Introduction and guest background

When you pray, When you express gratitude, you boost Vegas nerve activity. 273 years of sleep given back to humanity. When I'm treating my patients with severe mental illness, guess what?

Guess what techniques work the best. Hello and welcome to the podcast. This week we have a special episode that was recorded at the Mexican Association of Lifestyle Medicine back in October, AMMEV.

One of my fellow speakers at that event was Dr. David Rabin. He is a translational neuroscientist. He's a psychiatrist. You may have heard him speaking about psychedelics at A4M and many other conferences.

And he's also the founder of the Apollo Neuro, which we get into a little bit in here. It's an amazing, cool device. This book that he has written is actually spectacular.

he gave me a copy of that book at that conference and I've been reading it since, The Simple Guide to Being Alive. and I highly, highly recommend it for you, for your patients or otherwise.

This was a really special interview. Enjoy. So a warm welcome to the podcast for the first time, Dr. David Rabin. Thanks so much for having me, James.

We've been trying to do this for a while and trying get organized, but you've got a new book, you'll be traveling around and we find ourselves at this place and this time.

It's best to take advantage of it. When I thought about interviewing you before, I could interview you as the founder of Apollo Neuro, which is a super cool device I've had the opportunity to use.

I know that you're also the guy that lectures on psychedelics at A4M and so forth. But spending the last couple days together, I recognize that there's a whole wider range and there is no way we're going to be able to do this justice in a 25 minute podcast.

because you just did your whole session there on vagus nerve stuff, which I'm super interested in as well. And now I have a copy of your book, A Simple Guide to Being Alive.

So for those who haven't heard about your work before, you said something yesterday that you're a translational psychiatrist. I'd love for you to share a little bit about what that means and why that might be familiar to, let's say, a functional medicine audience.

Yeah, so translational neuroscientists actually. And psychiatrists do a lot of translation anyway because we have to explain complex concepts to our patients.

But neuroscience is different because most neuroscients spend their entire careers in labs or studying patients in artificial settings and not the real world.

There are very few real-world neuroscience. That to me was really interesting because I noticed as I was going through my extensive medical and science training how much of the knowledge from some of greatest award-winning discoveries of last hundred years in neuroscience has been left out of our clinical education.

Translational neuroscience and bridging science to practice

One of which is behaviorism and fear training, fear extinction learning and how critical that is for healing, which Going back to Pavlov's dogs and BF Skinner's rats and Eric Kandel's snails, these are considered to be some of

the most important discoveries in biology ever.

And yet, most people I talk to who are doctors or neuroscientists, they don't understand the importance of how those discoveries change the way we treat patients for the better.

It hasn't been fully integrated into the ways we teach clinicians to practice medicine. And that was really surprising to me. So I spent a bunch of time in my career as a neurosciences in the lab doing bench research focused on chronic stress, aging, dementia and aging from a stem cell approach actually with Dr.

Sally Temple from Cambridge. And then I realized this issue that so many of our great discoveries were just getting stuck in the lab. And the ones that were the greatest discoveries took on average 17 years to get out of the lab and into practice.

And I was like, this is crazy. 17 Years. We have to be able to do this faster, especially in 21st century. Yeah. So what I discovered is this field called translational neuroscience, which is focusing on taking the great discoveries that we make in the Lab and in research, and rather than just leaving them on a shelf, we figure out how do we take this and make it useful to clinicians and to the people who are actually delivering care?

And then ideally to general population who were actually receiving the care so that they can benefit from the billions or trillions of dollars you spent on this research over the years.

It's their tax money, right? The benefits should translate down. But our problem is not that we don't, a lot of people say, and this is one of the things, one my pet peeves about about science communication that I see all the time.

I hear it from scientists, I interview how I respect. One of my journalists I'm friends with just published an article talking about how we don't know, neuroscientists all disagree about psychedelics work.

And I am like, okay, but we know how they work to heal trauma. That's the most important way that we use them. We know they do it. You know what we do not know?

How it works? Tylenol. inhaled anesthetics that we put people under for surgery, right? That stuff, we actually don't really know how it works and we haven't.

But psychedelic medicines, We actually know How they help to accelerate fear extinction learning and safety re-learning to Accelerate trauma healing because and that's what we use it for which is amazing and yet the information that we've collected about how they work has never been synthesized and organized properly to actually convey to the public.

So what I challenge the medical community and the journalist community is, rather than just copping out and saying, we don't know how it works, sorry, We can actually say, well we do know a lot of different pieces of it work, But it's actually not a we-don't-know problem.

We don't have enough studies, let's do more studies. It's in large part, we need to do studies but different kinds of studies The issue is a translation problem, it needs to become bilingual.

Do you know what I mean? As scientists and doctors. And so now you've written this book, what was the push behind writing a book for the general public with that range of topics?

Well, I would say it's for the general public and clinical audiences, but it is able to be understood by the public. Part of it was that I just went through so many years of advanced science training and I learned what I felt was about 50 to 60% of what needed to know to treat patients effectively, and then there was another 40% that I was not taught, that was kind of how science has now proven since starting since like around the 1960s that how breath work and intentional breathing changes your physiology, how you can use that to regulate mood, energy, anxiety, stress, human performance, cognitive and physical.

And how you can self-regulate, you learn to self regulate your nervous system, for instance, is one of the most powerful healing techniques that we have, and we don't properly teach that to doctors and to patients, yet when I'm treating my patients with severe mental illness, guess what techniques work the best?

It's those techniques, and it's the techniques that accelerate the learning of those technique, which is based on a safety nervous system first approach, an autonomic nervous approach.

And when I started to see everything that was missing in modern medical education and that my colleagues were not familiar with, that they weren't using in their practices, they were basically saying, oh that's woo woo.

Which is frankly disrespectful, because it's not woo-woo, it is actually proven. Science has finally caught up, and that's our bad for disbelieving the ancient traditions.

Healing trauma through safety and feeling

They were, for the most part, correct. And that is why they have survived for so many thousands of years. So I wrote the book to effectively bridge science and spirituality.

I thought if no one else who's a doctor and a neuroscientist is going to take the opportunity to become bilingual and learn the language of translation to the public about all of the modern understanding of what neuroscience has demonstrated about how the body works, how they're connected, and how we heal.

then I just have to do it. And it took me 10 years to get all my notes together and learn how to translate, like learn the language myself from talking to my patients and explaining it to them.

But after about 10, years I finally felt fluent and I was like, I need to put this book together. So I spent the last year assembling all of my note and writing it and it actually The good news is healing is a lot more simple than we make it out to be.

And it's just not taught properly. It's not translated properly and so I called it a simple guide to being alive. Amazing. Well, we've been talking over the last couple of days here in Mexico and I've be sharing with you, you know, some of my own thoughts about this sort of arbitrary nature of neurology and psychiatry and, all of these tools that you're talking about go across both of them when we're taking about healing brains.

One of the things that stood out to me in the book that I'd love for you to go into for our audience is maybe some of physiology of how the brain heals and how maybe sometimes psychiatry gets in Yeah, so modern psychiatry is focused around stabilization and that is symptom suppression.

So it's like numbing you to your symptoms or distracting you from your symptom. Basically focusing on the symptom, not the source of the illness, the emotional wound at the core of what's going on, which is where all the symptoms stem from.

The approach that we know from modern neuroscience and modern psychology, psychiatry research is that We have to, that emotional wounds are still wounds, they still need to be addressed as such, and that we can't just, if you can stabilize people in the moment for weeks or months, then that's really, really effective, but beyond that, once people enter stability, the stabilizing medications that are numbing to our feelings actually obstruct healing, because healing Feeling is a source of healing.

And if you numb the feelings, then people never learn to feel, and if they never learned to just feel and feel safe feeling their feelings and connecting with them, they can't heal.

So the long-term stabilization and symptom numbing approach is actually devastating to patients long term and it perpetuates the time course of somebody's mental illness symptoms and actually makes it worse chronically because we're just ignoring the root cause of the problem.

So we now have an opportunity to fix that by getting to the root cause of the problem, and that's kind of actually treating an emotional wound like a physical wound, addressing it, not just numbing people to it.

And basically using tools that are ancient and new, including psychedelic therapy and plant medicine-based tools, that all are focused on one thing, which is reminding people how to feel safe enough to fill their feelings again.

And once you do that, stabilization is no longer the primary treatment focus. It is trauma healing and feeling your feelings again. Well, it was crazy how it worked out because I had planned to give a very different talk here.

And about two weeks ago, I was in my men's circle, had a profound experience with it, and essentially changed my talk for another conference in London that was called Reclaiming Our True Nature, because they recognized that that Now that, that's what I recognize was happening, but ultimately the sort of obvious, more obvious thing to see if you were just to come and watch it is, is what you're describing there, which is essentially, you know, fight like every week going into a journey to find those feelings, describe those and use, emotional things that came up through the week as a guide towards where you need to sort clear those triggers in order to live in a more free way.

And I found personally that the group dynamic provides, you know, something that is probably recreated in a psychiatric relationship, psychiatric or therapist relationship.

But such a more efficient system, Yeah, because you can help more than one person at a time. Yeah. My work's your work. You see the other person working.

It's meaningful to you. Right, you relate to them. And then the group experiences are really important.

Group healing, community, and vulnerability

I think one of the major changes that has to happen in modern mental health care in particular, and probably health in general, is creating more of these group therapy opportunities and group community experiences where We don't feel, one of the biggest challenges of healing from mental illness in particular is that people make the mistake of thinking that they're alone in their suffering.

And that the only one who's feeling the way they are feeling, and that could not be more false. Because every human has been, experienced trauma. Every human on this earth has suffered.

Everyone has felt pain, probably pain and suffering pretty similar to what you're feeling at one point in your lives. And so the community experience like what you're talking about is so powerful because it helps people see and recognize that they're not alone in their suffering.

So I just want to take a minute to talk about the incredible mission partners that we have here at the Evolution of Medicine that have made this possible.

So Fullscript has been an amazing partner for 10 years. We only pick partners that can help us achieve our vision and help you achieve your practice vision.

FullScript have been incredible partners for a decade, but their new offering journeys, this is why we called it the Evolution of Medicine Journeys, is allowing practitioners to combine the relationships that they have with the newest technology to sell direct-to-consumer lab testing and use it as a funnel to bring into your practice and it's a game changer for the whole industry.

So go to goevomed.com slash journeys and you can get started on building the journeys for your practise an optimal way into our practise. We're going to have some conversations about it.

This is a Game Changer. Next, Genova. Genoa have been fans of the Evolution of Medicine for a long time. We're big fans with them and they now have a lot more specialty testing.

They have lot of more tools and it's a key part of understanding the body ecologically. So go to goeomed.com slash genova to find out more. Come on over here and I want to show you about the other mission partners.

If you've been following us for a while, you know that these are organizations that we trust, that add a lot of value. Freedom Practice Coaching, I have been supported by them since the beginning.

And so many of the issues that practitioners face in building a successful practice, scaling a success practice come down to having the right support with people who have done that.

Go to goevomed.com. Big boost marketing. Uli and his team are the best in the business when it comes to really understanding how to market your functional medicine practice.

Go to goevomed.com slash big boost and see how they can help you. And then what you're going to be hearing a lot about is the formation of clinical networks.

Ultimately, True Neura is our first effort at that, which is to build an integrated clinical network combining independent practices from across the country into a network that can reverse cognitive decline.

And if you go to goevomed.com. You can get a demo, you can see what it means to be part of an Integrated Clinical Network. That's mentorship, that's software, and that is making it easier for you to get incredible outcomes in a disease state where there are no other options.

So thanks to our mission partners. Let's get back to the content. A mutual accepted humanity that is shared. And when you realize that you're not alone, that cultivates a foundation of safety in the body again, because you realize that you're in a community of people who is hurting and that we heal in community, which is also an ancient indigenous and Eastern tradition, is that heal community.

We don't heal an isolation. So then it changes what I think what's going to happen. And we're going see this because we need to scale psychedelic therapy more effectively.

One of the best ways to do that is group therapy, group ceremony, also leveraging indigenous traditions. and those experiences change the role of the provider, change of role the clinician, of me.

Because my role, as you said in your talk, is about care orchestration and making sure all the moving parts are doing what they're supposed to be doing and catching issues as they come up that could be urgent.

And then the community and the day-to-day process of community, and connection is where people heal. We've actually found, you know, over time that the clinician being or the provider in this case, being the group visit leader isn't always the best way.

Like the peer, the health coach, creates a level of like safety, whether or not you act like you're the doctor in the white coat. The perception of the patient can be that.

And therefore, one of the things that we heard along the way, and when I was writing the book on groups, is doctors saying they would sit in on a group visit and hear patients say things, that maybe they'd been patient for years.

Hey, you never told me that. This would have been a lot easier if you had mentioned this seven years ago. But there was this safety created in the group to be able to unlock a deeper level of truth that might come out in an office visit, even a functional medicine 45-minute office.

Right, right. That's a perfect example, because vulnerability and feeling is the source of healing.

Sleep, vagus nerve activity, and recovery

Again, vulnerability. Vulnerability is uncomfortable, right? If you feel criticized, judged, overanalyzed, misinterpreted by your healthcare provider or that your health care provider, your doctor, or your clinician is just not paying attention and they're just focusing on the numbers or their computer or phone or whatever, then you're not gonna feel safe enough to be vulnerable to share your deepest, darkest secrets and fears with that person, which is, as you just described, essential to the healing process.

Like you said, you doctor friend would have been like, oh, I could have done so much better work earlier if you told me that seven years ago. That clinician probably didn't adequately make that patient feel safe and do the things they needed to do for that person, which effectively is just meeting them where they are as a human being.

And that's not something you have to go to medical school to learn to, do which I find ironic that it's an inherent human skill of meeting somebody where there are a fellow human.

Everything that is treatment comes after that. And what if it's just sitting in a circle that makes you feel safe and literally the geography of your relationship was not allowing it?

It could even be as simple as that. What I've come to know in the last couple of days is that the healing of the brain is something you'd be thinking about for a long time.

And I know that everyone in our world knows how important sleep is for removing toxins. It's something that you get into a little bit in book and also something came up in your presentation yesterday.

I'd love for you to just unpack that a little bit for the clinicians, because people know that sleep is important, but you went a bit further into the physiology than I had heard before, and it was really cool.

Yeah, so sleep isn't just important. It's essential for healing. So if you think about what happens when we sleep, there's a few really important things that happen when you sleep.

One of which is there's changes in lymphatic flow. It's when our brain and body take out the trash. Most of our toxins in the blood and cells are removed during our deep sleep stages.

during deep sleep stages also is when our memories are consolidated and reconsolidated, which is effectively long-term memory storage and organization, Which is how we remember things for the long haul.

Which, is really important in healing because we're learning new behavior, new techniques, and new ways of being. And the third thing is that sleep is where our vagus nerve activity is the highest.

And that's really, really important because if we don't get adequate, healthy amounts of deep and REM sleep, which is not just total sleep time, it's sleep quality.

I would argue that sleep equality is actually more important than the amount of time that you're asleep. So if you sleep six hours, but you are getting a really big percentage of Deep and Rem sleep it is better than sleeping eight hours and getting almost no Deep in Rem Sleep.

And so the Sleep is foundational to healing because of those three things I just mentioned, particularly around memory and vagus nerve activity, because learning new skills, learning the new techniques that clinicians are, we're teaching our patients, like whether it's a health coach or the community or a doctor, learn those new skill and those behavior habit changes, the lifestyle medicine stuff, that's really essential for the day-to-day healing.

That doesn't happen when you don't have high vagus nerve activity. Or at least balanced vagal activity, because when your in a fight or flight fear state, physiologically our brains, our bodies are taking 80% of all available blood flow and they're sending it to skeletal muscle.

Because it perceives only two required actions to be ready for, fight and flee. That means only 20% of that blood flow is left over for the rest of the body, including the parts that learn and heal.

As soon as you increase vagus nerve activation in any way for like 30 to 90 seconds, one of major things that happens is you've redistributed blood by triggering the vagus nerve with safety stimulus, then 80% of the blood flow is now available to your entire body.

Only 20% is in your skeletal muscles, because your body's prepared for doing all the other stuff that's important, not just fight or flee. And so learning new skills is critical.

Vagus nerve activity needs to be heightened to send blood to the parts of brain that allow new skill to learned and allows behavior change to happen. If that prerequisite is not met, then we're literally just wasting all of our time and our patients' time because we are giving them all this information and it's literally going in one ear and out the other and then it is not consolidating and storing for the long term because they are not getting enough deep and REM sleep at night.

So sleep is optional. It's not something we should address secondarily to other things. Something we could address primarily. Number one thing to assess with patients of any condition, we should be assessing their sleep, figuring out what's going on with it, if it's great, great.

Move on. If it is not great let's help them fix it and let us get their sleeping healthy. Then the foundation of learning starts to be strengthened and everything they learn afterwards has a better chance of sticking and being implemented into practice.

Yeah. You know, now that we're talking about it, I mean, we haven't spoken about this, but a couple of years ago, when I first started really understanding the potential of the vagus nerve, was thinking about how clinicians in functional medicine should find ways to just put it first.

Yeah, right. Because ultimately you could waste a lot of time doing all the functional medicines stuff. And then after, only after it doesn't work, be like, Oh, maybe we should do some of this rather start there, see what sort of side organizational benefits inside the body come from starting there.

And probably the case is gonna clear up a little bit because, you know, that comes in. One of the things that I got from your talk was just, I had a chance to wear the Apollo Neuro and had very lovely morning of having coffee and being sort of woken up by this thing, which was a cool experience.

But in your talked, a lot of data is really about sleep, right? And so I can see that that's gonna be really useful, especially when we're trying to recover brains.

Oh yeah, exactly. Because we don't have a lotta good easy to use sleep therapeutics that don't have side effects. All the sleep medications have terrible side-effects.

Many of them actually increase your risk of dementia because they decrease deep and REM sleep, which is really bad. We don' want that. And they're highly addictive and habit-forming.

So that's like a last, last resort, sleep medication. tools that don't have side effects that help to give people more of that deep restful sleep. And so we thought, well, sleep is where your vagus nerve activity goes up the most and your body is healing and recovering the But when you're asleep, you are also extremely physically vulnerable, right?

It's our most physically-vulnerable, defenseless state.

Nervous system first care and clinical testing

So you actually have to also feel safe enough to be able to fall asleep deeply, because when your getting super deep, like the really good deep and REM sleep, your also sometimes paralyzed.

So your body, the nervous system shuts down access to those deeper sleep states when we perceive ourselves to

be unsafe. And perceiving yourself to me unsafe can be as simple as having a thought like, what's wrong with me that I can't sleep?

So if you actually address the safety first, which I talk about in the book and in my teachings of clinicians, is that it's just about shifting the order.

Like you said, it is taking a nervous system approach first. Meet a person where they are, understand the state of the nervous systems, are they exhibiting signs of fear?

When they come into the office, when you see them, or in Zoom, right, we do a telemedicine visit, is this person, are this persons shoulders by their ears?

Or is their facial musculature tight? Is their jaw clenched? Are they trembling or shaking a little bit? are they unable to make eye contact, like those are all signs of fear.

Do they have closed body posture? You don't even need them to say anything. to do a clinical evaluation of whether or not somebody is in a sympathetic fear state that opposes healing physiologically versus a safety state, and as soon as you make that assessment, you know you need to take a nervous system approach first approach.

And if we do that, then potentially we might not even need run a bunch of the excess tests that we due because we'll address certain, we see which problems get addressed of a patient's chief complaints.

We'll see if those get address by the nervous system first approach, which has, again, no side effects and it costs very little. It does have side-effects, but they're all positive externalities.

They're positive, right. Yeah. I would call those side effect such as like downstream benefits. Downstream benefits, yeah. But like it trains you how to be better at being you.

How about being better at being a human being, not a humane doing. And that is really, really important. I think one of my criticisms about functional medicine when it's not practiced correctly is that people just throw a bunch of expensive tests at people and then they focus solely on the tests and what they say to guide treatment rather than using their clinical acumen and decision-making skills, which should be governing how you even decide which tests to do.

You should only do tests in like the principle that we have in medicine is you do tests that have a high pre-test probability of showing an outcome and that are actually going to change your decision-making process.

If you're going do test that has a low predictive probability and aren't going necessarily shift what you'd do differently for this person, probably not the best idea to do it because every single test we do has false positive and false negative rate.

That means that there's a chance for every single test we do with a person that it's gonna falsely show a positive result or it gonna false show negative result.

It's non-zero chance every test. And so if you're a clinician, you don't understand that, and you just load people up with tests and haven't addressed the core nervous system first issues, then the dysregulation of the nervous systems is gonna increase your rate of false positives.

Right? And then let's just reorder it. Nervous system, first. functional medicine, functional testing second after you've now gotten all the clues, detective clues you need to understand which tests are most likely to help guide this person's care effectively.

Absolutely. Well, dude, we have to wrap it up because we've been gifted this setup here. And what a setup it is. We're in a 400-year-old hacienda in central Mexico.

we're here at the Mexican Association of Lifestyle Medicine Conference. It's been interesting and joyful to realize that we come to so many of the same conclusions from different angles as to where things need to go and what a time to be alive because I think that the world is shifting and coming around to the way that we see the community first, Vegas nerve first holistic way of thinking about medicine and it is the thing that works and I just wanna say I appreciate all the projects that you put yourself into.

Apollo, you can see that impact of that. The impact to bridging the work between functional medicine psychedelics is critical for the future of healing brains.

And then also, the Wonderland Conference, I know you're co-organizing with Dave Asprey, really bringing this to the mainstream consciousness. And I appreciate you as a vector, as translator, and as communicator.

I believe this is the beginning of a very healthy synergistic relationship, so it's been great. It's wonderful. One of the things I want to leave people with is if we start taking a nervous system first approach, What could the impact be?

It's hard to imagine, but I want to leave people with some practical numbers that they can understand. Part of which I think is really interesting that I talk about in the book is that we are so blessed to be alive at the time where science has proven that spirituality is real without any hesitation of a doubt.

And part of how we know that to be the case is because we now know all these ancient breathing techniques and practices and meditation, mindfulness, soothing touch, and the yogic ancient practices, indigenous tribal practices.

They all change your physiology. And they change it in reliable ways. Guess what changes? Vagus nerve activation starts to take dominance again over somebody's life, which as it should be most of the time.

Spirituality, gratitude, and Apollo outcomes

When you pray, You boost Vegas nerve activity. When you express gratitude, you boost to Vegas, nerve, activity, right? Like when you have belief in something in yourself and something bigger than yourself, You Boost Vegas Nerve Activity.

That's not woo woo. that's real. that is real physiology, it's real neuroscience, and people need to, when people understand that, you can eradicate the parts of your brain that feel alone, that believe that you're alone and the stories you tell yourself of being alone.

And the story you yourself about maybe God or spirituality isn't real, because number one, spirituality is really science has now proven it, number two, You're not alone.

Because if spirituality is real, you're always connected to it and to every single other human being forever and everything that's alive. We are all always connect.

And we really tried at Apollo to make a practical example of that vagus nerve, nervous system first approach. of embodied learning first with people with sleep, which is really interesting to see the outcomes because we created a technology that helps improve sleep by taking this, focusing on boosting vagus nerve activity and giving people healthier vagal activity.

And in 2025, every year we've been assessing how much sleep we get back to the world. In 2025 we looked at all the people who have been using Apollo and using particularly the AI product that automatically tracks your sleep and turns on to prevent wakeups in the middle of the night, which is the first technology of its kind, and gives people back over an hour more sleep at night.

And when we assessed what the impact of that was in 2025 across all of our users, we saw something pretty remarkable, Which is that in 2025 alone, using technology that gives you back more balanced vagus nerve activity, increased sleep by 143 million minutes worldwide.

So you think about 142 million, it's like a number that's kind of hard for people to grasp. Yeah. To put that into context, that is 273 years of sleep given back to humanity.

Wow. 272 years. Of sleep. 273 years of sleep is exponentially more vagus nerve activation. Exponentially more recovery, more healing, right? And so that's just with the couple hundred thousand people that are using Apollo now.

Imagine what could happen if we make a nervous system first approach mainstream in clinical care, or in the community. I mean, it would literally, It could save the world.

Mike Tropp, Dr. David Rabin. Let's do it. I'm into it! This has been the Evolution Medicine Podcast. We're live from the Mexican Association of Lifestyle Medicine Conference.

Dr David, thanks so much for this and we'll see you next time. Thanks for having me. So we are here asking practitioners about their practitioner journeys and the reason why is because journeys is a new product from Fullscript.

Journeys allows you to set up your own lab offerings as the top of the funnel, give the patients what they want, they wanna know about themselves and it's the easiest way to bring them into your practice.

We have all types of practices from across the country that are building their own unique lab panels for their unique practices, selling them to their community and acting as a great funnel into their practice.

This is a massive innovation. I think this will accelerate the evolution of medicine. You can go to goevomed.com slash journeys to find out more, set up your own journeys in half an hour and transform the health of your community.

Go get them. So that was the podcast, what an epic session. Thank you so much for tuning in to the Evolution of Medicine podcast. We'll be back again next week, and thanks so for much tuning and we'll see you next time.