

Jan 28, 2024: Episode #2

Speaker WSYR** (((00:00:00))) - - - The following is a great program by Karl Sterling. The content of the show is that of Karl Sterling and does not represent the views of the station or iHeartMedia. Some of the information contained in this program has not been approved by the FDA, nor is it intended to diagnose, prevent, treat, or cure any diseases. Information hereafter is for general information only, and before considering anything discussed, you should contact your doctor or primary care physician.

Speaker Sterling** (((00:00:49))) - - - Thank you Producer Anna and we're back for another broadcast of Your Health Matters right here on NewsRadio 570. We're also on 106.9 FM. My name is Karl Sterling and I am thrilled again to be your host as we explore the journey towards a longer, healthier life.

Speaker Sterling** (((00:01:11))) - - - All right. So remember last week I mentioned that the cornerstone of change is education. This is true. But we have to add to that because without all the education in the world it's not going to do too much good without action. So we need to take action. No action, no change. Trust me, I've been there. I tried to do nothing. It didn't work out too well when we intervened with action. Proper action. Whoa! Progress! Today we're going to talk about osteoporosis, something that we see every day in my clinic. I will go over a lot of data on that. Osteopenia, cognitive decline. We're also going to talk about, you know, these things are kind of tough to talk about, like it's not good news. We don't want to be experiencing these diagnoses however. There are various ways we can go about to work towards slowing the progression of these diagnosis. All right, and not only that, but how to work towards reversing them. We're also going to, if I have enough time at the end, we're going to talk about pain and sleep, because if my clinic would do a lot with pain management, we have great, great results very quickly and we help people with information on how to manage sleep.

Speaker Sterling** (((00:02:32))) - - - So we're also going to talk about correlations between diagnosis because everything in our body is connected. Let's take an example. Let's talk about the neuro skeletal muscular system. That's just three systems in your body. For example, if your skeleton is good, your bones are good, and your muscles are good. Great. We have sufficient muscle mass. But your nervous system isn't firing, right? You can have some problems. I mean, this could be possibly Parkinson's, Multiple Sclerosis, maybe, Charcot-Marie-Tooth Disease, MSA, Progressive Super Nuclear Palsy. A number of things nervous system related. If your nervous system is good, but your bones are bad, but your muscles are good. Maybe you break a bone. Okay. You got good muscles, good nervous system, and you break a bone. You're not going to move around too well. And of course, you could have good solid skeletal system, great nervous system, and a torn tendon, uh, torn muscles, some kind of injury to a muscle that's going to affect how you move.

Speaker Sterling** (((00:03:44))) - - - Well, everything in the body. Okay, let's talk about the body. The body doesn't label anything. It doesn't know one system from another. We label the systems. That comes right from my friend Doctor Perry Nicholson. All your body knows is that everything in it works together. Like we mentioned just now, neurons, musculoskeletal. If they're all working well, great. But when one is compromised, the others will be compromised as well. There's so many other systems in the body. It goes for everything. When one system is a little bit compromised or a lot compromised, all other systems are going to come down to some degree, although in some cases may be almost immeasurable. They're going to come down. All right. We're going to talk about correlations between osteoporosis and cognitive decline. There is a correlation there. Type two diabetes and osteoporosis and sarcopenia or muscle wasting. Parkinson's and osteoporosis and Alzheimer's and osteoporosis. We're going to discover that much of the time, there are common denominators and lifestyle factors that connect these diagnoses together.

Speaker Sterling** (((00:04:59))) - - - All right. So before we dig deep, I want to give a shout out. Last week was a blast. I had so much fun. I want to thank everyone who reached out through messaging, phone calls, emails and in passing for your kind words and comments on the show. And really glad you enjoyed it. But I also want to give a quick shout out to Doctor Joe Barry. Dr Barry, thank you again for paving the road towards enlightenment, for teaching us to be the captain of our own ship, which is our body, okay, and shining the light on and inspiring us to take action towards preventative self-care. All right, let's define osteoporosis real quick. It's a condition characterized by weakened bones, which are more likely to fracture or break, is more common in older adults and especially in postmenopausal women. This has a lot to do with the hormonal changes that happen during menopause and the estrogen, uh, let's say the diminished estrogen. All right. According to International Osteoporosis Foundation, worldwide, an estimated 200 million people suffer from osteoporosis and 10 million of those individuals live in the United States, and approximately 44 million have low bone density, or osteopenia, which is a precursor to osteoporosis.

Speaker Sterling** (((00:06:20))) - - - So, osteoporosis related, fractures are a major health concern, with an estimated 2 million osteoporotic fractures occurring annually in the United States. And that's just astounding. All right. Osteopenia is a condition characterized by low bone density, let's say lower than normal, but not as severe as osteoporosis. I also want to quickly go before we go to a break. I want to go over cognitive decline. This refers to a reduction in cognitive abilities such as memory, attention, and problem solving skills. Alzheimer's disease is a common cause of cognitive decline. We also have dementia and other things that factor in the world. Let's say the World Alzheimer's Report 2021 estimates 55 million people worldwide live with dementia in 2021, and this number is expected to triple to 152 million by 2050, if no preventative measures are taken. This is like one of those shock factor. Things hit you between the eyes and not trying to scare you, but there's a lot we can do about this. All right. So cognitive decline is not only associated with aging but can result from various medical conditions and lifestyle factors.

Speaker Sterling** ((00:07:34)) - - - With that said. We're going to start going over the good news when we come back from a break. The good news is, while there are correlations with these things together, much of the time, the good news is we can do things about it. All right? We can do things to prevent it, maybe slow it down and reverse it. You're listening to Your Health Matters here on 570 WSYR News radio also available on 106.9 FM. My name is Karl Sterling. I'm your host and we'll be back after this short break.

Speaker Sterling** ((00:08:26)) - - - All right, everybody, we're back. We're going to go over a lot of data here. Last week I hit you with a little shock factor here. And I'm going to ask I'm going to ask you this question again. I'm not accusing of anybody of anything because I don't do that.

Speaker Sterling** ((00:08:38)) - - - I've been in this situation of my health being compromised, being way overweight, not being active, you know, all that kind of stuff. I'm going to ask you a question, though. Think about it seriously. Whose burden do you want to be? Down the road. Probably nobody's right. Nobody wants to be a burden on anybody else, I don't think. We're going to think about that, come back to it in a little while because there's always good news where there's bad news. All right. Let's look at correlations. Osteoporosis and cognitive decline. Research suggests a correlation between these two particularly in older adults. According to a study published in the Journal of Age and Aging in 2016, individuals the osteoporosis had a higher risk of cognitive impairment. All right. I will argue that there are a multitude of other factors which can play a role. That would include probably diminished movement, diminished muscle mass, diminished oxygen to the brain and throughout the body. All right. Moving right along to some, uh, citations here.

Speaker Sterling** ((00:09:49)) - - - Journal of American Geriatrics Society, January 2003. 21 years ago, 4662 women aged 70 and older participated in a study. The results indicate that 12% of the women with the least bone loss by quartile. 14, in the second. I read that wrong, but 16% in the third and 20% in those with the greatest bone loss. So this is what these percentages are. It's that the kind of decline occurred in 12% of women in the low quartile, 14% in second, 16% in the third, 20% in those with the greatest bone lost. Well, geez, you know this is not good. All right, so moving forward to age and mental health April 2015. This cross-sectional study included 2000 postmenopausal women who were divided into osteoporosis groups. The bottom line is this all the subjects completed a set of neuropsychological tests for the elderly and for cognitive assessments, which included measures of executive function, episodic memory, attention and processing speed, semantic memory, and visual spatial construction.

Speaker Sterling** ((00:11:13)) - - - Blood biomarkers for osteoporosis, as well as as diurnal rhythms of cortisol levels, were used as a cognitive performance correlation parameters in linear multivariate regression analysis. What does it all mean? Individuals with osteoporosis had poorer cognitive scores. All right. Let's talk real quick about diabetes. Patients with type one or type two

diabetes may be at greater risk of fractures. Routine screening of bone mass is recommended. Looking through this, we're seeing that again, there's a higher population percentage of people with diabetes who have osteoporosis or osteopenia. When we look at Parkinson's and osteoporosis, we have connections there. 52,960 participants followed for two years, 3224 of them had a fracture. Well, you know that the Parkinson's population is at a higher fall risk, so it's more likely that they would fall. But we also had the factor that. These people live with osteoporosis. Okay, so I could go on and on all day. The bottom line is there's an impact on osteoporosis in the Parkinson's population.

Speaker Sterling** (((00:12:50))) - - - The population in general. The good news is there are things we can do about it. Slowing the progression of osteoporosis and osteopenia will involve changes in your lifestyle. This will be your your dietary intake, your supplemental intake, but also weight bearing, load bearing exercise. And of course you want to talk with your doctor about medications. So preventing or slowing cognitive decline can involve mental stimulation, social engagement, healthy diet, perhaps some meds, chronic health conditions, regular physical activity. I'm trying to circle around to something here in a minute, folks. Of course, the effectiveness of these interventions is going to vary from person to person. But early intervention is key. And if you don't catch it early, then any intervention is key. Now what I want to do, is talk with you about what we do at my clinic called Neuro Motor Training, in the same building as Dr Barry, right underneath his office in Camillus, NY. We work with people with cognitive decline every day and people with osteoporosis, osteopenia every day.

Speaker Sterling** (((00:14:07))) - - - Intervention for osteoporosis that we do includes, of course, exercise. We have a machine, though. That is the coolest machine I've ever seen. To help trigger the chemical action of estrogen production to produce soft tissue trabecular bone growth. That's the soft tissue inside the bone. This machine is called the Bio Density machine. The way it works is like this, right? So you've got this condition. You've come in with your DEXA scan scores. You've got T scores that are osteopenia. Maybe osteoporotic could be, you know, -2.5. I've seen a -3.9 the other day on somebody's femoral neck and some lumbar areas as well. Well, here's the good news. The best way to intervene is resistance training. The Bio Density machine offers the most effective resistance training method known in the world to help trigger that estrogen production and soft tissue bone growth. Now, how does it work? You're seated. Or in one case, standing, in one of the four exercises, we position you in the position for each respective exercise where you are at your strongest.

Speaker Sterling** (((00:15:35))) - - - There's a certain position (where we are strongest) in our degrees of extension or flexion, whether it's, you know, knees, joints, hips, whatever. You're going to produce force isometrics against the machine. It will measure. You can get real time feedback. You're looking at the screen. It's telling you how much you're pushing. This is called max osteogenesis force production. You are loading your muscles up. With forced production that you're producing yourself. And the good news is, the machines is not going to move. You won't be able to

budget. Nobody can. So you're safe because you wouldn't be able to do this on a traditional free weights or machine because you would get crushed. So this provides a safe environment. If you go to Karlsterling.com that's my name Karl with a K Karlsterling.com Go to the Bio Density tab. Click it, pull it down. Go down there. The pricing we charge is on there also towards the bottom of the page there's several

Speaker Sterling** (((00:16:42))) - - - hyperlinks that go to research and data that has shown the effectiveness of this device. There's research that says in as little as five minutes every ten days, meaning one rep, for a five second hold per exercise is enough to elicit enough estrogen to cause the mechanical action of force loading because of the chemical reaction. Taking this from Dr Peter Attia, who Dr Barry and I follow and great podcast anyways, to produce the estrogen production chemically to cause that bone tissue to grow. But that's not all. Now it's going to take time to do that, right? It's not like it's going to happen overnight. You didn't get osteoporotic overnight. You're not going to get out of it overnight. Sometimes, at best we're just slowing progression, or maybe your T scores stay the same. Six, eight, nine months, 12 months down the road.

Speaker Sterling** (((00:17:49))) - - - You do this, work five minutes every ten days.. We do three reps of everything twice a week is optimal. You come to our clinic. You do this, you're going to see gains sooner in your in your bone density and you're going to feel stronger. You're going to be stronger. I've actually packed on over 5 pounds of muscle mass just from this device alone since August. It's treating my type two muscle, all my muscle fibers. But particularly it gets at the type two muscle fibers, which are important for a lot of things, but they're highly correlated with balance. Note this, they're the first muscle fibers to go as we age well, hence a lot of instability even for people with no diagnosis of any kind of movement disorder or anything like that. So we're going to continue in the third quarter of the hour with more information about how we can slow osteoporosis progression, maybe reverse it. Same thing with cognitive decline and reversing that potentially as well.

Speaker Sterling** (((00:18:56))) - - - You're listening to Your Health Matters here on News Radio 570. My name is Karl Sterling. Thanks for tuning in. We'll be back shortly.

Speaker Sterling** (((00:19:14))) - - - All right, everybody, we're back. We're back here on NewsRadio 570. We are also on 106.9 FM. You know, radio time goes by really fast and I'm trying to slow down my mouth, but speed up the information. When I teach, I teach all over the world, in fact, I'll be in Mexico next week teaching. And we're doing the show live from Mexico City next week with very special guest Dr Dale Bredesen. And also another very special guest to talk with is Dr Joe Barry. You're going to want to check that one out for sure. Dr Bredesen is the foremost researcher worldwide and bestselling author of several books called "The End of Alzheimer's". He is the Alzheimer's guy and Dr Barry is the area's central New York , only Bredesen Protocol provider. So you're going to want to check that out, but we're coming live from Mexico City next week, so that's going to be cool.

Speaker Sterling** ((00:20:14)) - - - In any case, I teach, I travel, I'm grateful to be here. So let's get into it and I'll try to be as concise as possible. We were talking osteoporosis, osteopenia, cognitive decline. If we have any of these conditions you didn't get that way overnight. You're not going to fix it overnight. Right? Let's get into osteoporosis now and what we can do to reverse it. Besides our diet and possible medications and various treatments, that you would need to see your doctor about, we know that load bearing, resistance training exercise is going to be absolutely paramount because you need to build a muscle mass, because muscle mass and bone density are very, very closely associated. We lose muscle mass. Bone density is likely to diminish.

Speaker Sterling** ((00:21:20)) - - - You lose muscle mass. You're losing a foundational organ system here. Basically, metabolism happens in muscles. It is an organ and the ability to move optimally. What does that mean? Well, walking. Standing balancing. And if you have diminished bone density and diminished muscle mass and you fall down, you're more likely to break a bone. This is a bad news. You all, probably, know somebody who has fallen down and has broken a hip or broken a femur. What happens? Well, they go to the hospital. Maybe they have surgery. According to Dr Peter Attia. A year later, 50%, aged 65 and up, are deceased. If you fall down and break a femur or hip, this is a bad news. We don't want to do it. So let's start digging in. You have to be the captain of your own ship. You need to take action.

Speaker Sterling** ((00:22:22)) - - - You may want to consider. Whose burden do you want to be? And when do you want to get started, like when is "now" a good time? Did you get that one? When is now a good time to get started? Okay, so you don't have to come and see me. You could do things at home. There's all kinds of things. You go to my website Karlsterling.com That's Karl with a K. You shoot me an email from there, I'll send you stuff to do. All right. At your home. No equipment necessary, but I'm going to tell you it's going to be a lot better if you can get in and see me because you get on this Bio Density machine. That's a game changer. It's max force osteogenesis force production. You're going to if you do 300 pounds on a leg press.

Speaker Sterling** ((00:23:15)) - - - Now you're going to do easy 1,000 pound leg press on Bio Density. If you do 100 pounds on a chest press now, you're easily going to do 250, 300 pounds, maybe more on Bio Density. So, effectively you're loading more weight and it's more effective. Now full range of motion resistance training is also highly recommended. We also have another device. It is the top end medical grade, FDA approved. Not that, that really matters, but it's a Power Plate vibration therapy. Well, I'll tell you, besides helping to build bone density, which it definitely does, we know that it helps to wake up your nervous system in your brain, increase bone density, bone health, increase joint stability, spinal stability, improve posture and boost circulation, blood flow, lymphatic flow, and fascial fluid flow, decreased neuropathy, pain and tingling. We've had people come in just for neuropathy issues. We've had people come in with no feeling in their feet. And after one session they have feeling in their feet and the neuropathies either very, very, very diminished.

Speaker Sterling** ((00:24:25)) - - - Maybe they need to come in another 2 or 3 four times, or maybe they don't because it's gone. Okay. I'm not saying we have the magic pill. We don't do pills. We're not a we're not a medical place. Elizabeth and me, we work together. We help people through our own modalities to complement whatever medicine you're doing or whatever diet you have. Power Plate is very powerful. No pun intended. Helps to improve muscle recovery, reduce fall risk, improve flexibility, relieve pain. Oh my gosh folks, you wouldn't believe the pain reduction people tell us they experience, myself included. It improves posture, improves balance and flexibility, burn more calories and lose weight and improve athletic performance. Okay, so these are some things we can do to help with osteopenia and osteoporosis. Highly highly effective machines. The number one go to machine in our clinic because everybody loves it. By the way, if you invest in personal training sessions with me, if you invest in the Bio Density Program we have, you get a free membership to our gym for the duration of your program.

Speaker Sterling** ((00:25:38)) - - - We have free weights, machines, body weight bands all good for resistance training and help to build muscle to cause that production of estrogen and grow that soft bone tissue. Now I want to talk about another machine we have called the XO Trainer by Xometrics. This is a wall unit. It's like a giant tablet with arms and cables. It is the most sophisticated machine, the most versatile machine I have ever used. With digital weight, we can program things. It has a memory. So when you go into your profile, you can go to your history and select the exercise you want to do and then just hit, redo exercise and then go. It remembers every setting you had. One of the things I love about this is that Coop who invented it, Coop, I hope you're doing great and listening, because we love this machine so much. What we love about it is you can get into other types of contractions in training, another modality or another type of putting resistance on you.

Speaker Sterling** ((00:26:54)) - - - You got isometric on Bio Density On Power Plate, you can do isometrics on there too with special straps we have You could do a full range of motion stuff on traditional weight equipment, machines, free weights, but on the XO Trainer, we can program it. So for example, let's say I'm doing a chest press. Well I'm stronger near the top then I am way down at the bottom near my chest. Well guess what? We can program this thing to start at a certain weight at the beginning of the repetition, and then increase and go up to any degree you want to basically and challenge your muscle to its maximum ability every step of the way. Concentric and eccentric contractions. Or we can do it the other way. We can go reverse where it's hard at the bottom or on any exercise, harder and starting position easier and finish position right. We can do the valley.

Speaker Sterling** ((00:27:54)) - - - We can do the mountain where we peak or we dip in mid rep. We can do muscle assessments on their strength. I can't recommend this piece of equipment enough if you're a trainer, physical therapist, or you just want to buy a machine for your house, go to oxmetrixfitness.com That's Xo Metrics just how it sounds. You are listening to Your Health Matters

here with Karl Sterling on 570 News Radio. We are also on 106.9 FM. We're going to go out for a break here in the last quarter. We're going to talk about slowing cognitive decline, maybe even reversing it. We do it at my clinic or we don't do it, people do it. We show them how, they do the work. They get the benefits. We'll be back soon. Thanks for listening, folks.

Speaker Sterling** ((00:29:11)) - - - All right, gang, we're in for the final quarter of the hour here. I want to ask you a question. I'm not here to sound like I'm accusing you of anything, I am not. I am just hoping to enlighten you and maybe just change your perspective on how you think about health care and self care. You know that you're insurance and you need insurance, right? We've got to have our insurance and it can save our lives. It can save us in so many cases. I mean, I'm so lucky, I have great insurance. I'm grateful for it. But not everyone does. I hear stories all the time. Your insurance is tied to your illness or your diagnosis. And very seldom do I ever hear of insurance or experience insurance being tied to your wellness or your health. I mean, it's really something to consider and think about.

Speaker Sterling** ((00:30:19)) - - - Here's an idea for you, kind of a perspective I'd like you to consider. Let's say. You have pain somewhere, and you could go to see a therapist for prescribed physical therapy. And I am not dissing that world. Okay, I am not. If you need physical therapy. I'm going to tell you where to go. Onondaga Physical Therapy, that's where you go. Now, there are a lot of great other providers here too. We're going to have Lauris, the founder owner of Onondaga Physical Therapy, on in a few weeks as a guest. I just met him the other night, we had a great conversation, went to the new facility in DeWitt. It's beautiful. If you go there, you're going to get some some good stuff. That's where I refer everybody. Okay, now you can go to other places, maybe for physical therapy, and you're going to get maybe like a factory setting where you're one of four people getting treated for your pain. I get a lot of clients with sciatic low back pain,

Speaker Sterling** ((00:31:27)) - - - Sciatic pain, shooting down the leg. A lot of shoulder pain, a lot of knee pain. I work with clients dealing with it every single day. If you're in a factory setting, you're not likely to get too much out of it. You may, though. I mean, I'm not saying it can't happen, but you're not likely to get too much out of it. Because I know because people come and see me after their, you know, prescription is up. They get 16, 20 sessions or whatever. And they're like, well, that didn't help. It's not that it won't, but a lot of times it doesn't. It could be the therapist. Maybe they just don't care or they're overworked or, you know, they're dictated to by insurance. And insurance is a dictator, and it does dictate things for you. That's why you need to step into action and be the captain of your body. You have to do it, invest in yourself.

Speaker Sterling** ((00:32:20)) - - - So our insurance is necessary and I'm grateful to have mine, however. It's going to pay for it once what it wants to pay for. Think about all the copays you might do. I don't know what it is. Is it ten bucks? 15? 20 bucks? 20 PT sessions later. You're out \$300 -\$400 maybe. I don't know how much. You can come see me for \$100 or so. And if your pains not

significantly diminished or gone when I'm done with you, you're not going to pay me, I'm not taking your money. I put that right out there on the table. And I tell you right now, there's only three times ever that I haven't been paid. There are three people out of hundreds and hundreds and hundreds I couldn't help. So, you know, I do a lot, a lot of the time, but I can't do everything all the time. So I do my best. But I'm going to tell you what I do is highly effective.

Speaker Sterling** (((00:33:19))) - - - I want you to reach out to me. If you have pain, I want you to reach out to me. If you're willing to invest in your health. And take action on improving your bone density or your cognition, which is the next thing I want to go into before we're out for the day. Slowing cognitive decline, lifestyle, perhaps medications. Talk to your doctor on that. The best way to slow it is through exercise. The best way to slow cognitive decline is cardio, folks. Why? Real quick, John Ratey, Harvard University Medical Professor at Harvard Medical School. He has been on my podcast. He's coming on this show in a few weeks. Bestselling author. He says the brain benefits most. Of all the parts of the body. The benefit when we exercise the brain probably benefits most. Why? When you get going with cardio, even zone two walk as fast as you can. Be safe, but go minimum 20 minutes.

Speaker Sterling** (((00:34:24))) - - - You got to go 30 45 minutes an hour. Take a break here and there if you need for a couple minutes, not a long time. Your heart rate is going to be elevated. You're going to produce neuroprotective chemicals like brain derived neurotrophic factor. This is a miracle grow for the brain folks. It's created by the brain within the brain, and it circulates around and attaches to brain cells. And it helps to slow disease progression. Alzheimer's, Parkinson's, and in some cases. Reverse symptoms. Especially cognitive decline. So this is something that's extremely important to get into and stay with it. Plus all the other benefits of it, blood and oxygen to the brain and throughout the body. Oxygen is a healing molecule. Oxygen heals things. Cancer doesn't live in an oxygenated environment. You can increase and improve how you feel. I walked into a doctor's house yesterday. The doctor said he ran on the treadmill today. He's in his 70s. He looks great. He said, I have so much energy.

Speaker Sterling** (((00:35:30))) - - - And I hadn't run in a couple of weeks because he's dealing with the situation. Well, there you go. You've got to get started. And I want to talk and address this towards somebody who reached out to me with the most heartwarming message. Gave me tears. Bruce in California, I believe. I'm not sure though. Bruce. Bruce, if you're listening, you asked me, how do you get going? Well, I'll tell you what. Just get started. Get started. Because when you get this started, you get the energy to keep going. All right? Just getting started with anything will give the energy to keep going most of the time. And guess what? When you produce brain derived neurotrophic factor, BDNF via elevated heart rate, guess what happens to your medications? They're absorbed into your body faster, so the uptake is faster. It lasts in your system for longer, longer lasting effect. All right. So this is fantastic. Besides the fact we can change the brain. We can implement neuroplasticity. We do it every day at my clinic.

Speaker Sterling** (((00:43:47))) - - - We can help to improve movement, stability, mobility, diminished muscle mass, strength. Reverse muscle atrophy, build muscle. We can build the brain, exercise the brain, move the body every day. We have a lot of things to go over here, folks. I won't get to it all, but I think you got the idea. Remember, you don't want to be a burden to anybody. Yeah, this is my show. But it ain't about me. It's about we. I see it as my responsibility to bring you education. Together we can embark on a transformative quest to live your best life. Live our best life. You go to Karlsterling.com Karl with a K or you call me, text me (315) 935-7488. I'll be back next week from Mexico City with Dr Dale Bredesen and Dr Joe Barry. Thanks for listening. Have a fantastic day.

Speaker WSYR** (((00:44:40))) - - - The preceding was a paid program by Karl Sterling. The content of this show is that of Karl Sterling, and does not represent the views of the station or iHeartMedia.

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