

[172: Resiliency Radio with Dr. Jill and Dr. Kavita Desai on Prevention of Neurological Disease](#)

Dr. Jill 00:12

Well, hello, everybody, and welcome to another episode of Resiliency Radio with Dr. Jill! As you know, you can find all our previous episodes on YouTube, iTunes, or anywhere you listen to podcasts. If you like this episode or some of the previous ones, please be sure to stop by and leave us a review. That helps us reach more people.

Dr. Jill 00:29

Today, I have a new friend here. I'm super excited to introduce her. And we'll go diving into our topic today, "Prevention of Neurological Disease and Chronic Illness". We're going to hear the story behind Kavita Desai's interest in this topic. I can't wait to dive in, but let me first introduce you.

Dr. Jill 00:48

Dr. Kavita Desai received her doctorate of pharmacy from Ohio Northern University and has had a multifaceted career spanning several areas of expertise. She has headed a large teaching hospital pharmacy department as clinical coordinator, started her own cardiovascular risk factor prevention clinic, and ultimately owned a multidisciplinary medical clinic with a pharmacy specializing in pain care, including fibromyalgia. Her experience in healthcare has underscored the importance of disease prevention and the ongoing struggle women in particular face in accessing healthcare.

Dr. Jill 01:21

Despite these challenges, Dr. Desai remained committed to her work until a personal event changed her outlook. After her mother was diagnosed with early Alzheimer's in 2013, she moved away from her clinical practice and now focuses on brain health, the primary prevention of disease, and how neurological disease and many other inflammatory infections and conditions affect women. So welcome, welcome to the show!

Dr. Kavita Desai 01:44

Thank you so much for having me!

Dr. Jill 01:45

You're welcome, Kavita. So, like I said, I would love to start with your backstory. Obviously, your mother's health was affected. I want to hear all about that. But let's go back to pharmacy school and your interest in this field. How did that happen? Where did you grow up? How did you get on that trajectory?

Dr. Kavita Desai 02:01

Yes, so I actually grew up in Brantford, Ontario, Canada, which is the home of Wayne Gretzky. That was our claim to fame. [I was] always a medicine keener. I always wanted to go into healthcare. A lot of family members are in medicine. So for me, the first step was pharmacy school. I went to Ohio and loved it so much. The pharmD program at that time, which is what I ended up doing rather than going to medical school, was very immersed. I was very privileged to have amazing preceptors and phenomenal rotations that focused a lot on prevention and really immersed the pharmacists in a healthcare team. I just loved that—the whole genre. So that's how I ended up in my career. And then, I think it was just that I got very fortunate in getting the right positions early on in my career.

Dr. Kavita Desai 02:53

My first hospital-based job was on the cardiology team and oncology team, which was a great experience that led to actually becoming the clinical coordinator of a teaching hospital department. Then I think I liked it, but the lifestyle was difficult. It meant a lot of weekends, a lot of being on call, and just long hours. I really wanted to go more on the preventative side. So I ended up starting my own healthy heart clinic, which was addressing risk factors for cardiovascular disease, looking at a younger population, and trying to prevent disease rather than band-aid treatment after the fact. We were diagnosing diabetes in people who didn't even realize they had blood sugar issues, giving them lifestyle management tips, looking at blood work, and all of that. It made such an impact and that was a great stepping stone, I think, into running my own clinic, which is what we ended up doing.

Dr. Kavita Desai 03:56

We started an integrative medical center where we were actually addressing a lot of pain and addiction patients, trying to reduce the narcotic load. So we were trying to reduce opioid use by doing things like lidocaine infusions and trigger point injections and trying to get people to start using more lifestyle therapies as opposed to medication for their pain. In that population, we were starting to get

referred hundreds of patients with fibromyalgia because nobody knew what to do with it. It's a diagnosis that's difficult to diagnose. So we became a champion for patients with fibromyalgia, of which I would say 90% to 95% of those patients were women and they happened to be in their perimenopausal years. So I noted that at that point in my career.

Dr. Kavita Desai 04:44

That was around the same time that my mom was diagnosed with early-onset Alzheimer's. So now I'm dealing with chronic pain patients who happen to be perimenopausal women. My mom was in her 50s. Well, she was diagnosed at 60, which is still considered early onset, but [she was] symptomatic in her early 50s for sure. I started to notice it wasn't memory loss; it was personality changes that we noticed first, and no family history. She otherwise ate well—a non-smoker, mostly a non-drinker. We didn't have the classic lifestyle habits that we might correlate with such a terrible disease state. So that's when I think the whole pivot happened for me.

Dr. Kavita Desai 05:32

It all just came full circle in terms of how important prevention is because we don't have cures for some of these diseases. Women are at higher risk for so many very detrimental chronic illnesses, and we don't always know why and we're certainly not addressing it. I think my mom was a good example of that. So that's how I ended up on this path. I think it was meant to be; maybe she led me there, I believe. She has passed away since. But I think I've ended up where I belong because I truly believe in this. I think women are an underservice population in medicine. And I'm just trying to highlight those things and prompt women to prioritize their own health earlier.

Dr. Jill 06:13

I love that. And I love that you're driven by this true experience with your mother. That had to be shocking in the beginning. And of course, you had to learn to deal with that and everything. Then your observation—so often that curiosity is what drives us, like the curiosity of "What's the deal with fibromyalgia?" Then seeing that, "Oh, it's all these menopausal women!" I've just done work on nitric oxide and the decreasing [levels] and how the women with menopause outsurpass the men with cardiovascular disease all of a sudden at menopause. And then the brain health. So

there are so many areas. Do you want to do a fly-by overview? Autoimmunity is more prevalent in women. Cardiovascular disease after menopause is more prevalent in women. And then [with] dementia, I don't know what the rates are for men and women, but obviously, this is a big deal in our menopausal group. Do you want to just do an overview of some of the things you've observed and seen for women who are menopausal with these chronic, complex diseases?

Dr. Kavita Desai 07:04

Yes. So for Alzheimer's, it's about a 60% chance in women versus men, which is frightening. And we don't know why. But they're all inflammatory diseases of some sort, whether we talk about autoimmune diseases, cardiovascular [diseases], or even osteoporosis. They all stem from some sort of inflammation in the body. And dementia for sure. We know that the brain becomes quite damaged in this process. We don't know for sure; I think there's a strong correlation to hormonal changes. We're far more biologically complex. We know that as we enter perimenopause and our estrogen and progesterone start to go down, we become quite inflamed. Not to mention all the other disruptions in the body, which I think are a cascade effect in terms of increasing our risk of long-term disease. So I think it's multifaceted in how we have to look at it. There is no magic bullet to fixing the problem, except for addressing all of those risk factors.

Dr. Jill 08:04

Well, that makes sense. And in just one thing in particular, we know that with autoimmunity, testosterone decreases inflammation, which is one of the reasons I think it's four times or more common in women. And, of course, women have a lot less testosterone than men. What are your thoughts on hormone replacement? In my experience, especially for perimenopausal and menopausal women in that early decade, it's absolutely critical for brain and bone health and so many things. I'd love to hear your thoughts on it.

Dr. Kavita Desai 08:32

I 100% agree. It's very sad the number of women that contact me and message me, saying that they're reaching out to their primary care practitioner and getting the old rhetoric that it causes cancer. "It's dangerous." "We shouldn't be using it." Or, "This is normal, what you're going through." And although, yes, biologically, this is a normal process—we cannot stop menopause—we can certainly treat it the way we would for any other disease state or any other chronic condition where we're losing

hormones. And then our body is therefore impacted by that. I'm a huge advocate for hormone replacement. If it's not contraindicated for you, I think it's a discussion that all women should be having with their practitioners and at least being offered it. And then it's a personal choice, right? But there's certainly growing evidence about how protective it is for the brain, body, and mental health even as we age.

Dr. Jill 09:34

Yes. So I don't know if you know my history, but [at] 25 years old, [I was] diagnosed with aggressive breast cancer. So I'm [inaudible] years out and I'm menopausal now. But it's interesting because even for someone like me who has a history of breast cancer, not just a risk, I have no problem doing bioidentical hormones. The evidence is so clear, especially this far out. Now, there are a few cases where you're really close to the cancer, so you need to talk to your doctor if you're listening to this. This is not a blanket [inaudible]. But I could not agree more, even for those of us who are survivors of breast cancer.

Dr. Jill 10:05

And then you have someone like your mother who got early-onset dementia. One of the very first things I do is the Dale Bredesen Protocol. I have worked with him for years. One of the very first things we do, even if the patient is on the elderly side with dementia, is think about hormones because estrogen and the brain are so connected. Do you want to talk as a pharmacist just a little bit about estrogen and the brain and why it's so critical or just the importance of that?

Dr. Kavita Desai 10:27

Yes. We have receptors in the brain for estrogen. They link to so many things, whether it's inflammation or glucose control in the brain. Even in terms of mood, without estrogen, we don't have the same neurotransmitters functioning. It impacts. It's a cascade effect without estrogen, not only on our body but also on our brain. So I think the importance of it is not being adamantly told to women the way it should be.

Dr. Jill 10:57

And like you said earlier, I think the critical thing is that women are living in fear. Even with my history, I always think if I had to choose—I don't feel like I do, but if I had to choose—between the risks of breast and brain, I'm going to choose my brain.

Dr. Kavita Desai 11:12

And I think that's the thing. Unless you've been impacted in your family or close circles with someone who has had dementia or Alzheimer's, I think maybe the fear factor is not there. But it's a terrible disease. I can speak from personal experience that with my mom, it was heartbreaking to watch someone so intelligent and so lively and lovely turn into somebody I didn't even recognize. This is going to sound terrible, but I would have wished any other disease on her than that. I think the minute the brain is impacted, which is our computer system, without our main computer system, we can't function. So she couldn't have a conversation. She couldn't have any quality of life at all, and that's terrible. I wouldn't wish that on anyone. I think the only thing we can do for our brains is to prevent disease from happening. There's nothing we can do once it's impacted. There's no reversing it—definitively reversing it—that we know of. So I think it means we're making a much bigger change earlier on. And if you do have Alzheimer's, it can start 15, 20, or 30 years earlier. And that's even scarier.

Dr. Jill 12:29

So let's stop there for a moment. I think that what you said is so critical because there's something called subjective cognitive decline in our medical ICD-10s versus early-onset dementia, moderate dementia, or severe dementia in the classifications. I deal a lot with chronic, complex illness and toxicity, so I am not your expert in Alzheimer's. I'll just frame that. I know how to treat it. I help people in the clinic, but I'm not a neurologist in that field. So I'm not as technical, maybe, as that discussion would be.

Dr. Jill 12:57

But having said that, what I see are these young people [in their] 30s, 40s, and 50s—women especially—that have this subjective cognitive decline. And what that means is that they subjectively feel, "I know I am not remembering details"—things, names, places where my keys are—"like I was before, and it's significantly impacting my life." When that starts to happen, it's almost like a pre-dementia condition. The good news is that what you said is so true. Even with Bredesen's work, we know that with moderate to severe Alzheimer's, there is almost nothing we can do. However, if we find these women in subjective cognitive decline, where they're having symptoms but maybe nobody else hardly notices—they can still function,

they can still work, [and] it's not affecting their quality of life before they get into early, moderate or severe dementia—that's when I do believe we can reverse.

Dr. Kavita Desai 13:48

Yes, I agree. We also don't know when it's really, really early on and women are just saying, "I feel like I have brain fog; I walk into a room and I'm not entirely sure why," is it also perimenopausal symptoms?—because with the loss of estrogen, you're going to get the same thing. I've been asked this before: "With your mom, is there anything you would do differently?" And I was like: "It was hard to say." She was perimenopausal, so her mood changes... Exactly what you said. She said to me once, "I feel like I forget things," and that was it. It was in passing. There was no real discussion around it. I just remember her saying that. I was fairly young at the time. It didn't mean anything to me other than that she was perimenopausal. And she herself didn't put that much weight on it. I don't know at what point she realized this was something more than just a little bit of forgetfulness. So many women complain about that. But that is exactly the time. You're right; we can reverse it or at least try to reverse it.

Dr. Jill (pre-recording) 14:49

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine and finding resilience.

Dr. Jill 15:46

So let me just talk to our listeners out there, because we have a lot of women in this age group. I would say my primary population, although I see men and children too, is typically 35- to 65-year-old women. That is most of the women who see me, listen to me, talk to me, and engage. So this is our population. And I would say it's even worse post-COVID because one in five men and women have inflammatory

brain symptoms. Really, long COVID affects the whole body but it can [also] affect the brain related to inflammation post-COVID.

Dr. Jill 16:20

And I'll just tell you [about] my personal experience with mold-related toxicity. I had times in my 20s and 30s—with a mold exposure—where I would just feel like I was off. Brain fog is what we called it. So if you're out there listening and you're like: "Huh, I know internally I am not as sharp as I used to be; I'm having forgetfulness, mood issues," or whatever, take that seriously. Find a doctor who will listen to you because those things are precursors and very, very early signs of something potentially going on. It could be something like auto-immunity, which can affect the brain. It could be something like long COVID, which can affect the brain. So it doesn't mean you have dementia. It doesn't even mean you're going to get Alzheimer's.

Dr. Jill 16:55

But I think I just want to speak to those listeners who are saying they resonate with what you said about your mother and what I said. When you have the start of those symptoms, your functional doctor, who does root cause, can look at toxic load. They can look at mold exposure, hormone status, and all of these things. And actually, we can make a change at that early state versus if you go 10, 20, or 30 years into full-blown dementia.

Dr. Kavita Desai 17:22

That's right. Yes, I totally agree.

Dr. Jill 17:23

So obviously, you just have a fascinating history as a pharmacist because you were really in clinical service, not just in a pharmacy dispensing medications. But you were involved, it sounds like, in different protocols for cardiovascular disease and then pain. I want to talk a little bit about fibromyalgia because that's such a common and mysterious thing. Like, what does that really mean? So talk just a little bit about: What did you learn in the clinic when you were dealing with pain and you saw the fibromyalgia patients and a lot of them were women? Any thoughts or wisdom pieces from that experience?

Dr. Kavita Desai 17:56

Yes, I think, to be honest, we did a lot of, as I mentioned, non-narcotic treatment for fibromyalgia. So it's a lot of neurological pain medications because it is a neuropathic pain. And it's sad, but again, the symptoms—how similar they are to perimenopausal symptoms! And the women are in that age bracket, right? It's brain fog, poor sleep, and gut disruption. And then they just have widespread fatigue and generalized pain where some women couldn't even get out of bed in the morning. I've had them describe that it was like they were elderly, even though they're only in their 30s or 40s, potentially. And it's very difficult to treat. But a lot of the same things we recommend for perimenopausal women work in fibromyalgia as well.

Dr. Kavita Desai 18:44

And I do believe there's a hormone connection there. I happen to have one patient in mind, for instance, who not only had full-blown fibromyalgia but had a very difficult time functioning in her mid to late 30s. But then, when she finally went to have her hormones tested, she had no estrogen production, no progesterone, and no testosterone levels. [They were] all bottomed out. She hadn't had a period in several years. Again, in her mid-30s, she had already gone five or six years without a period. All she was being told until she saw us was, "Well, are you trying to conceive?" And when she said no, they were like, "Well, then it doesn't matter." Now if I could go back to that practice, knowing what I know, I would probably have had all those women see what their hormone levels were doing because we didn't do that. But in hindsight now, I wouldn't be surprised if some hormone replacement may have helped as well with some of those fibromyalgia symptoms.

Dr. Jill 19:42

Oh, gosh, I love that. Whether it's premature menopause or some sort of surgery [like a] hysterectomy or ovariectomy where you lose ovaries and your uterus in your 30s or even 40s, those are definitely times when you absolutely should be talking to your doctor about bio[identical hormones] unless there's a reason otherwise, which is kind of rare in those younger women. The younger ones, especially, should be talking to their doctor about bioidentical hormone replacement because it is night and day for someone in their 30s and 40s to not have hormones. So I love that you said that. It's so important. And again, please talk to your doctor. We are not giving medical advice.

Dr. Kavita Desai 20:17

No, no, definitely not.

Dr. Jill 20:18

Every situation is different. And there are a few cases where it would be contraindicated. But in many cases, there's a lot of fear. Again, our title here is about complex chronic disease and neurological disease, in particular in women with menopause. But say someone comes in; let's take a patient example: They are 52 years old. They haven't been having periods for two years. They're having a little bit more achiness and pains or feeling the brain fog and the subjective cognitive decline. Maybe they have Hashimoto's or another autoimmune disease. What would you start to say to that person as far as the root cause? Then where would you go with her?

Dr. Kavita Desai 20:56

Yes. I'm not currently diagnosing patients. Right now, my main form is to educate so that they know what's wrong with their bodies. You said something earlier about how if anyone listening happens to have any symptoms, to actually go speak to their practitioner. I think we don't, and we dismiss it oftentimes. I think my whole goal, especially after seeing my mom's trajectory... She didn't say anything. It's heartbreaking now to think that she must have been experiencing so many different things for years and never said anything to any one of us. No one knows your body better than you and what's normal for you, right? There is no normal, first of all, and there is no "What's right for me is right for everybody else." Our levels are all different. How we feel is different. And I think only we, as women, can truly know when something is amiss. I think if we don't speak up, then we'll never get the treatment that we deserve. I think right now that my goal is to make sure that women recognize when things change for themselves and then advocate for themselves.

Dr. Jill 22:06

I love that so much! And what just came to mind is that I just posted a quote from the book I wrote last year. And it's interesting—exactly what you're saying: The patient knows themselves better than anyone and they're the sole owner of an important key to the healing reserve, an immense potential, the subconscious mind. And we could also say almost the intuition. Women by nature have a very deep

intuitive sense of right and wrong in their bodies. I think our culture has trained us to suppress and ignore that sometimes. I call it medical gaslighting.

Dr. Jill 22:38

You can go to your doctor and be like: "Doc, I'm just not feeling like I used to. I'm more tired. My brain isn't quite right. My skin is more dry," or whatever kinds of things. And the doctor might listen and do some labs and be like: "Well, everything looks okay. You must be fine. Would you like an antidepressant?" Like, "Well, there must be depression here." And again, [there is] nothing wrong with antidepressants. I prescribe them. I use them. They're appropriate. But not everything that can't be determined on a basic lab panel is depression. And like you said, more power to those women listening: If you don't feel like something is right, you keep seeking to find someone who will listen and help you find the answers.

Dr. Kavita Desai 23:14

Yes. And we don't know even on a blood panel, for instance, when we're like, "Oh, it's in the normal range." But what does that mean? And what is the standardized normal range? Who was used as the population to determine what a normal range is? What ethnicity? What body size? What gender? It's probably not women, that's for sure. So I think in medicine we don't, to date, look at the full picture. And that's just disheartening. I get that practitioners are overworked. It's underfunded. There's all that. But I think that's why it really does behoove a patient to advocate for themselves and to know when something's definitely not feeling right, regardless of what the blood work says. And finding a practitioner who will look at everything [is important], because, like you said, there could be so many different causes for the same symptom, right? It's not always a singular diagnosis.

Dr. Jill 24:07

It's so important. I would love to hear your thoughts. When you look back at your mother's experience and by the time things got significant, I bet you would love to go back and tell your mom... It sounds like she was very quiet about it until it got significant. And you, looking back, probably wonder, did she have these things a lot sooner? And maybe she wasn't really sharing. Or that whole generation is so commonly long-suffering, right?

Dr. Kavita Desai 24:31

Yes. Right. And I don't know—was she telling my dad, who's not very communicative

and then he just dismissed it? Probably, right? I don't doubt that that is probably what happened. I wasn't living at home anymore. When I visited her, she didn't tell me, which is very sad. And if I could, I would 100% want to go back and intervene sooner. But I'd like to look at the silver lining that I've taken something very terrible and hopefully try to impact other women to maybe catch it sooner.

Dr. Jill 25:06

Yes, I love that. And I want to just say as well that I think you've done an amazing job of taking the difficulties of life and really transforming them into a passion and purpose that is helping so many women. One of the things you've done is create some supplements and things that are related to women in their menopausal years. Do you want to tell us a little bit about what you've done recently as a pharmacist to help humanity and these women?

Dr. Kavita Desai 25:28

Yes. So it's actually a supplement system that I created for myself, to be honest. That's how it all came to be after my mom was diagnosed. I became very concerned about my own brain health. I wanted to make as many changes to my life as I could, based on what we know about the disease and what the risk factors are. A lot of them are lifestyles—being active, reducing stress, improving sleep—all of those things. But we also know that vitamin D—low levels of vitamin D, which the majority of the population really has—we don't have optimized vitamin D levels. So things like that. Getting enough omega-3.

Dr. Kavita Desai 26:08

But as I started to do more research, I wanted to take enough supplements to make sure I was addressing all of these risk factors because I don't trust that my diet alone is going to do what I need to do for disease prevention. We don't know and we only have one chance at this, right? I can't say, 10 years from now, "Oh, I should have fixed this." It's too late. So I'm trying to address everything all at once as much as I can. It means taking supplements that can help reduce my stress levels, like adaptogens, some new tropics that help with brain function, magnesium, vitamin D, and omega-3. And it ended up being handfuls of pills in doses that weren't always adequate. So now I'm taking a lot of filler to try to get all the dosing that I would like for disease prevention.

Dr. Kavita Desai 26:55

So this is how essential it came to be, which is a supplement system that I've created where it's 48 ingredients that I wanted to be taking every day that's been blended down into 14 tablets/capsules. It has everything from functional mushrooms to omega-3s and magnesium, ashwagandha, and all the ingredients that I would like to be taking every day. And for women, I wanted it to be easier because I think we're already stressed and busy. We're taking care of everyone around us, and who's taking care of us? I think I want women to prioritize their health and make it as simple as possible for them. So that's kind of how this came into existence.

Dr. Jill 27:38

Actually, I love that. And just to simplify, you're right. If you look at the handful of stuff that I take every day, it's a lot. You're right, for those of us who really want to perform well and prevent disease... I just got done doing an interview with Dr. Jeff Bland and our soils are depleted. Therefore, the magnesium content of an apple today is about a fifth or less than that of a few years ago. So even if you're eating a good organic, clean diet, you're often eating a nutrient-depleted diet just because of our soils.

Dr. Kavita Desai 28:08

And also the chemical use, right? We've oversprayed—in generations where we didn't realize how toxic it was. Our ground soils are contaminated, and our water is contaminated. So I advocate for filtering water. And no matter how clean we try to eat and how many cruciferous vegetables I try to include in a day, I'm not confident that it's necessarily enough. It is definitely a good start for sure. But I believe we have to address it from all angles. Otherwise, maybe we're not necessarily getting enough of what we need.

Dr. Jill 28:42

I could not agree more. Sometimes it gets so complex, right? I always say, "Clean air, clean water, clean food." And even if you're doing clean air, clean water, and clean food, the clean food that you're eating is probably not nutrient-dense enough nowadays as it was. So I feel like I'm very, very pro-supplements because we really want to get those. And often we're using nutrients, as you know as a pharmacist, literally pushing a biochemical pathway in a certain direction. If we give extra B6 or extra B12 or extra magnesium or zinc... For example, if someone has high copper

and low zinc, you can give them zinc and actually bring down the copper, and that can affect hormones and all of those things. So a lot of times we're actually manipulating in a really positive way those chemical pathways. So I love that and I love that you've tried to simplify it.

Dr. Kavita Desai 29:28

Yes, it was too complicated to count it all out every day.

Dr. Jill 29:33

[inaudible] pharmacists, right? So as we close here, what is the one thing that you wish every menopausal woman would know or would take away?

Dr. Kavita Desai 29:44

To get rid of that stereotypical statement that this is normal for you. Nothing is normal and nothing is the same from one woman to another, so know that if you're feeling something, you're right. And it's okay to be the squeaky wheel that demands care and proper care.

Dr. Jill 30:06

So well said. And where can people find you, your products, and your information? Give us the websites. We'll be sure to include them wherever you're listening.

Dr. Kavita Desai 30:14

Sure. Yes, our website is revivele.com. And on Instagram, we're [@revivele.ink](https://www.instagram.com/revivele.ink).

Dr. Jill 30:21

Awesome. Kavita, thank you so much for taking difficulty and suffering and transforming it into something that's helping so many women. And thank you for coming on today!

Dr. Kavita Desai 30:33

Thank you so much for having me!