

Dr. Keesha Ewers Interviews Amy Medling

April 2017

DR. KEESHA EWERS: Welcome back to the Women's Vitality Summit, everybody, Caring for Yourself Body and Soul. This is Dr. Keesha Ewers and I am delighted to be interviewing Amy Medling today. Amy is a certified health coach; she hears from women with polycystic ovarian syndrome, which we are going to call PCOS from now on, who are frustrated and have lost all hope when the only solution their doctor is offering them is to lose weight, take the pill, or just live with their symptoms. In response, she has developed a really great, proven protocol - a supplementation, diet, and lifestyle program - that offers women tools to help gain control of their PCOS and to regain their fertility, their femininity, health, and happiness. Welcome to the Summit, Amy.

AMY MEDLING: Thank you, Dr. Keesha. I'm so thrilled to be here.

DR. KEESHA: This is a big problem and I wanted you to come on because this is the Women's Vitality Summit and I think that when women can't wake up in the morning, they can't lose weight, they can't have children if they're wanting to have children, this is a big drainer of vitality and PCOS is one of the key components for all of those things that we just talked about. Why don't you start with explaining polycystic ovarian syndrome?

AMY MEDLING: Sure. PCOS affects as many as 20% of all women worldwide and there is probably women listening to the Summit that may have PCOS and have not been diagnosed because 50% of women are undiagnosed. But PCOS is kind of a misnomer. As you mentioned, it stands for polycystic ovarian syndrome, and actually, 30% of women who have PCOS do not have polycystic ovaries. I know that there is some movement coming out of the National Institute of Health to try to change the name of the syndrome, but for now, we still call it PCOS.

PCOS is an endocrine disorder and it manifests itself not the same way in every woman, hence it is a syndrome. You could have a myriad of symptoms that doesn't mirror another woman with PCOS. If you're listening and you might be experiencing fatigue, or acne, trouble losing weight, hair loss, especially around that male pattern area, hair growth where you don't want it – on the face, chin, and chest. You can also have a nonalcoholic fatty liver disorder; that's something that's really common with PCOS. Skin tags, anything that is indicative of blood sugar or insulin resistance issues, because that's at the crux of PCOS. There is this large array of symptoms that are associated with PCOS.

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

DR. KEESHA: You mentioned a whole number of things, as you just said, and I am somebody that diagnoses this all the time in my practice, the same with autoimmune disease. 80% of all autoimmune diseases are diagnosed in women and 90% of the population is running around out there with either inflammation that's headed towards autoimmunity or frank autoimmunity and they don't know. This means the body is attacking itself, and I think about polycystic ovarian syndrome in that same category because, when your endocrine system is so disrupted, you are, in effect, out of balance, so you're attacking you. Your hormones are not serving you anymore; you're out of whack and they're not serving you.

I think that's feedback from the body and we're not taught to listen to the feedback of the body in our culture, unfortunately. There are so many early warning signs of some of these things before we get to a frank diagnosis. What are some of the early warning signs that people can look at since, as you said, half the women running around out there don't know that they have this endocrine disruptor thing happening? What are some of those early warning signs that they can be paying attention to and saying, "Is this something that I need to worry about?"

AMY MEDLING: I agree that I think there is an autoimmune component for some women with PCOS; there's different phenotypes of PCOS. I do think that inflammation is also something that all women with PCOS deal with to some degree. My personal story is I felt like things weren't quite right as I was in mid-puberty; I wasn't ovulating, I wasn't having periods. And it wasn't so much ovulation, but the cycles weren't coming regularly. I hear from a lot of women that 14, 15, 16 that's when so many symptoms started popping up. For a lot of women, looking back, in your teen years, did the doctors put you on the pill right away to make sure that your cycles came every month? For a lot of women, after they come off of the pill at some point, all of those symptoms have been suppressed. The pill is kind of like a Band-Aid; it doesn't make PCOS go away, but it can control some of the symptoms. So, oftentimes, when you come off the pill, that's when you often get the diagnosis for PCOS.

I should probably back up to the three diagnostic criteria. Doctors will look to the Rotterdam criteria or the criteria set up by the Androgen Excess Society. Basically, if you show two out of three of these symptoms, then you get diagnosed for PCOS. One being the polycystic ovaries, diagnosed from an ultrasound, two being irregular cycles and ovulation, and three is elevated androgen. Any of the system symptoms that are related to elevated androgens, like the hair loss and the hair growth and the acne, those would all the symptoms that you might have a PCOS diagnosis.

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

DR. KEESHA: Let's define androgen for our listeners because that may not be a familiar term for them.

AMY MEDLING: Androgen is those male hormones, so testosterone; a lot of women with PCOS also have elevated levels of DH, DAS. All women have them, male hormones, but women with PCOS can have really extremely elevated levels. But there's a lot of things that we can do to decrease those levels with lifestyle and supplements, especially supplements can really help. That's why a lot of women see a lot of results when they go on the pill because pills, like Yaz, are anti-androgenic type pills and can really help to improve PCOS symptoms, but not without risks because I would like to say that woman with PCOS are two times more likely to suffer from pulmonary embolisms, blood clots, than women without. Even though the risk is small, I hear from women all the time that have been hospitalized in their 20s because of life-threatening blood clots while on the pill.

DR. KEESHA: The other thing the pill does is it rips apart your gut lining, and it also decreases your libido. There's so many things that go with the pill that are not good. Beyond the medical side effect profile that we are presented with, after the age of 35, you're not supposed to be taking the pill anymore, but anymore, I see a lot of women in their 40s on it because they just don't want to have a period anymore or the cramping or heavy bleeding was too uncomfortable, which is totally understandable, but there are other things that you can do to take care of that. Instead of masking, as you said, these side effects, it's listening to the body's feedback and say, "What's at the root of this issue? What's underneath all of this?" rather than just trying to put a Band-Aid over the top of it and having it, later when you're not on it anymore. Wonderful. With your own story, you have PCOS, right?

AMY MEDLING: Yes.

DR. KEESHA: I did too and I say did because I don't anymore. That's the root cause, it's getting underneath. I had rheumatoid arthritis, I also, before that, had PCOS. PCOS was a harbinger, so to speak, it was a warning sign that I had this attacking thing going on and I wasn't listening, so I went on the pill. I think this is really important because the body isn't just a bunch of little boxes of symptoms piled together that they all operate independently of each other; it's always trying to have balance so it will rob Peter to pay Paul until Peter is also bankrupt too.

I think that this is something that is important for women to understand. If you have a hormone imbalance, if you have something going on, you first start puberty and it's not going well, then there is something probably

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

going on underneath that, in fact there is, that needs to be looked at. I would say, all the moms listening to this, if you've got teenage daughters with this issue, they really need to be evaluated other than being diagnosed, right?

AMY MEDLING: Yeah, and I think that's one of the issues why so many women are undiagnosed because we're all treating those symptoms and we're not getting to the root cause. You're going to the dermatologist for the acne, a lot of women with PCOS have thyroid issues so you might go to the endocrinologist for thyroid issues, hormone imbalance, and somebody else if you're suffering from depression or low libido. The doctors aren't really all connecting the dots and you're treating the symptoms rather than that underlying root imbalance.

DR. KEESHA: I had this terrible acne. You probably can't see; I don't wear makeup, but you still can't. It's just kind of faint scarring now, it's not really bad, it's not pitting, but you can tell, if you're up close to me, there is some discoloration on my neck because I used to have this terrible, terrible acne all the time on my neck when I was a teenager and in my early 20s and into my 30s. It was way beyond puberty stuff. I was allergic to gluten, I was allergic to dairy, I was addicted to sugar and allergic to it. Didn't know any of these things, of course. Went on Accutane at the age of 19, the birth control pill, for my terrible, terrible cramping, and it turns out, all this time, I had these terrible food allergies that were causing inflammation. When you have inflammation, your body reads that as a fight or flight response, sends you into a stress response that's constantly going, you send cortisol out into your system, which is a stress response hormone, and it starts to break things down. You lose hair because, why? Your testosterone is high, and also, your body is saying, "I can't do hair right now; I'm trying to deal with life support system. Hair is not important."

I just think that we need to really start to understand that there's something underneath all of it. I love what you're doing in really highlighting this for people, this PCOS piece, and that it's a syndrome. A syndrome means there's a bucket that we put a whole bunch of things into, so it's fantastic that you have this program. Talk about your program that you offer to people and how they can step away from, step-by-step, out of this.

AMY MEDLING: Like you, for me, PCOS was this wake-up call that something was out of balance. As I mentioned, I realized that something was not quite right when I was 14, but it wasn't until I was 30 that I got a PCOS diagnosis.

DR. KEESHA: I was never diagnosed, by the way. I diagnosed myself.

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

AMY MEDLING: I think a lot of women do because they're underserved by the medical community. It was when I was a young mom; I had two little boys that I had conceived with fertility treatments. I remember my husband coming home and the little boys were running around and I was on the couch just exhausted. I could not be the mother, the wife that I needed to be because I just felt so crummy on Metformin, which is a diabetic drug that they use off label for PCOS on the pill, and I just said enough is enough and that I have to find a better way. I felt way too young to feel so old.

I spent just hundreds of hours researching, trial and error, and talking. At the time, I was writing for the PCOS Association, so I was interviewing a lot of different experts. I call PCOS in women that I work with, it's like this big science experiment and you have to really figure out what foods, what exercise, what lifestyle works best for you. But I was able to come up with some loose parameters and ended up healing myself, then I became pregnant after doctors told me, back in college, and that I would never get pregnant. After being on fertility treatments and saying I would never get pregnant without fertility treatments, I had this beautiful little girl. She's actually turning eight today.

DR. KEESHA: Happy birthday to her from all of us.

AMY MEDLING: Really, I think having that little girl and knowing that she might inherit my propensity for PCOS, for her to realize that having PCOS, it isn't this negative thing, something that I felt like I was a victim of early on in my journey. It's really this opportunity to live life like a diva. What I mean by a diva is you have to really take extreme self-care and you have to advocate for yourself and empower yourself with education and knowledge and you really have to put yourself first so that you can be the best mom and the best wife and the best person that you want to be.

That's really at the core of my message, but physically, I think there's a lot of things we can do. Number one, really eating that anti-inflammatory diet. Like you, Dr. Keesha, I am gluten free, dairy free, processed soy free, lots of clean animal protein, and plant-based foods is really at the core. I think for a lot of women you have to experiment with the grains piece. I know, for me, I'm that thin phenotype of PCOS, and if I don't have some gluten-free grains, then I lose too much weight. Some women, that have more of the insulin resistant type of PCOS, may find that grains does not work for them as well. Then lots of healthy fat. Healthy fat is so important for women with PCOS, so avocado and olive oil, and omega-3s, and nuts and seeds, all really great for PCOS, as well as lots of fiber, too, to help escort out all of those bad hormones. Because most of us tend to be

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

estrogen dominant, we have low progesterone and lots of excess estrogen, and we need to really work on balancing that. So the diet piece is really important.

The exercise piece is really important. I can't tell you how many women with PCOS that I hear are out training for marathons and doing this single...

DR. KEESHA: I was a marathon runner all through the middle of it. Ran five marathons through all the middle of that.

AMY MEDLING: I just think that that type of exercise really wreaks havoc. A lot of us have adrenal issues. For some of us, adrenal issues are at the core of our PCOS type, so really looking at the way that you exercise. Strength training is so important; we need to build up that muscle mass to help with the glucose metabolism. Interval training, I think, is a much more effective way of doing cardio, and then I think women with PCOS respond really well to mind-body type exercise like yoga, Pilates. I'm really into Pure Barre right now and it has really helped my adrenals and just transformed my body. So just looking at the way that you exercise is really important, but movement every day; you have to prioritize movement.

Speaking of prioritizing, you have to prioritize sleep. I can't tell you how many women I hear from, who are struggling with PCOS, who are night owls; they're up late at night, they have a hard time getting out of bed. That cortisol pattern is really off and women with PCOS have cortisol issues, so you really have to work on managing your cortisol and I think sleep is a great way to do that. Also, we really have to work on that stress reduction as well.

DR. KEESHA: I think that's huge. How you do your stress is so important with this because, like you said, the adrenal fatigue is already in place, so it's not like you're going on an even keel of a regular bar. Your bar is set low, so it's not hard a fall to get into complete collapse. It's so important that you know how to deal with your stress properly and you sleep well, so I'm so glad that you're talking about this.

AMY MEDLING: You have to experiment and see what works best for you. I've been going to weekly acupuncture for about six months now and it's done wonders for me, for my energy level. That's something that really works well for me. Finally, I think two other things, supplements I believe are really helpful for women with PCOS. So many of us are, I call it, overfed and undernourished. It's been shown in studies that we lack a lot of really important nutrients, we are 19 times more likely to have a magnesium

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

deficiency, which is so important. So many of us have these high levels of anxiety and magnesium is that relaxation mineral that really helps with sleep and blood sugar control.

DR. KEESHA: And pooping. When you're anxious, you don't poop.

AMY MEDLING: Yeah, that. So supplementing with magnesium and the omega-3s are so important. Women with PCOS can't just rely on plant based omega-3 because we don't convert that ALA fatty acid into DHA, which is really important for women with PCOS.

Also, vitamin D. Vitamin D levels tend to be very chronically low, so I recommend every woman get her vitamin D level checked and work to optimize that through supplementation in your diet. And also, I just have a bit of a shout out to B-12 because, if you are on Metformin and you are managing your PCOS, you must be taking a methylated B-12 supplement because Metformin really depletes B-12. So many women with PCOS have the MTHFR mutation, and if you don't know if you have it, you need to get checked to find out. Make sure that you're taking a multi with folate and not folic acid; I can't tell you how many women are on prenats with folic acid.

Then detoxification. I find that this is the missing piece that nobody is really talking about, detoxification and reducing those endocrine disruptors in your environment. Women with PCOS have higher levels of BPA in their blood and other endocrine disrupting chemicals, so doing a couple of detoxes a year, I think, can be really helpful.

DR. KEESHA: Actually, four. Ayurvedic medicine says to detox with every season change. It was when I really started doing that that I converted out of PCOS. I haven't had high testosterone for a really long time, or high DHA, no hair loss, no acne, all of those things have been gone for years. I detox, faithfully, every quarter and I think that that's so important. I also take, because we are, as estrogen dominant people, more prone, and in your genetics you can actually see this, my genetics show me as really prone to breast cancer.

Well, I have that in my family too. So by taking, I have a kit on my website that is breast cancer prevention kit, and it's the one that I use because it helps to decrease. It has inositol, it has ground flax in it, it has broccoli seed extract, it has all of these things that actually reduce androgens and reduce that estrogen dominance, so that I haven't had any of these symptoms for, like I said, a couple of decades now. I think that

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

this is really important, what you're saying, detox. Your liver doesn't like hormones. It doesn't.

With all of these hormone mimickers out there right now, you're exposed to more than any other generation of any time period on this planet has been exposed to, and I think that's something that women aren't really understanding. I stay on this Summit a lot, because my book is Solving the Autoimmune Puzzle, is we have 80% of all the autoimmune diseases because we have more estrogen receptors. Estrogen dominance is our enemy when we get into that state, and PCOS is, by nature, going to have place, so it is important that we really pay attention to this and nurture it along. Not just, "I did a detox, I'm good," the detox-retox roller coaster, right?

AMY MEDLING: Yeah. And I do think that, if you go into your mainstream doc and say, "Do you think I need to do a detox?" they're going to roll their eyes and think, "Oh, no."

DR. KEESHA: They will, yes.

AMY MEDLING: This is part of that empowerment. You have to do your own research and look at some of the experts who have been there and come through and we've reversed, essentially, like you said, reversed our PCOS, and look at how we're doing that. Because mainstream medical community just has not caught up to the importance of detoxification.

DR. KEESHA: I love your advice, "Become a diva," because diva can have a negative connotation where you're the drama queen, you're the diva, but this is really important. Women can be called a bitch if they are too aggressive, too, right? Too aggressive, in the workplace, they'll be called that, where a man that's aggressive isn't ever too aggressive. This is, I think, a great word that you just brought to our lexicon, took away the negative connotation to it, and said, "No, this means you're advocating for yourself; you're using your voice." We always see diva as like an opera diva. It's using your voice, it's saying sing your song and be empowered, make sure that you are advocating for you and that's fantastic. That's a great message.

AMY MEDLING: I have to tell you where that all came from. When I came off of the sofa and really starting to figure out the foods that I put in my body and how it made me feel and that I had to make time to exercise, I had to get to sleep early. My husband had commented, we were out for dinner and I was saying to the server, "I want to make sure that the broccoli is going to be cooked in butter and not some hydrogenated oil," and really advocating

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

for myself while we were dining out. The server left the table and my husband said, "Geez, since when have you become such a diva?" and it was this a-ha moment.

DR. KEESHA: You're like, "Right now."

AMY MEDLING: I know, it's that this is exactly what I need to do to really take back control of my health. I've named my company PCOS Diva and have reflected a lot about that concept of being a diva. I think we were just talking about all of the physical things that you can do to help your PCOS, but there certainly is this emotional component and I think so many women with PCOS are caught in this place of lack. There is not enough time to take care of themselves, they don't have enough money, they're not enough, they don't feel like they are worthy of the time and, really, the self-love. So it is moving from this place of lack to this place of abundance. I also think that so many messages that we get is that you have to fight PCOS or conquer PCOS or battle PCOS, but it really is part of who we are. We have both reversed it, our symptoms are suppressed, but if we were to start eating gluten again, it would all come back. So it really is part of who you are. I think that, instead of dwelling in this place of fighting battles and wars, that are rife with this masculine energy, that we need to embrace that feminine part of ourselves, which is that nourishing, nurturing Goddess, the diva.

DR. KEESHA: Yes, that's fantastic. Thank you for bringing that word into it. I just love it. When I saw that that was what you were doing, I thought, "That's so cool," because anyone that's gone out to eat with me knows that I'm a diva when it comes to advocating for myself. And I am unabashedly kind and compassionate to my server and I say, "I'm going to be the one that needs a little bit more attention on this. I just have a few questions." I think if you are kind, you can say, "This is something I need for me," and lo and behold, everybody that I ever go out to eat with now is the exact same or they'll say, "I'll have what she's having." I think it's very, very helpful if you lead the way in your self-advocacy because others that have a story inside their head that they don't want to be a pain in the butt or they don't want to be whatever is going on in their heads, as far as what they're judging themselves as, just let it go.

If you're not a pain in the butt, you'll have a pain in your gut. You've got to do it or you'll have a pain in your mood because, if you sink down in your mood after you eat, then obviously, you just ate something that's not fuel for your tank; it's sludge. You've just got to think about this. There is nothing on your fork that is either... It's either going to be inflammatory producing or noninflammatory, and there's just no in between, and you've got to choose that place in your life where you just say, "I'm not going to

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

settle for the other side of this. I want to shine as brightly as I can. I want to have the most energy, I want to be powerful and empower other people around me as a result.” So I just say congratulations to you for figuring that out on your journey here.

AMY MEDLING: Thank you. I think your approach is so right on. I think so many of us are so used to this diet, deprivation, and denial place. You go on a diet, you count points, you can’t have this food or that food. I think when you approach it from that place of lack again...

DR. KEESHA: Or fear.

AMY MEDLING: And fear, it doesn’t set you up for a success. But if you approach it from this place of self-love like, “I love myself enough that I’m not going to feed my body this crap. Nothing tastes as good as feeling good feels and I want to live my best life and thrive and I can’t do that if I’m eating fast food and not nourishing and nurturing myself.” I think when you can approach it from that place of self-love and loving yourself enough to make positive choices, it’s so much more sustainable than approaching it from, “Geez, I’m not supposed to have chocolate cake, so I’m not going to have that chocolate cake,” versus, “I know I can have two bites or three bites of that chocolate cake,” and really, truly indulge in something delicious and enjoy it and be satisfied and be okay with it.

DR. KEESHA: Or, “I can make that chocolate cake in such a way that it doesn’t hurt my body.” That’s the thing is, anymore, it’s really easy to bake all of your favorite things or cook all of your favorite things in a way that’s not harmful to you, it’s not inflammatory producing. Like you said, it’s not a deprivation, it’s an opening up of, “Wow, these are things I never even knew existed before. I didn’t even know I could do cake this way and it tastes so good and I feel great. I don’t get tired at the end of that.” I think that’s really important.

When you put gas in your car, it doesn’t rev as it goes away from the gas station; it doesn’t surge and it doesn’t go sluggish either. I think gas in your car is a great analogy for this because that’s exactly what food is for us, it’s fuel in the tank, we’re not supposed to feel instantly energized or tired afterwards; it’s supposed to just keep going at a great, steady pace of energy. Anything that makes us go up or down, we know our body is not agreeing with; there’s something happening.

AMY MEDLING: I like to say that a diva sizzles in the kitchen. You’ve got to get in the kitchen and start cooking real, whole food from scratch. And you’re right,

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling
there's lots of great recipes to make delicious treats that are
noninflammatory and can be good for you.

DR. KEESHA: What about a diva sizzling in bed?

AMY MEDLING: That's what you're going to have come talk to us about.

DR. KEESHA: That's right. That's where the libido care program comes in. Because everything that we've just talked about actually impacts your libido too. That's what I mean by we are not all these little boxes. Every single thing that negatively impacts your energy impacts your libido level whether it's in your head, or it's in your heart, or it's in your spirit, as far as how you think about things, or in your body, it's all important. How you tell your story is so essential, so I love that you bring that out. Are you telling it from a powerful place or from a deprivation place? And if it's from a deprivation place, it's going to have fear wrapped around it and you're not going to get better as long as that's there. That's just pure and simple. You will not get better if you have fear. It sets up your cortisol again, and you go into fight or flight with fear.

So if you are eating food from fearful place like, "Is this going to make me..." whatever, hurt, get fat, have a whatever it is that you're afraid of, then it probably will. I think that's really important, what you're saying. Don't come from a place of lack. Instead, come from this place of abundance like, "I have this life. It's been gifted to me, what a blessing it is." Now let's go live it, and it's hard to do if you're on the couch feeling like crap.

AMY MEDLING: It is. But I think you have to realize that it's these small little choices taken slowly, over time, that create this new life. It didn't happen for me overnight, but those little, positive choices every day. The other thing that I like to say is you're always one choice away from getting back on track. I used to be on a weight watcher, and if I blew all my points on Wednesday, I would be like, "Forget it. Monday I'll start all over again." But you never have to wait to start all over because you are just a breath away, a glass of water away, a quiet moment away from getting back on track.

DR. KEESHA: Wonderful. That's a beautiful sentiment. Now, this is the Women's Vitality Summit. What's your definition of vitality? I always ask everybody this because it's a word that has so many different meanings for so many different people.

AMY MEDLING: I think about the work that I do for women with PCOS. Really, for me, at the heart level of it, is to help women move beyond the pain and struggle

Women's Vitality Summit - April 2017 - Dr. Keesha Ewers Interviews Amy Medling

of PCOS, to live the life they were meant to live without PCOS holding them back. I think about vitality as that woman that's living her full life, the life that she was designed to live, without any fear, any health issues holding her back from doing what she wants to do with her life.

DR. KEESHA: Beautiful. And how do you, this is the Women's Vitality Summit: Caring for Yourself Body and Soul, how do you do self-care in your own life, Amy?

AMY MEDLING: I am a mom and a wife; I have three kids, the one is a junior in high school, a seventh grader, and then I have a little second-grade girl, so I am a very busy mom. I run my own business, but my kids know that, for a happy mom, I have to take time for myself. I've taught everyone that I have to be that diva. I love to take a bath and I have my sweet stuff list. I know things that are going to recharge my battery, so taking an Epsom salts bath is probably one of my favorite ways. Taking a guilt-free nap is another way that really helps me recharge. Getting myself to Pure Barre, I love that. A date tonight with my husband is a great way to recharge. I really encourage women to create their sweet stuff list, things that make them feel revitalized and vital and recharged, and be sure to do something on that list every day.

DR. KEESHA: Wonderful. And it's something that you want to do, nothing that you have to do. There are things that you might have to do, and I'm not saying don't do those, but do something that you really want to do, that thrills you on the inside, every single day. I think that's really good. Sweet stuff, I love it. The sweet stuff list. Thank you so much. Your information about how to get you and how to reach out to you and your programs and everything is on your speaker's page on our website, and the bonus that you provided for our viewers. Thank you so very much for sharing even a tiny bit of your wisdom with us today.

AMY MEDLING: You're so welcome. This has really been a pleasure. Thank you.

DR. KEESHA: Thank you.