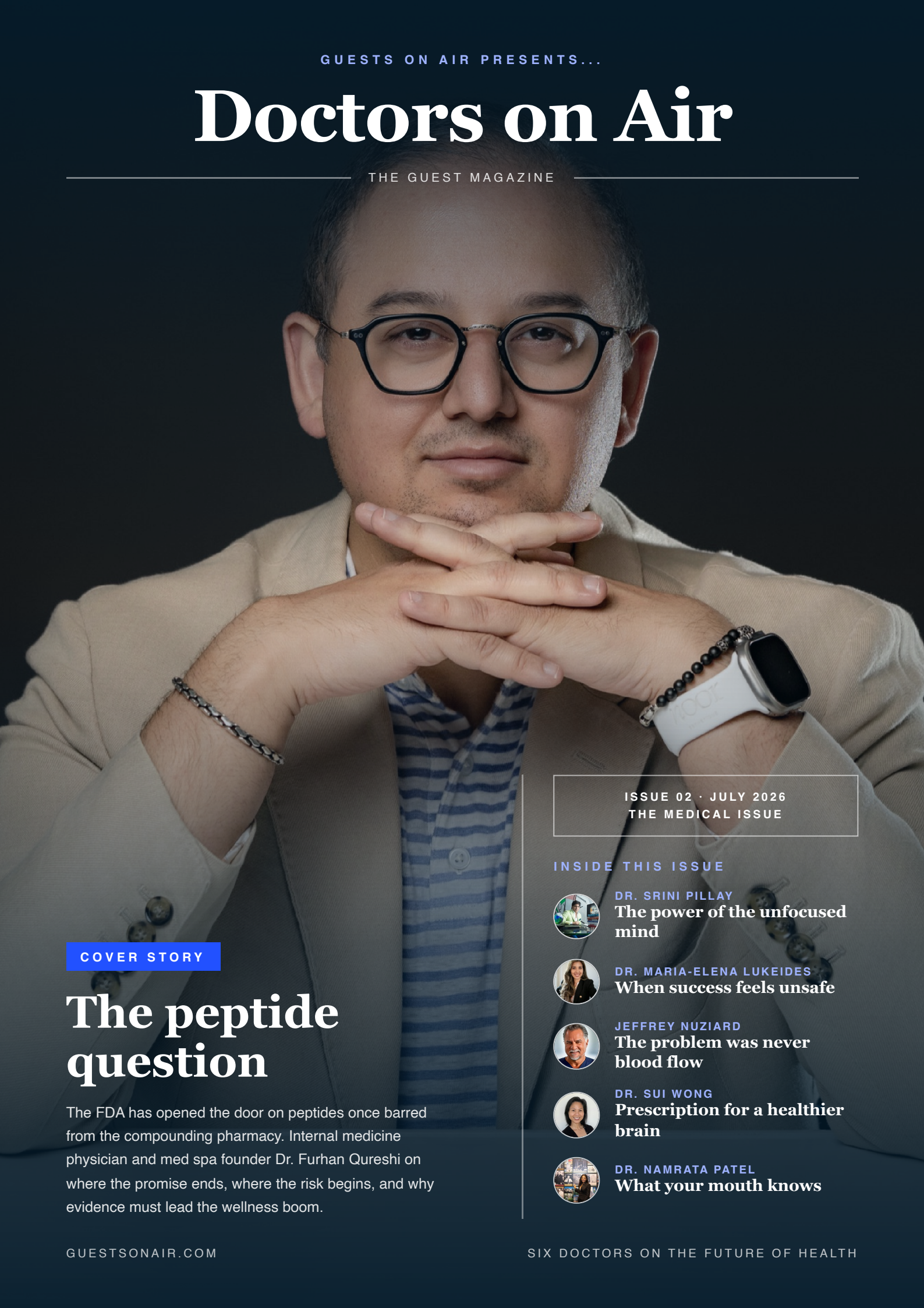
GUESTS ON AIR PRESENTS...

Doctors on Air

THE GUEST MAGAZINE



ISSUE 02 · JULY 2026
THE MEDICAL ISSUE

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COVER STORY

The peptide question

The FDA has opened the door on peptides once barred from the compounding pharmacy. Internal medicine physician and med spa founder Dr. Furhan Qureshi on where the promise ends, where the risk begins, and why evidence must lead the wellness boom.

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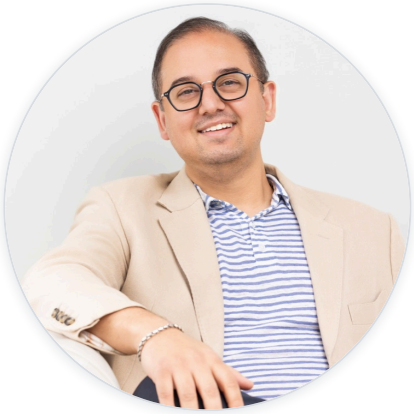
FROM THE EDITOR

Health advice has never been louder, and evidence has rarely had to fight harder for the microphone. For this second issue we listened back through recent episodes with the doctors of Guests on Air: a psychiatrist, a clinical psychologist, a neurologist, a dentist, an internal medicine physician and a men's health innovator. Six conversations, one habit in common: they separate what is known from what is merely loud. Every quotation in these pages is verbatim from the episode transcripts.

AESTHETIC & REGENERATIVE MEDICINE

The peptide question

America's drug regulator has signalled that peptides it barred from compounding only a few years ago may soon return to clinic menus. Dr. Furhan Qureshi, internal medicine physician, Air Force reservist and med spa founder, tells Med Spa Confidential why the science has not caught up with the enthusiasm, and why his own answer on offering them is a careful maybe.



Dr. Furhan Qureshi, internal medicine physician, US Air Force officer and reservist, and founder of Noor Esthetique & Wellness Center outside Washington, D.C.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "THE FDA OPENED THE DOOR ON PEPTIDES… HERE'S THE RISK I FT. DR. FURHAN QURESHI I EP 97" · PUBLISHED 29 APRIL 2026

The vials arrive by mail order, often from laboratories nobody can name, promising faster healing, easier joints, a body restored. Injectable peptides have become the fashionable edge of American wellness, and the Food and Drug Administration has just complicated the story: compounds it placed on a do-not-compound list only a few years ago are, the episode reports, set to return to compounding pharmacies in stages. For Dr. Furhan Qureshi, an internal medicine physician and med spa owner practising outside Washington, D.C., the moment calls for honesty rather than celebration, and he supplies plenty of it.

He joined Dr. Kate D, founder and medical director of Glow Medispa, on Med Spa Confidential to unpick what the shift actually changes. He is unusually well placed to do it: a hospitalist who spent the COVID years in hospitals and ICUs, an officer and reservist in the United States Air Force, and founder of Noor Esthetique & Wellness Center, a boutique practice built on restraint and clinical science. He begins with the basics. 'Peptides are essentially building blocks of proteins and they help build into something,' he says.

From banned to maybe

Start with BPC-157, the most talked-about peptide of the moment, rumoured, Qureshi notes, to have been used by Tom Brady late in his playing career. It is credited with speeding repair: injected near a damaged tendon or an arthritic joint, it is supposed to help you heal faster. Supposed is the operative word. 'I want to caution this by saying these statements have not been confirmed by the FDA nor endorsed,' he says. 'These are just very limited trials and kind of hearsay.' The World Anti-Doping Agency has banned it from sport all the same.

The regulatory heart of the episode is a list. Around 20 peptides, Qureshi explains, sit on the FDA's category two roster, barred from compounding for human use after case reports of severe allergic reactions, including anaphylaxis. They are designated research use only. Human data, where it exists at all, he says, is underpowered, inconclusive or abandoned mid-trial. Yet the market has not waited: he describes compounding pharmacies relabelling research-only vials for clinical use, physicians and health coaches supplying them regardless, and enforcement that so far amounts to warning letters, with liability parked on the prescriber.

Now the regulator has moved. Days before the recording, the FDA signalled it would let compounding pharmacies produce these peptides again, twelve in a first wave with more to follow, by Qureshi's account. Both doctors are careful about what that does not mean. The compounds remain unapproved, with no completed human trials behind them; the host reckons regulated compounding should at least cut contamination and the infections and allergic shocks that follow mystery vials ordered off the internet. Legality becomes murkier, not clearer. Permission to manufacture, both agree, is not evidence that anything works.

"Let's just admit a fact out loud that we're not ready to admit. We're … out of ideas."

DR. FURHAN QURESHI · ON PAIN MEDICINE · 30:25

The GLP-1 halo

Why the frenzy now? Qureshi traces it to the spectacular success of the GLP-1 drugs. Last year, he says, was the first in three decades in which Americans collectively lost weight; fast food and alcohol sales sagged alongside, and his own practice now offers non-alcoholic adaptogen drinks to clients. His explanation for patients borrows from Northern Virginia's most feared road: 'a GLP 1 is like a pharmacological muzzle. It's basically slowing down your GI tract,' he says, deliberately giving the gut I-95 traffic so the sixth slice of pizza never happens.

The trouble is the inference that followed. Because one peptide class succeeded, the culture has concluded the whole family must be wondrous, and that more must be the answer. Peptides themselves are not new; the Soviets studied them during the Cold War, and Qureshi notes that today's longevity clinics still lean on that half-century-old research. What is new is the amplifier: social media coaches with no licence to lose announcing daily miracles, held to no standard a physician would recognise, selling certainty where the data offers none.

He is pointed about what those testimonials are worth. 'They're making these claims like I'm running faster, I've lost this much weight. And that's not a trial. That's not a controlled trial,' he says: no control group, no variable, no way to distinguish a real effect from the placebo response that, the host observes, hovers near 30 per cent in almost every trial ever run. She recalls the famous mock knee operations that relieved pain exactly as well as real arthroscopic surgery, and retired a generation of procedures in the process.

Evidence before enthusiasm

His deepest objection is not to the molecules but to the missing science of who they suit. Antibiotics earned their shelf, he argues, through the discipline of matching drug to patient; peptides have skipped that step entirely. 'Does having lupus contraindicate you from getting BPC 157? I'm just throwing it out there. We don't know those things. It's a wild west.' He wants the anaphylaxis cases studied rather than shrugged at, and a serious research effort, some form of public-private partnership, that improves knowledge without lowering trial standards.

Beneath the argument sits a candid account of why patients reach for unproven vials in the first place. 'Pain is number one reason the patient sees the doctor. And right now, my belief is we have let a lot of our patients down,' he says. Beyond anti-inflammatories, narcotics and surgery, the options are thin, and none carries a guarantee. Ageing, he insists, should not mean surrender; being 60 is no reason to give up the garden. If desperate patients are experimenting, that is a verdict on medicine's unfinished business as much as on theirs.

THE PEPTIDE FILE

BPC-157	Repair peptide popular for joint and tendon injuries; its claims rest on limited trials and hearsay, not FDA approval.
GLP-1	FDA-approved weight loss drugs whose success, Qureshi argues, cast a halo of credibility over unproven peptide cousins.
Category two list	Roughly 20 peptides the FDA barred from human compounding after case reports of severe allergic reactions.
503A / 503B	Two tiers of compounding pharmacy; per the episode, 503B faces big-pharma quality standards while 503A does not.

The making of a sceptic

Qureshi's wariness was formed long before he owned a med spa. An early back injury in medical school turned him from surgery towards internal medicine, the discipline that studies the body whole. He worked as a hospitalist in high-acuity inpatient settings, taking complex cases demanding speed and judgment, and spent the COVID years on the front lines in hospitals and ICUs. An officer and reservist in the United States Air Force, trained in combat and disaster medicine, he planned Noor Esthetique & Wellness Center at night, from hotel rooms, during a 2023 joint U.S.-Peruvian Air Force exercise.

What listeners should take from this

Testimony is not evidence Millions may be injecting peptides and reporting benefits, but Qureshi argues an uncontrolled personal claim cannot separate drug effect from placebo. Until completed human trials exist, popularity, celebrity rumour and online enthusiasm prove nothing about safety or efficacy.

The rules are shifting The FDA has signalled that peptides on its do-not-compound list will return to compounding pharmacies in waves, twelve at first by Qureshi's account. That changes who may manufacture them; it does not make them approved, studied or understood.

Ask who it helps Patient selection is the missing science, he says: nobody yet knows which patients benefit, which are harmed, or what conditions rule a peptide out. His own answer on offering them in his practice remains a deliberate, unhurried maybe.

The two physicians agree to reconvene after the summer, once the compounding rules have changed, to take stock of what the opened door lets through. Qureshi will not be first in the queue: if he offers the newly permitted peptides at all, it will start on a very low scale, close friends and family. Pressed for his position, he answers like a man who has read the data: 'Right now my answer is maybe. I don't know.'

■

ABOUT THIS EPISODE

Med Spa Confidential - Exposing the Risks, Rewards, and Business of Beauty · "The FDA Opened the Door on Peptides… Here's the Risk I ft. Dr. Furhan Qureshi I EP 97" · Published 29 April 2026. Med Spa Confidential, hosted by Dr. Kate D of Glow Medispa, exposes the risks, rewards and business of beauty inside the med spa industry; this conversation is episode 97, 'The FDA Opened the Door on Peptides… Here's the Risk', published 29 April 2026.

HEAR THE FULL CONVERSATION

Listen on **Apple Podcasts** · all of Furhan's appearances: **guestsonair.com/profile/dr-furhan-qureshi**

Editor's note: biography and career facts are live platform data. All quoted dialogue is verbatim from the episode transcript (lightly trimmed where marked by ellipsis), verified 17 July 2026.

PSYCHIATRY & NEUROSCIENCE

The power of the unfocused mind

A Harvard-trained psychiatrist who once shot to the top of his class by meditating rather than cramming, Dr. Srini Pillay makes an uncomfortable case: the drive to focus harder may be switching off the very brain circuit that solves hard problems. On Men's Anonymous, he reframes longevity, anxiety and reinvention as questions of where you place your attention.

Dr. Srini Pillay, Harvard-trained psychiatrist, brain-imaging researcher and co-founder of Reulay digital therapeutics.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "WHY THINKING LESS MIGHT BE THE ANSWER TO EVERYTHING WITH DR. SRINI PILLAY" · PUBLISHED 3 JULY 2026

In his second year of medical school, Srini Pillay was focusing as hard as he knew how, and it was not working. His brother suggested Transcendental Meditation, which Pillay dismissed as absurd, before agreeing to try it for a few months. He built in regular periods of stillness, and the results startled him. "All of a sudden, I shot to the top of my class," he says. The one material change had been learning, deliberately, to stop trying so hard.

That paradox is the spine of Pillay's work. Trained in psychiatry and brain imaging at Harvard, where he ran an anxiety disorder service, he also spent years assessing early-stage drugs for cancer, heart and neurodegenerative disease. His preoccupation now is what he calls psychogenic longevity: the psychological factors and mindsets that help people live more healthily, and longer, without drugs. Speaking with host Daniel Weinberg on Men's Anonymous, he argues that high-performing men, in particular, have the relationship between effort and intelligence backwards.

The unfocused network

Pillay's central claim inverts a familiar intuition. When you bear down on a problem, he says, you recruit the prefrontal cortex and its links to the parietal lobe, which grants only a limited slice of your intelligence. Real complexity needs the opposite move. "You have to unfocus to turn on the brain that can integrate information," he tells Weinberg, naming the circuit that does it: the default mode network. It is why good ideas so often arrive away from the desk, on a walk or in the shower.

He is careful not to romanticise idleness: elite performers focus intensely too. What he objects to is the grind of relentless concentration, focus piled on focus until the brain is spent. The fix is rhythm, alternating focus and unfocus so the mind can refuel and assemble complex variables. Stay in what he calls lockdown mode, he argues, and the very problems you are straining over become harder to crack. Over-focus also drains the prefrontal cortex, and something in you senses the tank running low.

He backs the point with a study he nicknames psychological Halloweenism. Given a creative problem, the same person is "statistically significantly less likely to solve that problem if they act like a rigid librarian rather than an eccentric poet." Over-focus leaves no spare energy to switch cognitive sets, and the falling odds of a solution breed anxiety. Thinking brain and feeling brain are linked, he adds: early anxiety sends earthquakes through the emotional centres and aftershocks through the thinking regions, and a self-feeding loop takes hold.

> **"When you focus, you turn off the part of your brain that can solve complex problems."**
>
> DR. SRINI PILLAY · ON UNFOCUSING · 04:05

Longevity is not linear

Pillay's quarrel with mainstream longevity advice is that it runs in straight lines when biology does not. He wants any account of health to recognise what he calls "the non-linear complexity of human physiology," so hunting a single villain or hero nutrient misses the system. He is unimpressed by platforms that log biomarkers while ignoring what he calls the exposome, the outer environment, and ignoring mindset altogether. The reason, he suspects, is commercial: measuring mindset is not the kind of business that turning out drugs is.

His favourite illustration is cholesterol. A doctor tells you to lower it; yet, Pillay says, "there's a large body of studies that show that when you lower bad cholesterol, you have a greater chance of dying." He recounts sending his own brother, a physician, two papers from very prestigious medical journals. His brother read them, conceded the point, then said he would still take the statin because it was the standard of care. Pillay does not tell people to abandon medicine, and he stresses this is his reading of contested evidence. His complaint is narrower: nuance dies in translation.

The same reductionism, he argues, blinds medicine to what actually moves the needle. High blood pressure, he notes, carries a 25 percent higher risk of mortality; poor social relationships, on his account, carry a 50 percent higher risk. "Why is anybody not addressing the importance of social relationships at the same level as blood pressure?" he asks, then answers himself: because there is money in one and not the other. Longevity, in his telling, is a psychobiological system rather than a supplements aisle.

Reinvention at the summit

For all his data, Pillay is warm about the discomfort of midlife. High performers, he says, hit a summit syndrome: they push on the gas, nothing happens, and the plateau frightens them. Drawing on the Polish psychiatrist Kazimierz Dobrowski, he frames this not as failure but as positive disintegration, the moment you admit, in his words, "I've got to reinvent myself in some way because life's not working out." Feeling lost, on this reading, is not a malfunction; it is the beginning of navigation.

The remedy is oddly concrete. Pillay tells Weinberg to schedule two 20-minute windows a day for strategic unfocus: doodle, take a brisk walk, or practise what the psychologist Jerome Singer called positive constructive daydreaming, turning attention inward while gardening or walking and picturing something wishful or joyful. The catch is discipline. People never take the time unless they book it, he warns: "You actually have to schedule the unfocused time, the way you schedule an appointment." It should be as non-negotiable, he adds, as time at the gym.

PILLAY'S LEXICON

Default mode network	The brain circuit that switches on when attention wanders; Pillay ties its healthy regulation to problem-solving and long-term health.
Psychogenic longevity	Pillay's term for the psychological factors and mindsets that, without drugs, help people live more healthily and, he argues, longer.
Positive constructive daydreaming	A technique from psychologist Jerome Singer: doing something low-key while turning attention inward toward a wishful, joyful scene.
Positive disintegration	Kazimierz Dobrowski's idea that gifted people reinvent themselves by admitting who they are and who they want to be diverge.

Why should this touch lifespan? Poor regulation of the default mode network, Pillay notes, tracks with inflammation, cardiac disease, depression and anxiety, while the states that peace of mind invites carry measurable dividends. Optimists, he says, live 11 to 15 percent longer, and social connection confers, on his figures, a 50 percent protection on mortality. His single instruction to stop is negative self-talk: under stress, he says, telling the brain not to do something backfires, so he swaps "I must not" for "I must." Attention, in the end, is the lever.

The making of a polymath

Pillay's range is not a pose. He trained as a physician in South Africa, graduating top of his class, then completed his psychiatry residency at McLean Hospital through Harvard Medical School, where he became the institution's most awarded resident. He directed McLean's Outpatient Anxiety Disorders Program and its panic-disorders brain-imaging research, and spent seventeen years on federally funded brain research as an assistant professor at Harvard. Today he is chief medical officer and co-founder of Reulay, a co-founder of MindForm Sanctuaries, a McKinsey think-tank member, a musician, and the author of Tinker Dabble Doodle Try.

What listeners should take from this

Alternate, don't grind Pillay's model is a rhythm, not a marathon. Bouts of intense focus should be punctuated by deliberate unfocus, which switches on the default mode network and lets the brain integrate the complex variables that concentration alone cannot reach.

Mind the system Health, he argues, is nonlinear. Genes, cells, organs, environment and mindset act on one another, so single-cause longevity advice misleads. On his reading of the evidence, social connection may protect against mortality as powerfully as blood pressure.

Schedule the drift Unfocus rarely happens by accident. Pillay prescribes two short daily windows for doodling, walking or constructive daydreaming, booked like appointments and defended like gym time, plus a swap from "I must not" to "I must."

The conversation ends where Pillay's science quietly points all along: away from the head and toward the heart. Asked what he is proudest of, he answers, loving; asked his superpower, he does not reach for a credential or a study. He reaches, instead, for the thing his whole argument has been circling, the case that how you feel is not separate from how you live. "I think love and having a lot of fun." ■

ABOUT THIS EPISODE

Mens Anonymous · "Why Thinking Less Might Be The Answer To Everything With Dr. Srini Pillay" · Published 3 July 2026. Men's Anonymous is a podcast hosted by Daniel Weinberg offering a non-judgmental space where men explore the challenges and triumphs of modern manhood.

HEAR THE FULL CONVERSATION

Listen on **Apple Podcasts** · all of Srini's appearances: **guestsonair.com/profile/dr-srini-pillay**

Editor's note: biography and career facts are live platform data. All quoted dialogue is verbatim from the episode transcript (lightly trimmed where marked by ellipsis), verified 17 July 2026.

CLINICAL PSYCHOLOGY

When success feels unsafe

She has sat with children removed from their homes, with patients in early psychosis services, and with executives whose promotions brought panic attacks. After 28 years of practice, Sydney clinical psychologist Dr Maria-Elena Lukeides tells host Ryan Watts that the trouble is the same at every level: a fear of being unlovable that no achievement, salary or title has managed to quiet.

Dr. Maria-Elena Lukeides, clinical psychologist, meditation teacher and early practitioner of psychedelic-assisted therapy, based in Sydney.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "#174 - WHEN SUCCESS STILL FEELS UNSAFE: DR. MARIA ELENA LUKEIDES ON FEAR, FLOW, AND SELF LOVE" · PUBLISHED 24 JUNE 2026

Long before the doctorate, there was a single session. Maria-Elena Lukeides was a teenager in a Greek migrant household in Australia, a home heavy with conflict and distress, when depression, anxiety and eating disorders closed in. A psychologist looked her in the eye and validated what she was feeling; her suspicious mother never took her back. One session was enough. It was "that one moment of having someone make me feel like I wasn't crazy, that I wasn't the wrong one, that I wasn't over sensitive or weak ... I was never going to be anything else after that day."

Nearly three decades later she is a clinical psychologist in Sydney, a meditation teacher, and one of the early practitioners of psychedelic-assisted therapy in Australia, the first country to reschedule psychedelics for therapeutic use. On episode 174 of The Personal Success Podcast, host Ryan Watts walked her across that whole terrain: fear, flow, trauma, self-acceptance and what success is actually for. The argument she builds should unsettle any high achiever: much of what looks like ambition is a strategy for feeling acceptable, and it never quite delivers.

The same fear at every level

Her CV reads like several careers. She has worked in out-of-home care, adoptions and foster care, in psychiatric and community mental health, in pain management for people with serious injuries, and now in private practice, where many clients are not unwell in any diagnostic sense. Watts admitted the connective tissue was not obvious to him. For Lukeides it is singular. "I find that what troubles us is the same at every level. And it's this fear of failure, fear of incompetence, fear of unlovability."

Her account of where that fear begins is developmental. An infant starts life without any sense of being separate, she argues, then discovers in its first months that it is a vulnerable, dependent creature, and a preverbal dread takes hold: will I be left alone? Everything that follows, speech, walking, praise-seeking, achievement, she reads as an attempt to climb back into safety and connection. Distress and pathology, on this view, are what happen when a person concludes that something about who they are is locking them out of love.

The proof, for her, is the sheer range of people carrying the same wound. She describes sitting with a child who has had to be removed from the parents' house, and with an executive stepping up from a 500,000 dollar a year job to a three million dollar one, now having panic attacks and unable to sleep. Neither weakness nor circumstance explains both; a shared terror of becoming unacceptable does. Her summary of nearly three decades of practice is disarming. "It's the same job, Ryan. I'm selling love."

"There is no place that they get to if they've been fueled by this fear that feels safe."

DR. MARIA-ELENA LUKEIDES · ON SUCCESS AND FEAR · 70:20

Fear is the enemy of flow

For the high achievers in Watts's audience, the argument becomes practical in her treatment of flow, the absorbed state in which work seems to come through you rather than from you. Lukeides runs a workshop for corporate clients called From Fear to Flow, and she notes that in early flow studies 60 per cent of people who reported flow states did so in work-related tasks: writing, reports, problem-solving. But entry has a price. As she puts it: "one of the biggest obstacles to flow is fear ... I can't play because flow is a state of play."

Her method for loosening fear's grip is old and unfashionable: exposure and response prevention, a tool she dates to the beginning of psychological therapy, married to meditation practice. The fears stalking modern professionals are rarely life-threatening, she points out; they are anticipations of humiliation, rejection, exposure. "What we're scared of in modern reality is feelings." And feelings, she insists, are sensations in a body that can hold them. The work is to uncouple the sensation from the story, to feel humiliation without concluding that it proves something permanent about you.

In practice this looks almost physical. Soften the body, loosen the belly, breathe into the epicentre of the sensation, and let the brain relearn that embarrassment is survivable rather than a tiger attack. The meditation cushion, she suggests, is among the best venues for this kind of exposure, because if you sit long enough everything comes up, and you discover it does not consume you. What the practice produces is not invulnerability but gentleness: people who can meet failure, rejection and disappointment softly, without turning each one into an identity.

No longer hypothetical

Her route into psychedelic-assisted therapy began in scepticism. Years in early psychosis services had taught her to treat anything psychogenic as dangerous, and she says she came to the research cynical, interested precisely because the findings defied her training. She completed her training in the field before Australia rescheduled the substances, and now practises within tight limits: in Australia, MDMA can be used for post-traumatic stress disorder and psilocybin for treatment-resistant depression, the only two approved categories, under close supervision.

What do these treatments offer that talk therapy does not? Her answer turns on the difference between knowing and feeling. In the consulting room, she explains, everything a therapist offers is hypothetical: hypothetically you are worthy, hypothetically you are a good person, and the client must take it on faith. In the altered state, she argues, that worth becomes an embodied experience rather than a proposition. "People come out of psychedelic experiences and say that felt more real than this reality feels." The insight, she finds, is hard to argue away afterwards.

TERMS FROM THE EPISODE

From Fear to Flow	Her workshop and course for corporate clients, training people in workplaces to reach flow states more often.
Default mode network	The brain network she links to our sense of self; neuroimaging shows psilocybin switches it off.
Exposure and response prevention	A long-standing psychological tool: staying with feared sensations until the brain learns they pass and do not destroy you.
No Parts Left Behind	Her forthcoming book on mindfulness, self-love and self-acceptance, adapted from her Foundations of Mindfulness course.

She is equally insistent on the caveats. Not everyone has a breakthrough; journeys can be ugly as well as luminous, and before holding space for patients she deliberately sought out the difficult experiences herself. She warns bluntly against unsupervised use, noting that screening exists because these substances can trigger psychosis, a risk the glowing stories leave out. And her deeper worry is over-medicalisation: if the field decides the healing is only chemistry, it will miss what the experiences point to, a species whose deepest need is to feel loved, and to love.

Three decades, one thread

Lukeides has spent nearly three decades in psychology, a career that reads as a long approach to the present work. She began in community mental health and adoption services, moved through early psychosis intervention, and later completed doctoral training in clinical psychology before building a private practice in Sydney. Alongside the clinical track she found mindfulness during a period of personal upheaval and has taught meditation for two decades. Today she bridges clinical psychology, neuroscience, contemplative practice and psychedelic-assisted therapy, with a particular interest in high-functioning people who look successful while living with disconnection, burnout and the sense that something is missing.

What listeners should take from this

Fear blocks flow. Flow, she argues, is a state of play, and play is impossible while you are pre-empting humiliation. Anchor in the process, let outcomes be by-products, and notice how much of the pressure to get it right is really fear of being wrong.

Feelings are the fear. Most modern fear is not about catastrophe but about sensations: humiliation, failure, unlovability. Her practice is to soften into them, breathe, and uncouple what the body feels from what you conclude it means about who you are.

Success is internal. External wins fuelled by fear never produce safety; by her account even the most decorated performers stay hungry and afraid. The measure she proposes instead is reaching the end of your life at peace with yourself.

Near the end, Watts asks what any of this has to do with success. Everything, she replies: the deathbed test of being okay with yourself, the opportunities that open once fear stops setting the criteria. Her parting instruction to an audience raised on optimisation is clinical advice delivered with a therapist's warmth: "learn to love yourself as if your life depended on it because it does." ■

ABOUT THIS EPISODE

The Personal Success Podcast with Ryan Watts · "#174 - When Success Still Feels Unsafe: Dr. Maria Elena Lukeides on Fear, Flow, and Self Love" · Published 24 June 2026. Dr. Maria-Elena Lukeides appeared on episode #174 of The Personal Success Podcast with Ryan Watts, "When Success Still Feels Unsafe: Dr. Maria Elena Lukeides on Fear, Flow, and Self Love", published on 24 June 2026.

HEAR THE FULL CONVERSATION

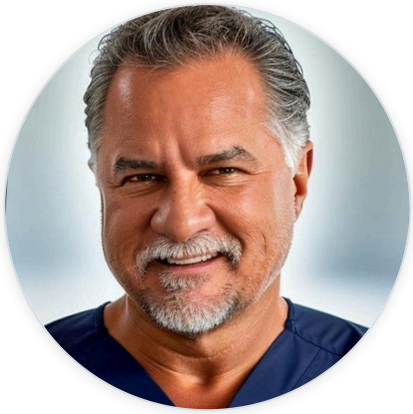
Listen on **Apple Podcasts** · all of Maria-Elena's appearances: **guestsonair.com/profile/dr-maria-elena-lukeides**

Editor's note: biography and career facts are live platform data. All quoted dialogue is verbatim from the episode transcript (lightly trimmed where marked by ellipsis), verified 17 July 2026.

MEN'S HEALTH & LONGEVITY

The problem was never blood flow

For twenty years, Jeff Nuziard has argued that the pills men reach for treat the wrong thing entirely. On Unstoppable After 50, the founder of Sexual Wellness Centers of America explains why he believes erectile dysfunction begins with collagen, hormones and tissue, not circulation, and why he thinks the real fix is regeneration rather than another prescription.



Jeff Nuziard, founder of Sexual Wellness Centers of America and innovator of the REGENmax protocol.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "ERECTILE DYSFUNCTION TREATMENT AFTER 50: WHAT IF BLOOD FLOW ISN'T THE PROBLEM? | JEFF NUZIARD" · PUBLISHED 24 JUNE 2026

At forty, Jeff Nuziard took the blood test that redirected his life's work. At twenty-seven his testosterone had measured 1185. Thirteen years later it read 305, and a man who describes himself as mentally very sexual found that his body would not cooperate. The doctors offered Cialis. It worked, for a while, then it stopped. Rather than accept that, he began asking a question most of medicine had set aside: not how to force more blood into the problem, but why the tissue itself had quietly failed.

That question became twenty years of work: white papers, cadaver studies, and testing with physicians willing to challenge convention. Nuziard now runs Sexual Wellness Centers of America and licenses REGENmax, which he calls the only patented protocol for erectile dysfunction, to clinics across the country. On Unstoppable After 50, a podcast for men who refuse to slow down, he sat with the host for a candid hour on what he believes is really happening inside the body, and why the usual answers keep failing the men who trust them.

The sponge, not the pump

Nuziard's central claim is that the industry has misdiagnosed the condition. 'I think the biggest myth out there today is that erectile dysfunction is caused by bad blood flow... Totally not true,' he tells the host. In his account, an erection depends on a spongy tissue, the spongiosum, that runs the length of the penis between its two chambers. When stimulated, it absorbs blood until it is full enough to trigger a muscle that locks the blood in place. The failure, he argues, is one of absorption, not supply.

That sponge, he says, is held together by collagen, and collagen production is among the first things the body switches off as hormones decline. As the sponge degrades it absorbs less; the veins, sensing waste, send less; and a man slides from a firm erection he cannot hold to nothing at all. It is a vicious circle, in his telling, that pills only paper over. Cialis and its relatives dilate the vessels, flooding the tissue so that an orgasm may arrive before the blood leaks back out.

This, Nuziard argues, is why the drugs eventually fail the men who once swore by them. 'I am not a drug guy, I don't like pharmaceuticals really at all. I think pharmaceuticals mask problems and they treat symptoms and they don't treat problems,' he says. The tell is familiar: the pill that worked for five years suddenly does nothing, because more blood cannot help a sponge that has stopped absorbing it. Treat the plumbing, he suggests, and you never once touch the cause.

> **"The cause of erectile dysfunction is your sponge is going bad."**
>
> JEFFREY NUZIARD · ON THE REAL CAUSE · 12:40

Hormones first, ageing second

Beneath the tissue story sits a claim about ageing itself. Conventional wisdom holds that we grow old and lose our hormones; Nuziard flips the order. 'No, we lose hormones and that activates the aging process,' he says. From the mid-twenties, he notes, testosterone falls by roughly two per cent a year, and once it drops far enough it opens what he pictures as an electrical panel, the body switching off breakers one at a time until, in his phrase, we expire.

He treats hormone optimisation as foundational, though he is pointed about how it is done. Injectable testosterone, given as one weekly dose regardless of the man, draws his sharpest criticism. 'Why would a 6'5, 330 pound man get the same identical dose as a 5'10, 175 pound man?' he asks. With a three-day half-life, he argues, a weekly injection leaves men on a roller coaster, back at ground zero before the next shot. Hormones, in his analogy, are the oil in an engine: run low and eventually the motor blows.

Yet he is careful to draw a line. Hormones, he tells the host, will change a man's life and still not restore function on their own: 'That alone will change your life. That's not going to fix ED.' Getting testosterone right, in his framework, removes the cause of the decline; rebuilding the tissue the decline destroyed is a separate job. It is why he treats the two as pillars of a single protocol rather than alternatives, and why he is scornful of any lone fix sold as the whole answer.

Intimacy belongs in longevity

Nuziard wants sexual function moved from the margins of the longevity conversation to its centre, alongside diet, exercise and heart health. 'The science says sex over the age of fifty is more vital and important to the human body than sex ever was before age fifty,' he says, pointing to the oxytocin and other chemicals released through intimate touch. 'You show me a sexless marriage,' he adds, 'I will show you a sedentary marriage that continues to get more sedentary.' The decline, he suggests, feeds on itself.

He frames intimacy as something the body will abandon if it goes unused, another breaker quietly switched off. The counter-example he offers is personal: friends of his parents, married sixty-five years, who held hands and kissed hello and goodbye until the husband died at ninety-one. It is a warm digression in an otherwise clinical hour, and it carries his argument that connection and physical touch are not luxuries of a good marriage but inputs to a longer life.

THE REGENMAX PROTOCOL

The spongiosum	The spongy tissue inside the penis that absorbs blood; Nuziard says its decline, not blood flow, causes dysfunction.
Collagen	Type 1 and type 3 collagen hold the sponge together; the body stops producing new collagen as hormones fall.
The four pillars	Hormone optimisation, regenerative injections, focused shockwave, and laser or radiofrequency treatment, combined across a roughly year-long plan.
The claim	A patented protocol reporting a 97.2% success rate across more than 3,000 patients, now licensed to clinics nationwide.

The stakes, in his account, are not only about intimacy. 'Do you know erectile dysfunction is the number three cause of suicide with men?' he asks, arguing that men attach so much identity to function that its loss becomes unbearable and unspoken. Fifty million American men admit to the condition, he says, and he believes the real figure is far higher. His answer to the shame is information: understand the mechanism, he suggests, and the problem stops feeling like a verdict on a man's worth.

From patient to patent

Nuziard's authority on this subject is unusual in that it began with his own failure. Free from the confines of traditional medical training, as his biography puts it, he spent twenty years on white papers, cadaver studies and testing with physicians willing to challenge convention, and was later awarded an honorary PhD for the work. Today he licenses REGENmax to physicians and nurse practitioners in urology, women's health and longevity medicine, and says his aim for the coming year is to train fifty or sixty clinics to deliver it. 'Our bodies are made to be regenerative,' he says. 'That's how we're designed.'

What listeners should take from this

Absorption, not supply Nuziard's core argument is that erectile dysfunction stems from a spongy tissue that no longer absorbs blood, which is why he says drugs that only widen the vessels eventually stop working for the men who rely on them.

Hormones set the clock He reframes ageing as a consequence of falling hormones rather than its cause, and treats testosterone optimisation as the foundation, while insisting it corrects the trigger without, on its own, rebuilding the damaged tissue.

A longevity issue Sexual function, in his telling, belongs beside diet and heart health in any serious longevity plan, both for the chemistry of intimate touch and because he links its loss to isolation, decline and, he says, male suicide.

Whether Nuziard's mechanism holds up to wider clinical scrutiny is a question the profession will settle, and he is candid that the internet is thick with false cures; even an AI chatbot's flattering summary of his own protocol, he notes, does not make a claim true. What comes through the hour is less a sales pitch than a mission shaped by a bad blood test at forty. 'I'm just trying to help people, trying to help men,' he says. ■

ABOUT THIS EPISODE

Unstoppable After 50: Men's Health, Peak Performance, and Legacy · "Erectile Dysfunction Treatment After 50: What If Blood Flow Isn't the Problem? | Jeff Nuziard" · Published 24 June 2026. Unstoppable After 50 is a podcast for men who refuse to slow down, sharing smart strategies and expert insights for staying strong and healthy in the second half of life.

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Listen on **Apple Podcasts** · all of Jeff's appearances: **guestsonair.com/profile/jeffrey-nuziard**

Editor's note: biography and career facts are live platform data. All quoted dialogue is verbatim from the episode transcript (lightly trimmed where marked by ellipsis), verified 17 July 2026.

NEUROLOGY & BRAIN HEALTH

Prescription for a healthier brain

After more than twenty-five years as a doctor, Dr. Sui Wong noticed the advice she gave her own family rarely reached her clinic. On Age Less / Live More, she makes the case that brain health is built daily, through sleep, metabolism, mindfulness and a balanced nervous system, and offers a framework any high performer can begin to test.

Dr. Sui Wong, neurologist and neuro-ophthalmologist, creator of the BRA(i)NS Method and founder of the Brain Health Practice.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "YOUR HEALTHIEST BRAIN WITH DR. SUI H. WONG" · PUBLISHED 19 MARCH 2025

For most of a long career, Dr. Sui Wong kept two conversations apart. In her clinics she treated migraine, memory worries and the autonomic tangles of neurological disease. At home she was quietly rebuilding her own health through sleep, movement and mindful attention, and encouraging her family to do the same. The gap nagged at her. If lifestyle change worked well enough to reshape her days, why was it missing from the appointments where it might matter most? That question, put to the host Lucas Rockwood, opens her account of a career turning outward.

The episode, titled Your Healthiest Brain, aired on Age Less / Live More, Lucas Rockwood's show about living well in the second half of life. Wong is a neurologist and neuro-ophthalmologist with more than twenty-five years of practice, the creator of the BRA(i)NS Method and author of books including Sweet Spot for Brain Health. Her argument is unshowy: the brain is an organ we neglect, and much of what protects it is already within reach, waiting on habits rather than heroics.

The overlooked organ

Ask people what illness they fear, the host notes, and they name heart disease or cancer long before the brain. Neurodegenerative disease sits among the leading causes of death, and, as Rockwood frames it, a struggling brain can diminish the quality of a life well before any diagnosis. The host presses her on what the popular health conversation misses once it has covered diet, nutrition and exercise. Two things, she answers: the body's link to the brain, and the state of emotional wellbeing that runs alongside physical health.

The body half of that answer is largely metabolic. Cardiovascular health, blood flow and blood sugar are not separate from cognition; they feed it. Wong points to the established link between insulin resistance and the risk of cognitive decline, then asks the more useful question: what does this mean for the brain, and what can be added on top to protect it. Her instinct is to see systems as joined. Air pollution, microplastics, mercury in oily fish: each, she argues, reaches the brain while also straining the rest of the body.

That joined-up view is deliberate. Rather than treat the brain as a walled garden, Wong prefers to ask what a single good choice can do across the whole body. Smoking, she observes, is well known to harm the heart and raise cancer risk; it also narrows blood flow to the brain and lifts the risk of cognitive decline. The framing turns caution into motivation. If one change pays dividends in several systems at once, the case for making it becomes much harder to argue with.

"why is it not part of my day-to-day conversation in my clinics with my patients?"

DR. SUI WONG · ON HER TURNING POINT · 02:51

A quality of presence

Mindfulness, the host suggests, has been co-opted until it means almost nothing. Wong is happy to start with a definition. "I would consider mindfulness a quality of presence," she says, more than the narrow act of watching the breath. It carries openness, curiosity and non-judgment, a willingness to observe what is here right now. The trouble she is describing is familiar: minds that live in the future, braced for what might happen, or in the past, turning over what might have been done differently. Presence, she argues, is the antidote to both.

The neuroscience gives the practice teeth. Under chronic stress the fight-or-flight response floods the body with cortisol, and the costs compound. "It's harder to focus, it's harder to manage blood sugar regulation, and it's harder to embed memories, harder to have better quality of sleep," Wong says. Mindfulness works on two fronts: it settles the general state of wellbeing, quieting the brain's background operating system, and it trains attention, the ability to choose where the mind rests amid a day of pinging notifications and competing demands.

Her entry point is deliberately small. Rather than an hour of silence, she suggests a single mindful cup of cocoa: the weight of the mug, the smell, the first slow sip and how the body answers. From there it might grow to three attentive bites of a meal, or three rounds of long, slow exhalations before bed. These moments, she says, fit inside the hustle of ordinary evenings rather than demanding an escape from them, which is precisely why busy people can sustain them over time.

Building brain resilience

Migraine, the condition Wong has written about most, becomes her teaching model. "I use migraine as a framework to share the concept of a systematic approach to improve brain health," she says. That system she calls BRAINS: building brain resilience, then balancing the autonomic nervous system. Resilience covers the unglamorous foundations, sleep quality and routine, metabolic health, nutrients such as magnesium and omega-3, physical activity and mindset. Migraine simply makes the effects visible, because sufferers can watch attacks recede as the pieces fall into place.

To explain why no single fix works for everyone, she reaches for a metaphor. "I give the story of migraine attacks being like a pot of water that is overboiled, and the overboiling would be those migraine attacks," Wong says. Painkillers pour cold water on top; useful, but the pot boils over again. The lasting work is turning down the heat, the accumulated factors that push a person past their threshold. For some, magnesium is the final missing piece. For most, several factors need regulating at once.

A BRAIN-HEALTH GLOSSARY

BRA(i)NS Method	Wong's framework: first building brain resilience, then balancing the autonomic nervous system, taught across her books and practice.
Autonomic nervous system	The system regulating automatic functions like heart rate and blood pressure, split into fight-or-flight and rest-and-digest branches that must stay balanced.
Default mode network	The brain's background operating system, as Wong puts it; mindfulness helps settle it and improve the general state of wellbeing.
Metabolic flexibility	The ability to switch fuel between blood sugar and ketones from blood fat, which Wong links to resilience and clearer thinking.

The second half of the framework is the nervous system itself. Chronic stress can leave a person stuck in fight-or-flight; recovery depends on inviting the rest-and-digest state back in. "It's not about one is good or one is bad. It's about the balance, because we need both," Wong says. We need the sympathetic drive to rise to a presentation, and the parasympathetic to unwind into restful sleep. A slow, long exhale, she notes, is among the simplest ways to signal the body out of red alert.

The clinician turned author

Wong's public work is recent, and she is candid about it: "I'm a jobbing clinician," she says, still spending her days with the patients who come to her service. Behind that modesty sits a substantial record. She has practised for more than twenty-five years, including in the NHS, contributed to over 140 academic papers, and written books that translate neuroscience into daily habits, among them Sweet Spot for Brain Health and Break Free from Migraines Naturally. She also supports the Visual Snow Initiative and IIH UK, extending brain-health education well beyond the clinic and the boardroom.

What listeners should take from this

One joined system Wong treats brain health as inseparable from metabolic and cardiovascular health. A choice that steadies blood sugar or blood flow, she argues, tends to protect cognition too, which makes the case for it across several systems at once.

Start absurdly small Her mindfulness on-ramp is a single attentive sip of cocoa or three slow exhalations before bed. Small moments folded into a busy evening, she suggests, are what people can actually sustain, unlike grand attempts at daily silence.

Turn down the heat Painkillers cool a migraine like water poured on a boiling pot, but the pot boils over again. Lasting relief, in her framework, comes from lowering the underlying factors: sleep, metabolism and a balanced nervous system.

By the end, Wong's message is less about fear than agency. The brain, so often left out of the health conversation, responds to the same daily choices that protect the heart and the metabolism, and to the quieter work of attention and rest. Her books and weekly tips, she tells Lucas Rockwood, are meant to nudge readers from knowing to doing, in the belief that "it is within our reach, these tools to enhance our health and well-being." ■

ABOUT THIS EPISODE

Age Less / Live More · "Your Healthiest Brain with Dr. Sui H. Wong" · Published 19 March 2025. Age Less / Live More is Lucas Rockwood's podcast on healthspan and living well in the second half of life; this episode, Your Healthiest Brain with Dr. Sui H. Wong, was published in March 2025.

HEAR THE FULL CONVERSATION

Listen on **Apple Podcasts** · all of Sui's appearances: **guestsonair.com/profile/dr-sui-wong**

Editor's note: biography and career facts are live platform data. All quoted dialogue is verbatim from the episode transcript (lightly trimmed where marked by ellipsis), verified 17 July 2026.

DENTISTRY & WHOLE-BODY HEALTH

What your mouth knows

For twenty years Dr Namrata Patel has looked inside 20,000 mouths and reached an unfashionable conclusion: much of what ails the body may begin behind the lips. On The Joel Evan Show she makes the case for dentistry as preventive medicine, from Alzheimer's-linked bacteria to the spit test she runs before she picks up a drill.

Dr Namrata Patel, author and founder of Green Dentistry in San Francisco, has spent more than twenty years in holistic dental practice.

GUESTS ON AIR EDITORIAL · FROM THE EPISODE "THE CONNECTION BETWEEN ORAL HEALTH AND CHRONIC DISEASE" · PUBLISHED 13 MARCH 2025

Long before she reads a single scan, Dr Namrata Patel asks to see your saliva. It is an unusual opening move for a dentist, and that is rather the point. Over two decades and, by her count, some 20,000 mouths, the San Francisco practitioner has come to treat the mouth less as a set of teeth than as a diagnostic window onto the whole body. Heart attacks, diabetes, arthritis, Alzheimer's: all of it, she argues, can be read, and sometimes redirected, from behind the lips.

On The Joel Evan Show, a podcast aimed at the health-minded, Patel sets out a thesis that inverts a familiar piece of wellness lore. The gut, listeners are often told, governs immunity. True enough, she says, but incomplete. Her formation runs from an Ayurvedic childhood in India to twenty years of functional dentistry, and it leads somewhere provocative. "The mouth is the beginning of the gut," she tells the host, Joel Evan, "and people kind of forget that."

The window, not the stepchild

Patel's account begins with saliva. Its balance of bacteria, she says, is as telling as any blood panel, and it tips when the conditions are wrong. Not brushing is the obvious culprit; she lists subtler ones too. Mouth breathing dries the tissue. Saliva thins after sixty. Hormonal shifts in women change the flora, and anti-anxiety medication brings a dry mouth that patients rarely connect to their gums. When the wrong bacteria flourish, she argues, the trouble does not stay in the mouth. It travels.

Her most arresting claims concern the brain. Mercury fillings, she says, can deposit in brain cells; and P. gingivalis, a bacterium of gum disease, is small enough to cross the blood-brain barrier, seeding the kind of low-grade infection that over years may surface as Alzheimer's. She speaks from more than the literature. "I actually dissected some brains where people have Alzheimer's," she tells the host, describing a snake-like bacterium visible under the microscope. It is offered as her clinical observation, not settled consensus, and she notes the disease has many causes.

That the mouth should carry such weight still surprises people, and Patel has a theory about why. Dentistry, she says, "was treated as a stepchild of medicine for such a long time," kept apart from the rest of the body. Her own turn toward prevention was personal. Her brother died of a heart attack at thirty-three, which set her looking for what might have been caught sooner. Two decades and, by her reckoning, twenty thousand mouths later, she treats teeth as one of the body's first causes rather than its afterthoughts.

"We used to think disease was from the gut up. It's actually the other way around."

DR. NAMRATA PATEL · ON ORAL HEALTH · 02:36

What the spit test says

If the diagnosis sounds dramatic, the method is methodical. A new patient starts with a thorough medical history, then a spit test: saliva read, she explains, much as blood is read for biomarkers. From it she says she gauges which bacteria are present and a person's genetic risk for inflammation and for heart attack, diabetes, cancer, Alzheimer's and arthritis. "If I can find your genetic risk, I know how to customize all my treatment for you," she says. She screens, she notes, for twelve species she regards as causative rather than merely correlated.

The heart offers her clearest chain of cause. A bacterium such as actinomyces, she says, breaks the enteric lining of the gut, reaches the bloodstream and prompts the body to release tumour necrosis factor alpha, a cytokine that stiffens and narrows the arteries. What she stresses is the loop: she treats, then retests, reporting reductions of seventy-one and eighty-six per cent in target bacteria. When some persist, that residue is itself a clue, pointing, she says, to a sleep or breathing problem still unresolved beneath the surface.

The same logic runs to the airway. On a CT scan she points to a tongue that should rest at the roof of the palate, a position she says triggers the body's rest-and-digest response, the reflex yoga teachers invoke. In one patient she reports widening the sinus airway from a reading of 1.8 to 4.1, improving what she calls oxygen-carrying capacity. Nasal breathing matters, she argues, because it generates nitric oxide. "We really focus on nose breathing as a key to longevity," she says, and extends the same reasoning to attention problems in restless, mouth-breathing children.

Herbs, ozone and less

For treatment, Patel reaches first for tools that avoid antibiotics. She favours ozone, which she describes as extra oxygen, delivered into cavities, under old root canals or, controlled and titrated, into the sinuses; lasers; and probiotics meant to rebalance rather than sterilise the mouth. Hidden infections are her recurring theme: root canals and cavitations that fester quietly for years, she says, and mould toxins lodged in the sinuses that a gut protocol alone will never reach. Clear them, she argues, and stubborn autoimmune complaints sometimes ease.

Underneath the technology sits an older training. Raised in India and schooled in Ayurveda, Patel treats food as the first medicine. "I don't want you popping pills of turmeric every single day," she tells the host. "I want you to start cooking with it." The prescription is lifestyle, not supplements: herbs in the pot, a headache met with water and twenty minutes of breathing before an aspirin, and sleep treated as the foundation a functional dentist is duty-bound to check.

THE MOUTH, DECODED

P. gingivalis	A gum-disease bacterium Patel says is small enough to cross the blood-brain barrier and may contribute to Alzheimer's.
Spit test	A saliva sample read like a blood panel, mapping oral bacteria and genetic risk for inflammation and chronic disease.
Nitric oxide	A molecule the body makes during nasal breathing that Patel says helps defend against several chronic diseases.
Ozone therapy	Extra oxygen delivered into cavities, root canals or sinuses, which she uses instead of antibiotics to reduce bacteria.

Her everyday advice is contrarian and short. Mouthwash she dismisses as marketing that dries the mouth and kills good bacteria; toothpaste she calls optional, since it is the mechanical action of brushing that clears the biofilm. What she does insist on is a tongue scrape, an electric brush, flossing, and taping the mouth shut at night to enforce nasal breathing. The point, always, is something a busy person will actually keep doing, not a ritual to be abandoned by the second week.

The practitioner

Dr Namrata Patel founded Green Dentistry in San Francisco and has practised for more than twenty years, blending conventional dental science with Ayurveda and functional medicine. She is an author and educator who has built courses for patients and for dentists and hygienists wanting to work in a more eco-conscious, holistic way, and her work has featured in outlets including Beauty News and Haute Living. On the podcast she says her current focus is teaching other dentists her methods, using lasers instead of antibiotics, so that personalised, data-led care reaches patients well beyond her own chair in California.

What listeners should take from this

Mouth first Patel inverts the usual wellness script: rather than the gut governing everything, she argues disease often travels from the mouth and nose down, making saliva and oral bacteria an early, readable signal of systemic trouble.

Test, then retest Her method is a loop. A medical history and saliva test map bacteria and genetic risk; she treats without antibiotics; then she retests. Bacteria left behind point her toward an airway, tongue-tie or sleep problem underneath.

Keep it sustainable Ozone and probiotics over antibiotics, herbs cooked into food, tongue scraping and mouth taping: her advice favours small habits a busy person will maintain rather than an elaborate routine destined to be dropped.

For all the CT scans and cytokines, Patel's closing note is restraint. The aim is not to turn oral care into a second job but to find the few interventions that pay off and make them stick, leaving time for the life they are meant to protect. She is blunt about the alternative. "Creating a two-hour ritual around your teeth every single day is not sustainable. We got to live life." ■

ABOUT THIS EPISODE

The Joel Evan Show · "The Connection Between Oral Health and Chronic Disease" · Published 13 March 2025. The Joel Evan Show is a health-focused podcast; in this episode, published in March 2025, host Joel Evan speaks with Dr Namrata Patel about the connection between oral health and chronic disease.

HEAR THE FULL CONVERSATION

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THE LAST WORD

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