The Vitality and Longevity Care Protocol: A Holistic Approach to Aging Well Transcript

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Introduction to the podcast and guest

So the approaches that I use. So first of all, I think the very basics basic like nutrition, like luxury set like the person with the treatment that would Parkinson's for example.

So some of my patients, when I was, when I was caring for them, there was no change in their, in their, in their meals, in their food. They were continue to eat the same way that they used to eat before they got diagnosed.

And so there was no change to the the processed food, the different the foods of creating inflammation. So there was no change in their meals, no change that you're seeing.

So that's so that's the that's one of my favorites is the other. The other issue that they have is is sleep. So those are the key things. Simple. But they make all the difference in healing and within the body.

Sleeping people are waking up but like sleeping well so no one is tracking their sleep. And it's so they sleep more throughout the day. They're not sleeping at night.

And so that's the other thing is hydration. They're not drinking enough to get people to drink. Welcome to Doctor Talks. The podcast where every episode leads to a healthier you.

Join us as we navigate the world of optimal health. Uncovering groundbreaking strategies to conquer chronic disease. In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors.

If you're seeking to transform your health journey, or if you're looking for answers to burning questions, you've come to the right place. Get ready to unlock the secrets of lifelong health and vitality.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Hi, and welcome back to the Integrative Health Podcast with Doctor Jen.

Today we have Emma Soy who will be talking about Parkinson's disease. Emma Soy is a nurse specializing in personalized care for individuals living with age related chronic diseases.

With over 35 years experience in health care, Emma created the Vitality and Longevity Care Protocol, a five step holistic approach to improving quality of life for neurodegenerative conditions like Parkinson's.

Multiple sclerosis, ALS, and other age related chronic diseases. She is passionate about helping patients experience greater independence and vitality while supporting caregivers with emotional and practical solutions.

As a founder of gentle Shepherd care, she has guided hundreds of clients to live better, not just longer. Utilizing cutting edge therapies, bio engineered their treatments and precision nutrition.

And to learn more about Vitality and Longevity Care program. You can go to gentle Shepherd care.com.

Why holistic home care matters

Welcome, Emma. So excited to have you here today. Thank you, Doctor Jen, for having me. Yes of course. And I love that you your program is not just about the person, the patient with the disease, but the caregivers.

Because we know that, yes, that is something that is not always taken care of. Yeah. Tell me, tell me a little bit how you went from nursing to to this creation of this program in a more holistic viewpoint.

Well, I again, I bet. I started this home care, a home care company. Now, I been in nursing for a long time, so I've done many things in nursing. And so when I came to the point where I seemed to myself, when do I really want to do? When I grow up, what do I want to do?

As I settled into the afternoon of my life. And I thought, you know, home care. I love the the two group of people that I love working with and the children and elderly.

I started my career as a pediatric nurse. Now I'm ending it with elder care. And so I decided to start a home care company. My goal was to help the older adults to age the ones who wants to age at home in place, gracefully, with dignity.

But what I discovered was that I wasn't satisfied with the standard of care that we were providing for home care, because the standard of care is the family will call in, asks about help me with activities of my mom or dad, with activity of daily living, cleaning, cooking.

You know, this and that. But then I just we were watching the, the, the standard was just watching people decline and just giving them pills for everything and not really focusing on helping them to thrive.

We're helping them to live. And I became really dissatisfied about that. And I decided I'm going to do something about this. I am going to create I'm going to change the way we do, home care.

I'm going to change the way we help people age and America, whether it's me or many other people who wants to come with me. And the went that way again. Let's go.

Yes. That's so beautiful. It is a problem. Because what are the choices right now for elderly, especially those with a chronic conditions? Go to the nursing home, which is not very good.

And and when you age, you want to be at your home. And like you said, you're just treating symptoms. You're not actually like helping them be have vitality. So.

So that's amazing. How did you specifically get interested in the neurodegenerative processes of aging? Well, because I saw this group of people. When I have their when I have these patients, I see how not only that, the disease affects them so quickly and how the disease progressed.

Like, for example, they might give the person similar Parkinson's, the pills, and if they not the pills are not working or they're not helping with the symptoms, which is watch them, the symptoms get worse and worse.

And, their family members and that's what here's here's my other stand is this as people age, they are in a prime time where they have wisdom. They have knowledge.

They have a lot of things to give to the next gen, to the younger generation. But when people are facing these kinds of health issues, they don't think about these things.

So all people think about is, how do I, I just how do I just get through the day and, and I watch that and I thought, okay, no, how do we help people with these?

What can we do to help slow down the progression of the disease? I don't have a cure for Parkinson's. I don't have a cure for all these diseases. But all I know is the way we doing things currently.

There are other things that we could do and to help, to alleviate, to slow down the progression of the disease and give people more quality of life. And so that is why I saw people living just just existing.

Core lifestyle foundations: nutrition, sleep, hydration, and movement

And I thought, what can I do to help them live? Yes, absolutely. Now, what are some of these approaches that

you're using right now in your clients? So the approaches that I use first is first of all, the very basics basic like nutrition, like nutrition, like the person with the chronic look with Parkinson's, for example.

So some of my patients, when I, when I was caring for them, there was no change in their, in their, in their meals, in their food. They will continue to eat the same way that they used to eat before they got diagnosed.

And so there was no change. So the the process the different the foods of creating inflammation. So there was no change in their meals. There are no change in their food.

So that's so that's the that's one of my focus is helping them. The other thing is the other issue that they have is is sleeping. So those are those are the key things.

They simple but they make all the difference and healing. Having the by the heal sleeping people waking up at night, they're not sleeping well so nobody's tracking their sleep.

And, and so they sleeping more during the day. They're not sleeping at night. And so that's the other. The other thing is hydration. They're not drinking enough.

You can't get people to drink enough. And what what can we do? So sleeping, drinking, movement. The older adults, especially with the Parkinson's movement, is the is one of the key things that they need to do because their body so stiff and so movement, they're not motivated.

They get depressed, they get discouraged. So they're not moving. They're not doing the exercises that they need to do. And so those are the the key things that I have in my program to really help people.

And the other thing is, is the proper nutrients, you know, not only food eating, but they have the proper nutrients, other low and certain things. Most older adults are low and magnesium and basic things that we're not really focusing on instead of just giving the pills, managing the symptoms.

So those are the kind of things that I focus on. Yeah, I love that. And even even if someone wasn't at home, even if they were at the nursing home, they're still not getting this information about nutrition and about diet and, and the, the generation that you're taking care of, not all of them are on social media or listening to podcasts.

So they're not getting this information. And they could really sit there and feel better just with these little changes that didn't. And if you don't know, I mean, if if you don't know that you're deficient in magnesium and you know, 80% of Americans are, you're not going to know to take it or you're not going to know the foods to eat.

So that's in those biomarkers and they don't. So the thing is, it's not just people who are living at home, because when families are not able to manage the, the, the, the care recipient, they look for help and where it the easiest is to place them in assisted living.

Well assisted living is not set up to help any of this. It's just watching people just go through the process. They just decline and then decline in decline is no different than keeping them at home.

And so I believe a lot of time people put people in assisted living because they are unable to manage these things at home. They don't know what to do.

They don't know what to do. And then they assisted living is the same. They're not doing these things are not being apply to everybody. It's the same thing.

Everybody, you know, go to bed at the same time and they wake up. There's it. So there is no, no, no, no science in any of these things for these people.

Yeah. It's kind of like conventional medicine. Everyone goes they're all in the same protocol. If your cholesterol is this, you get the statin. You know, it's all these protocols.

It's not individualized or personalized. And we're not all genetically the same. We need to be personalized medicine. What about the family? So part of your comprehensive treatment of someone at home is also having this integration of family support.

Why is that important. So important because. The fam the family caregiver plays such an important role when someone when the person becomes let's say, let's say the patterns in the person as this person for glass, their loved one, their wives, their spouses and their children become the caregiver.

And now caregivers are not trained to be caregivers. When someone, let's say, their husbands or their dad get diagnosed with a disease and they go to the hospital and they get sick and they go to the hospital and they discharge, based on whatever the criteria that they set up for discharge, they send these people home.

These people have no idea how to care for these, these people as they decline. I find a lot of my family caregivers not only emotionally emotional, exhausted, they physically exhausted, they trying to do their best.

And if you find a good wife already who's a caregiver by nature, they spit.

Supporting caregivers and personalized family training

They are spit because and they're doing something that they don't know how to do simple things like, I'll give you an example. I was with a family member and and her husband has Parkinson's and he's declining and he's in bed.

He's laying at the end of the bed. He's he's he slides himself all of the end of the bed and she's she looks at me. She said, Emma, I don't know how to get him up.

I don't know how to get him to the top of the bed. And now I'm giving her techniques. I'm teaching her. And she says, oh my God, Emma, thank you, thank you.

The simple things, those things are, things that as nurses that we have learned, we know with years of experience how to take care of people. These people are taking care of these family members with no skills and no knowledge.

And they just learning. They just doing by, you know, doing it day to day the best they can, but they don't know how. Right. And the crazy thing is, is when someone is sent home with one of these conditions to live at home and they're like, oh, good, you have someone there.

But like you said, they they're not nurses. They don't know how to do the day to day assistance with activities of daily living. How do you get them to the bathroom?

What happens if there's a mess? Yeah. And simplest thing without hurting themselves. And remember the adult the the the care recipient is an adult. Remember usually let's say is a husband and wife.

Now husband doesn't want to take orders from this wife. Right. They they already having their own issues that that the person with the disease is depressed.

So they don't you know, it's hard for them to accept what's going on with them. And now they have this wife who's constantly bugging them. Do your exercise.

Do you your this do you know that they don't want to listen to them? So when someone like me walk in and, and start to do they listen to me more, they would listen to their wives.

Because you, my wife, you're not my caregiver. Right. Exactly. Now, what are some of these innovative therapies that you're utilizing? So currently I have my protocol starts with, several things.

I prove I have a, a product that I use, for replacement stem cells, supplements that I add to help people get to the at the cellular level. I have another product that I also add also is redox also.

So the cellular level to help people get their energy. That's part of it because when people don't have energy to do things, they're not sleeping well.

They can't. You cannot expect them to be active during the day. So these things help them to be able to sleep well, give them back some energy. Here in Charlotte, North Carolina, I also provide hydration and ozone therapy.

I do ozone using light therapy. And the whole purpose is to be able to decrease inflammation, give them back energy, give them strength, help them sleep better.

To be able to do these, it doesn't it to do these things and then create, a meal plan with them and putting them in meals. Now, you can't put everybody in the same diet.

You have to look at where they are and meet them where they are, and for things that needs to be pulled out and things that needs to be added. And we also do labs to look at their markers, to look at the, the markers, things that, you know, what's low, what's high, what can we replace.

And so that's, that's that's how we work with them I love it. And what benefits have you seen with specific cases utilizing ozone and UV light at at their home.

And you take this to their home so I can do either home or they can come to our office here. Yeah. Oh, people get the the energy. That's the quickest, the energy, the strength that being able to sleep, being able to spend and have good night's sleep.

I use, we monitor their sleep also. So we monitor their sleep. We use. Yeah. You know, things to monitor, to see the quality of sleep. You know, how much, sleep.

I think getting instant to see how much energy that they're getting to be able to see how they now they can focus them doing the exercises as they keep doing the exercises, then they can they can be more flexible, especially with the Parkinson's patient who's so stiff and so they can have more flexibility in the joints and they can have less pain even, you know, in the body.

So yeah, the energy, the strings are sleeping much better. And then the decrease inflammation because now we changing their diet. And then we also and then use the light that's in the decreased inflammation for them.

Yeah that's amazing. And that's probably helping with their energy levels. So then they're able to get out of bed you know shower bathed themselves easier.

And also the mind we do we do. We also do mind breathing exercises. We do meditation. It's to the, the the brain fog. It's just it's amazing. Yeah. Yeah.

Yeah. So when we look at Parkinson's specific what are the modalities you're doing at their home for their motor and their non-motor symptoms. So for the, for the Parkinson's patients need to have a team and they need to have a team.

So one of the things that I help as a geriatric manager is to bring a team together to make sure that that person have a physical therapist is, is is is one of the one of the members of the team.

Speech therapist is another member of the team. Because the speech therapist work with, you know, how their voice, their vocal cords. So they need to keep that up with the exercise.

So we have a speech therapist. We have the, physical therapist.

Innovative therapies and treatment protocol

And then we have the person with the what I call it more of like a coach foot. That would work with them. In regards

to the meal planning, a meal prep, and things like that, and then education for the family.

Family training. Yeah. Yeah. But that's so important because we teach them what to expect. And when they see things like that coming up, what to how to how to handle it.

And we available 24 seven our families so they can call us anytime somebody. You know, this week I was talking to a family member and he's on the floor.

He's in the ground. What do I do? Don't pick him up. Don't do this. Do this for, you know, follow up with that. Yeah. Yeah. And that's the that's the scary part.

Like you said, if they're on the ground they don't know what to do. And while they're getting improvement of their health through all these modalities, they're still come situations that come up when you're dealing with these chronic neurodegenerative problems.

Because this is not a quick fix. This is not this is so so I so first of all I'm protocol is a 12 weeks protocol. So it's not something that someone can just come and give me this.

Give me a that. So we working with them for 12 weeks. After 12 weeks we do another evaluation to see where they are. And then we give our recommendation.

How do we move forward in a maintenance level. And so it's not something that you can come in and just pick this and pick that. We based on whatever the symptoms the person is, we build a plan of care for them.

In regards to that, what would they need? We also we we advise them is we can do what we do also with the hydration. Hydration is huge because these clients are not drinking.

They're not drinking enough. And so every time they come we do give them, they get they get some, they get fluids. Yeah, yeah. So what kind of patient success stories are you seeing with?

Well, we'll talk about Parkinson's first. What are you seeing in that 12 week time again? Is the 12 week time is the ability to get them to focus, number one, the ability to get them back, to be active instead of sitting down all the time.

And that will decrease pain and increase flexibility and sleep. What? Yeah. Because all these things help them to get back so they can be involved because, Parkinson's patients can become very depressed.

It can be very depressed. And so when they see something is happening, they see, they can see, they can see change, they can see how they are able to move that we have people who cannot, who can't, haven't been able to move and how they're doing things they become.

They see that they become less dependent and other people to get up, and they can use less of their walker, less of the cane. So that gives them encouragement to continue to do that.

The exercises and follow the plants. Yeah. And and I think that this sometimes when you have a chronic disease, when you get in that cycle of depression, you just don't want to try anything else.

You're like, I've tried everything. So having the caregiver and having the patient on board with changing food, you know, it's not easy stuff. But once they start to see the benefit, then they're just going to want to keep going.

Because yes, they have to live with this disease, but they can live with it instead of basically just like dying of it. Yeah. And then, you know, now they're more cooperative with their caregivers because now we're working as a partner.

Before that, it's the wife or the husband is the partner that's that's forcing things on them. But now now that they are

feeling better and they can see that I can move, movement is huge.

Like I can move this something I this balance, it's improving. And when they see that that now they become a partner and they care instead of somebody making me do things.

Because one of the things that I had a son told me, he says, am I? This is great, this is great, but I can't get him to do anything because because the depression is so it's if you can't get them to do anything.

That's why we do the 12 weeks treatment, because we want them to get some quick when we want them to feel better, you know, during that time, so they can get involved.

They need to be part of the treatment of their care. Yeah, absolutely. Now ALS is very difficult for for caregivers. And the patient is going through them.

What success have you had working with these patients? So I been had a lot of the ALS patients. But I've had it's Ms.. The the Parkinson's for me the biggest group of people and I believe our program also can help.

Well have ALS I just haven't had a lot with that. Because I have to have, towards the end is harder. It, you know, the it depend on the phase where the person is, when you have the person who's ready goes to hospice is it's really it's difficult to add any of these to, to see any change in those with these treatments.

Earlier it would be great, but, that's what I see that, for example, the Parkinson's patient phase one and phase two do much better. The later phase is harder because they can't participate.

By then they really not participating in the care at all. Yeah that makes a lot of sense. And that's why you want to get in there early. You know at any first sign or any first diagnosis you want to start treating the body with inflammation.

You know changing diet using the modalities like UV light or red light. Yeah. Because you're going to see more improvement if you start right away. Yeah.

Versus if you wait until they're at the end. And that's that's why I tell this my program is really for any older adult, anybody who's an aging because.

So you don't get to that point. So you want to do some more. You can. Yeah. That and older adults don't wait until you have things currently in America.

They want you to be sick. They want to wait until your A1, C is 6.4. Then we're going to do something and we'll give you some pills. But while it's going up, nobody's doing anything with it.

And so that's why I say this program, my protocol fits for anybody as you age because we decreasing inflammation period. We're giving you energy. We're working at the cellular level as your cells dying.

Parkinson's outcomes, routines, and patient progress

We are we rejuvenating. We coming bringing back. So giving you energy so you can keep on moving. Because if you don't move you lose that eating eating better, living better, sleeping better.

Those are all the things that anybody needs to have to be as you age. So we can have longevity, right? I love that, I love that well, I would love for you to share a little bit more about the steps in your program and what it what it looks like to go through your program as a patient and a caregiver.

Sure. So the, first of all, we start with, complete assessment. We assess everything for aging. I say I have three step. How do you want to age? See, the choice is currently you can just watch your decline.

And every time you see things happening, you said, well, that comes with age, right? You can say that. Or you could choose how do you want to eat now if you choose that you want to drive as you age, you want to live as you age.

Then I say, okay, now you are the client who can come and work with me. So then you have to. I have to have the. Not everybody could qualify to be on my program, because that person has to be motivated.

The person have to be wanting to, thrive because a lot of people say yes, they want to, but they don't want to do the work that needs to be done. A lot of the things that I do, it's you, it's you going to do it, not me.

I'm just going. I'm there as a coach. I'm there as the midwife. I'm helping you. I'm not doing things for you. Except when you come in and I insert you live and I give you UV light and ozone.

But again, you have to come in. You have to do these things when you leave here. So I start with the assessment, the mindset what is that person? What do they want?

What is it that they want? I'm there to help you get to where you want to go. So I do a complete health assessment. I want to know the numbers. I want to know the key health pillars.

I want to know what they are. So then if you don't have them, that your doctor do not have them will send letters to your doctor. We want to work with them and we want to get them, if they not will, to work, and make sure that we get the things that we need.

So we do a complete health assessment and we also look at home. Well, I want to see how do you want to age, where do you want to age. And we want to look at create a plan with you.

How much is that going to cost. Because that's all into aging. And so we do this complete assessment. After we do the complete assessment we get what we call a report card.

Then we we see we have the results. Then we can create a plan. The first two weeks we spent talking, we spent with, I implemented the supplements with, the ACA, which is the product that I use for, redox.

I spent two weeks where I give you the vaccine and then the stem cells supplements to start the process is to, is to, to start the process of giving you some strength in working at the cellular level.

Before I start any ozone UV light treatment, two weeks before that, get the body, get the body ready and we start looking at the meals. We start pulling things out, meals that needs to come out.

What do we need to add? Vegetable. We take a look at your fluid levels. We do all that okay. And then every every week you would come in, we either we go to you, you come to us, we do a treatment.

At that time. We do a treatment. We do we and we start slow and then we increase, you know, the, the different, the different, doses. Now we continue with we docs, we continue with, the, the cells, the stem cells.

Now we do a high dose of the we docs, we do a high dose of the, of the stem cells for the 12 weeks instead of once a day. We do three times a day during the 12 weeks.

The we docs, we do twice a day, 16 hours per day. And so we do that during those 12, 12 weeks. And then we do the weekly treatments that we do. And then as we do that, we tracking, we tracking sleep, we tracking energy, we tracking your eating habits, we tracking the different how do how do you feel.

So we, we we tracking your sleep, tracking your REM level. So we doing all that to see how you doing. And then we increased doses as we go at the end of the a then of six week we do another evaluation.

We want to take a look at how are we doing. And then if, if we need to increase doses, we do. If not, we continue

until we get to the 1212 weeks. We do an assessment again, we see where you are and we adjust as we go.

Well that's awesome. So you're integrating not only, ozone but stem cells into this. And you're so you're seeing a lot of changes in recovery because you're doing these innovative treatments.

It's not just but building the basics, which is the nutrition and the supplementation. And that's what's important, because if you just hit someone with ozone, their body is going to freak out and hurt.

Yeah. And but the other thing is we have to look at what's going on with them, because sometimes someone, most of the time someone has Parkinson's. They have other health issues, gut issues.

So we have to look at all these other things because they may not be responding well to treatment because they have the gut is not is is is not healed.

So we want to take a look at that also. You know how they doing. So they have other health issues that they're dealing with. We need we need to look at how they what's their agency.

What are they in those numbers. Because they do have other health issues besides being for example, have Parkinson's. And so I have a mass patient. Not only he has Parkinson's, but he has everything else is the heart.

He has the you know, he's a diabetic. He's but it's, you know, it's type two things that we can, you know, work on. So those are the things that we're working on because it's not just the mass he's dealing with is dealing with all those other chronic diseases, the arthritis, the backing, the yellow, all that stuff that comes in with aging.

Yeah, but helping that root cause the body is going to help heal itself slowly. So it's so beautiful what you're doing and allowing these patients to recover like on their own terms to at their own home where they're getting personalized care, you know, so of like for sleep.

All my clients I have a like I have a morning regimen for them. For example like morning regiment. These are the things you do in the morning and there's an evening regiment, you know, in the morning you do these things when you get up out of the bed.

For example, for the Parkinson's patient, the first thing they need to do, they need to have a range of motion.

Aging with dignity and closing remarks

They need to move in, get out of bed the first thing because it's like meat sitting in the freezer. So they need to do that. So that so I have a specific routine.

And then the next they got to do their, their their their voice exercises. So I have a morning routine for them that they need to do and need to be done.

It needs to be recorded. And then we need to look at that evening. We have also have an evening, regiment for sleeping because we need to set the room for sleep.

We need to go to bed at a certain time for the Parkinson's patient. I do make sure that their bed is warm, and we do, like, even take the, their. She put it in a Walmart, put it in the dryer, get the bed warm because they cannot their their their, their body is going to be stiff.

So we so all that we do like we have a night routine for them, a daily routine for them. Yeah. Oh that's great. And routines are great at any age. It makes us feel safe.

It helps balance that parasympathetic sympathetic system. So that's that's really good for them. I just love all that you're doing in your passion and how you saw a problem.

And you were like, I'm going to fix it. I'm going to be the solution. Yeah. Emma, can you tell us a little bit about where where you're located, where your business is located, how people can work with you and get more information?

Now? I look at I'm in Charlotte, North Carolina, so I do do a hybrid program. So, whether the person is anywhere, I can work with them. So if they're here in Charlotte, we can work with them where they can come in, and we do some of these things, but a lot of these things we can do with them virtual also.

So anywhere someone is needing some help with this chronic disease, Parkinson's. Ms.. I can work with them that thank God for technology today. Look at you and I today we hear you there and we talking and yeah yes I love it.

Well thank you so much for being a guest and sharing how you're changing aging in the home with these neurodegenerative problems. I think this is such a big issue right now.

And the answer is not to put them in a nursing home or assisted living. Well, in in the assisted living I work, you know, that's my dream one day to like these kind of so services need to be bring into and this is a that's where the nursing is is just assisted living.

Bring them if you're going to bring them to me in assisted living this is what I want to create for them so they can live. People need to live. They need to thrive.

They do so that older adults have so much to give. And my thing is that again, if I can relieve pain, if I can imagine these, I can help you with live these issues.

And you don't have to be talking about your pockets, and you don't have to be talking about your arthritis. You don't have to be talking about your pain.

What are you going to talk about? Tell me about what you used to do. Pass, to me, your knowledge, your skill before you leave this earth. So much that you can do and that give that person a reason to get out of bed even though they are 70, 80 years old.

Look at that. Which was for the president and in the white House. He's almost 80 years old. We just got so, so have people productive, giving knowledge and skill that they have had years.

You got CEOs of companies, you got people who have so much experience, and now they see the way I'm talking about their arthritis. Instead of passing on their skills and their knowledge.

To me. Oh, I love it. Yeah, you're right, we shouldn't be throwing them out just because they have arthritis. We should be fixing that or fixing that.

And yeah, focusing on their mind. Oh, I love it. But if they have pain it's sure it's real to them. So what can let's let's help them resolve that. Let's get them back on their feet and be people that are productive.

Just because the person is old, that doesn't mean they need to be shovel somewhere and they sit around and watch the walls. They have so much to give to get them to walk and do things.

Oh, I love it. You are such a great advocate and I just, I love your passion. So I, I just hope this business explodes and we will put all the website and information in the show notes.

Thank you. I appreciate you. Thank you very much and I appreciate what you're doing. Doctor Jen and we are one. We working together. We want we on the same page.

Yes absolutely I appreciate you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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