming up with the word like simple words like couch or kitchen, you know, or whatever it is and names that can be assigned, particularly if it's different from the way you were a year or two ago.

Are you spending more time looking for things? Phone, keys? Wallet? Are you constantly misplacing items because you can't remember where you set them down? That can be a sign.

Are you? Obviously, if you're dependent on other people for things you didn't used to be, you know? So if somebody else needs to start taking over, like the finances, if you're missing bill payments, you're missing appointments, you're getting confused.

Showing up on Tuesday when the appointment is actually on Wednesday. That can be a sign, certainly when the sign that I've also seen not for everyone, but is getting lost, being somewhere relatively familiar and not knowing where you are, having these moments of like, do I turn left or right?

Even though you're in a relatively familiar place? Also a sense of overwhelm. If you're someone who used to plan the trips to Europe, plan the trips to wherever you know you book the tickets, you understood the time changes, you book the hotels, you pick the rental car, and now the thought of even packing for a trip somebody else planned is daunting.

That is also a sign that that feeling of overwhelm, people that used to host Thanksgiving used to always be at mom's house. Now it's too overwhelming for her.

That is also a sign. So those are things to kind of watch out for. But really, the invitation is if your brain doesn't feel like it did to 5 or 10 years ago, see a provider who can help you navigate what are the systematic ways to go, who can help you navigate the systematic way to go through causal level factors so that you can optimize your cognitive function no matter what?

So do you talk about in your book, like for someone listening to this interview, could they read your book and kind of get an outline of what they need to say to their doctor?

Yeah, absolutely. So there's a chapter called Partnering with Your Provider. The book is a how to manual for anyone who's looking to optimize cognitive function without a doctor.

And then we have one chapter that is basically these are the questions to ask. These are the labs to get run if you're seeing, you know, Medicare covered provider.

If you're seeing kind of a regular PCP primary care provider, these are the things that you can get through LabCorp and quests and generally covered by insurance.

And then if you want to dig into the toxins and the infections and the nutrient status, then there's another list. But sleep is a big one. And as we age, you well know I don't have to tell you this, Sharon, but, you know, Estragon is responsible for elasticity.

And as we age, even thin women who do not snore, their airway can be blocked at night when you're sleeping. And that can lead to sleep apnea, significant sleep apnea.

And some people don't have a partner to hear them snore. Some people are unaware that this is happening, and we have diagnosed severe obstructive sleep apnea and seen women who had no idea.

And it is. It is game changing for cognition to get good sleep. So, you know, things like that. There's a list of all that in in the book in that chapter.

But if if you did nothing else, if you wake up feeling tired, get a sleep study done, because a lot of people think it's like, oh, fat guy who snores and gasped for air at night, and he's the only one who can have apnea.

Absolutely not. Yeah, I always say sleep is your superpower. It's like my my non-negotiable. And you know, I'm because I practice so much European biological medicine.

I mean, I'm always sending patients to the biological dentist, but now I'm also to speak to what you're saying, sending to the myo functional therapist, right.

To get that airway evaluation to see. And I'm so glad you brought that up. So everyone listening like find the local mile functional therapist. Best if they're associated with a biological dentist because then they're a little more in the mindset.

But go in. You know, an evaluation takes maybe an hour and a half. And you will they'll have you bring food and watch how you chew and watch where your tongue is placed.

And it's so informative and so interesting and so much can change that will change your sleep, which will change your brain, your life, your brain, everything. Right.

It's like the hip bone truly is connected to the knee bone and we have to start thinking like that. So what about diet? Yeah. Do you ever fans? Yeah, I'm a fan of an organic ketogenic diet, and I am not suggesting that someone should stay in ketosis forever and ever and ever. Right.

You're going to fall out of ketosis. It's too easy not to. Right? There's carbohydrates everywhere. They are ubiquitous. However, if for anyone that crosses my path who is concerned about cognitive function, I am not doing my job.

If we don't get them into ketosis at least once to see how they respond, because it can be profound. I cannot count how many people I mean, I've worked with well over 1000 people at this point, one on one, and in that I it's countless.

How many people have said to me, we are not going to come out of ketosis because he does so much better in ketosis. I can watch that switch flip when he's in ketosis versus not.

And if that is the difference for your for remembering grandchildren's names or being able to put a sentence together or being able to stay at work, or, you know, if that's the difference, then I don't want anybody to not know how that feels, what that feels like.

And then the side effects of a ketogenic diet, an organic plant, forward ketogenic diet. Right. I'm not talking about a bacon and cheese diet, but like really like a plant forward, healthy, high fiber, high plant content diet.

This is going to reduce inflammation. It's going to mobilize toxicity. It's going to reduce oxidative stress in the brain and elsewhere. Because glycolysis, the burning of sugar for fuel, creates a lot more oxidative stress than the burning of fats for fuel.

And it provides the resource to the brain that is often missing. And when the brain is fighting toxicity or fighting infections, it requires more resource.

Right. We're spending it's like a it's like a country at war is how doctor medicine puts it. Right. This is that great analogy. If we have a country at war, it is focused on fighting the battles, not building roads and schools, because appropriately so that's where all the resource should go.

It should it needs to survive.

Sleep, Airway Health, and Ketogenic Diet

And so if you think of your brain that way, right. If it's fighting off toxicity, if it's defending against pathogens, well, it doesn't have the resource to create new synaptic connections.

And to figure out where you filed, where in your brain you filed that information about where you put something or, you know, complex concepts or someone's name.

And so what we want to do is free up resource. The brain is a very resource intensive organ. It's only 2% of body weight, but 20% of energy expenditure.

So huge amounts of energy. And when we give it ketones instead of sugar, we're much more efficient at generating ATP or the currency that our cells run on it.

Also, you know, in ketosis we see people's mood improve, we see sleep improve, we see pain and prove we see blood pressure improve. And then of course, diabetes resolves often.

So if someone and I agree it is definitely that that switch. And so someone's doing great in it and they are doing it like you said, plant forward and not, you know, bacon, bacon, cheese in it.

Then it could be long term. Yeah. And the thing is, my hope is that people now have the opportunity to go to Italy and have the gelato and eat the pasta and go enjoy.

Good to have a glass of wine. Go enjoy yourself full cognitive capacity with full cognitive function. And so you're going to I hope that your daughter gets married and that you can be there and you can toast at the wedding.

Right? I'm not trying to take all the fun out of people's minds. What I'm trying to do is make it so that the rule is to be in that plant forward ketogenic diet, getting the exercise, and then when that special weekend or that special trip or that anniversary or something comes up that you want to celebrate, you can also go do that, but you can be fully there enjoying it because of the work you've put in in that really good, healthy lifestyle program.

I think that's such an important piece. You know, we are what we do 80% of the time, like we need when we get to rigid. That's not healthy either. No.

So and the whole point is so that you can go enjoy that. Yes. Now you're making me want to go to Italy and have some love. So what about like toxins, viruses?

Are there specific? I mean, I know we have such a smorgasbord of, you know, ones to pick from, but are there certain ones in your practice that you see are more correlated that the audience should be really looking out for having their doctor's test?

Yeah. The way I like to organize myself is the causal level factors. Right. We're looking for imbalances too much, too little in the right place or in the wrong place at the wrong time.

So we're looking for imbalances. What we want is the right amount at the right time, in the right place. So you can imagine like high cortisol at night is going to keep us from sleeping.

It's going to become toxic to the hippocampus. We're not going to get that deep sleep, low cortisol in the morning. We're not going to have that get up and go.

We're not going to get to the gym. We're not going to get the exercise right. So what we want is we have these diurnal rhythms. We have monthly rhythms, of course we have annual rhythms.

So we want to be in balance in this dynamic state. And at a causal level, what are the things that are out of balance that are going to drive amyloid plaque production, that are going to drive a neurodegenerative process, whether it's Parkinson's or miss or, you know, it can be frontal temporal dementia, these other dimensions as well.

We talk about Alzheimer's because it's so common. But other other cognitive, you know, other cognitive diagnoses, it's the same thing, right? Any kind of age related chronic disease, we can think of all of these things as causal level factors.

And then our genetics are going to turn different ones on or our circumstances. So toxins, nutrients stressors structure signaling and infections. So you asked about toxins and infections.

They are both in that causal level factor list. But I don't want people to miss the other ones. Right. Because depending on you, they're also not mutually exclusive, right.

One person might have toxic sugar, also called a diabetes diagnosis. Right? Too much sugar plus a traumatic brain injury plus high plus ApoE4 for status. Right.

That's one path to dementia. But somebody else might have okra toxin and a gingivitis and Lyme disease. And then they got Covid right. This is a very different pathway but to the same diagnosis.

So the toxins that we see most commonly affecting the brain right. We think I think of them in three flavors are chemical toxins which is like our glyphosate but also our forever chemicals, our plastics, our BPA, our phthalates and parabens.

Glyphosate is directly neurotoxic, so that's the active ingredient and roundup and then mercury. Of all the heavy metals, mercury is the most directly neurotoxic.

So we test for metals. And then the most common mycotoxin I see is okra toxin. These are also relatively easy to get rid of. You know I say that as a natural path like this is what we do all day, but there's a path.

There's a clear path for getting rid of these things. And then from infections. To answer the other piece of your question, the infections we see that most directly trigger that amyloid plaque production, that that neuro inflammatory cascade are gingival and other microbes that cause gum disease.

Herpes simplex one have one that virus triggers amyloid. So we want to be aggressive. Take lysine but also probably some of the medications for for herpes and then Covid that virus.

Also it's a slightly different mechanism. What it does is it creates basically micro clots in the micro circulation. You don't get as good of circulation because of the cytokines and the inflammation and the tendency towards clotting.

So what we want to do is help with proteolytic enzymes and reduce that. Also the nicotine patches, a lot of like long haul Covid people will talk about nicotine patches.

Toxins, Infections, and COVID-Related Brain Effects

Nicotine is actually helpful for cognition. It's in Galanti mean nicotine and the acetylcholinesterase inhibitor are both in a medication called galanti.

So we know that nicotine is actually helpful for cognition. And I will recommend the patches for some people if they tolerate them. So there's different strategies based on what infection Lyme, Spiro Keats they definitely can cause.

They have been found in amyloid. So there's a handful of infections that we know trigger this amyloid cascade more quickly than others. But essentially we want a low infectious burden in in the brain but in the body because again, it takes up resource.

We're fighting that instead of being able to focus our resource on regeneration and healing and back to the mouth again with, yeah, yeah, we refer to biological dentists a lot.

Yeah. So very, very important. I'm glad you brought up Covid because I think that's changed. I know it's changed the way I practice. It's changed the way I think everyone has to practice because we have this whole new unmasking of things that maybe we're laying right below the surface that Covid has said here, like a jack in the box, pop up and say hello and caused some chaos.

And so you really and it can be challenging to really figure out, like testing wise for micro clotting, right. Like you can check for the big the dimers and the fibrinogen.

And I've just started running at LabCorp. I just got my first one back, actually some micro clotting panel that I'm going to start trying to figure out.

But we have all sorts of stuff here at the clinic, as I'm sure you do. You know, we from using like something simple like the Avis machine, which helps reduce micro clotting to really be paying attention to this systemically and obviously for brain health.

So important. So important. Oh my gosh. All right. Well we're just about out of time. But where. So you know you're you're obviously a wealth of information.

And so you know we just throw out bing bang bang like all these viruses and things. But if people take your read your book, take your coaching class, where can they learn more.

Because I'm sure so many women are like, how do I learn more? Yeah. The great first step is the book Reversing Alzheimer's. It's available on audiobook and wherever books are sold.

And then also I have a free podcast. Right. So think Well Age well is the name of my podcast, and that's available for free wherever you listen to podcasts.

So just getting more information is often a good place to start. But I do take new patients in San Diego, so people do establish care with us in person.

I also have a great, wonderful team and we now take Medicare. I don't personally take Medicare, but we have a nurse practitioner on our team who's taking Medicare, and we're participating in the guide program to get more support for both patients and their care partners.

So we have that in a brick and mortar in San Diego, helping the community here and then people who are willing to fight and able to fly in and see us.

And then online, we have the coaching program, which we launch a few times a year. I really, really, really love doing that. It's such a blast. It's so fun to see the community come together.

People get resources and support from other people in a similar situation. While they're learning, while they're implementing really helps people, I think go from that.

Okay, I'm collecting information. I'm watching the summits, I'm listening to the podcast, I'm reading the books. But then it's that piece. It only works if you do it.

And so it's that implementation piece and really helping people get the implementation right. So it can become a habit, it can become part of their identity and be something that they these lifestyle changes can be something they benefit from long term.

So lots of tons of fun. I really enjoy it. I feel so privileged to get to do this work, and to meet amazing people like you and have incredible colleagues around the world just helping people live healthier, happier, better lives.

Amazing. Yeah, it's so important. I think we were in a very heavy information society, and we have to remember to take it from here down to here to our heart and our body and embody it.

And so very important. And we, we didn't get to talk about. So I just want to is it in your book because I wanted to ask you about like the other side of it, when you're the caregiver, do you have a chapter in your book or is there anything you could say just to someone who's listening?

Because that's that's, you know, yeah, that's a hard road at times. Yeah. It's a heavy load. So reducing the burden of caregiving. Yeah. Caring for the caregiver is one of the chapters.

That's one of our chapters. Because whenever we have people come in with a care partner, they tend to do better. When it's a team effort. It's really, really helpful.

And caregivers can't become the martyr to it, right. That's not okay. Who's going to take care of you? Right? And what we see is that people who care give for someone with Alzheimer's are anywhere from two and a half to six times higher risk for developing Alzheimer's later on for becoming a patient.

And so there's very real risk, right? People who are caregiving, they often their sleep is interrupted. They're not prioritizing their own exercise, their own social connections, their time outside of care, that care partner.

And so much of that is because, you know, there's guilt and shame and fear. Like if somebody else does this, they're not going to do it as well.

Resources, Coaching, and Caregiver Support

I love this person the most. It's not a one person job. Right? This is this takes more than one person and care partners who have self-compassion, who take time for themselves, who get help.

They have more sustainability because we don't know, right? When you're raising a child, you know they're going to get older, you know they're going to grow up.

You know that they're going to become more independent with this and on a relatively predictable timeline, right? Not all kids are, but you know what I mean.

And with this, you don't know if it's going to be a year. You don't know if it's going to be ten years or 15 years. You don't know what their capability is going to be.

A lot of it's very unpredictable. You don't know if they're going to be combative or it's going to be a super sweet, lovely, wonderful Alzheimer's experience.

And I think that makes it the uncertainty. The unpredictability makes it the emotional toll a lot higher. And so getting support from peers who are going through it, like in our support groups or in other support groups, but also having time outside of caregiving is so important.

If caregivers listening take away one thing, it's to carve out eight hours per week that are yours. Do not go take care of grandkids instead of your spouse.

Go have lunch with your friends. Go enjoy your hobbies that are uniquely yours, because at some point you're not going to be a caregiver anymore. And then who are you?

Beautiful. Well, that was kind of like the PS on our interview, but not not an afterthought. You know, that's why I wanted to bring it in because it's so important.

And, you know, it's kind of I always use the cheesy like, put your oxygen mask on before you put the kid's oxygen mask on. Right. And so it is so crucial that you, you know, be okay with your feelings, whatever they are, and that you have outlets and you have I love what you said.

It's you know, it's your time. It's not time to go. Take care someone else. Resist the urge. All right. Well, a wealth of gold in this interview. So I love you. I love all of you listening.

Thank you so much for, you know. So go check out her book, check out everything if you are local or can fly in to see her and you have someone you're concerned about, you'll be in great hands.

So thank you, thank you, thank you. And we will be back with another talk. My pleasure.