



- Dr. Steve Sinatra: We're inundated with health news every day and so often it's conflicting. How do you find the facts that make the most sense?
- Dr. Drew Sinatra: Today we'll be talking about a whole host of topics. Eggs are good, eggs are bad, which is it is?
- Dr. Steve Sinatra: Is intermittent fasting actually good for you?
- Dr. Drew Sinatra: One of our favorite topics, poop. Let's talk about fecal transplants.
- Dr. Steve Sinatra: And what about vaping? This one is in the news a lot right now. Is it as bad as smoking a cigarette. What do people really need to know?
- Dr. Drew Sinatra: And finally, let's talk about medicinal marijuana and CBD. I'm Dr. Drew Sinatra.
- Dr. Steve Sinatra: And I'm Dr. Steve Sinatra.
- Dr. Drew Sinatra: And even if we don't agree on everything with each other during this episode, this is still **Be Healthistic**.
- Narrator: Welcome to Be **Healthistic**, the podcast that is more than just health and wellness information. It's here to help you explore your options across traditional and natural medicine, so that you can make informed decisions for you and your family. Health isn't a one-size-fits-all approach, everyone has their own needs to **Be Healthistic**. This podcast illuminates the whole story about holistic health by providing access to the expertise of Drs. Steve and Drew Sinatra, who together have decades of integrative health experience. They'll share with you the best that traditional and modern medicine has to offer, so that you could be more productive and more proactive in managing your overall health. **Be Healthistic** is powered by our friends at Healthy Directions. Now, let's join our hosts.
- Dr. Drew Sinatra: Hi, folks. Before we launch into our discussion today, I wanted to encourage you to be a proactive member of our **Be Healthistic** community. If you like what you hear today and you want to listen to future conversations on all things integrative and holistic health, subscribe to our podcast on Apple Podcasts or wherever you download your favorite podcasts. Also, check out and subscribe to our YouTube channel, which will feature video versions of our episodes, plus video extras you won't want to miss. And finally we have more with me, Dr. Drew Sinatra, my dad, Dr. Stephen Sinatra, and other Healthy Directions experts, as well as a robust library of health and wellness content over on the Healthy Directions site. So visit **HealthyDirections.com** to explore our database of well-researched content and information. And of course, you can always follow us on our social media channels.



- Dr. Steve Sinatra: So, in the spirit of what's hot and what's not in the news, it seems to be so prevalent at conferences. I go to a lot of conferences, everybody's selling CBD oil, or they're talking about medical marijuana, good grass versus bad grass, so to speak. what are some of the benefits here?
- Dr. Drew Sinatra: Yeah, well we'll talk about CBD first, right? Because CBD is something that you can get over the counter in all States. And this stands for cannabidiol, and it's a compound that comes from cannabis that has lots of pain-relieving qualities. It has qualities that help reduce anxiety, can help with sleep, it can reduce inflammation. Children take it for seizure disorders. So it definitely has lots of benefits to it.
- Dr. Drew Sinatra: And what I like about CBD is that it's non-psychoactive. So non-psychoactive means you will not get high from taking it. Just to clarify, there is a difference between THC and CBD. CBD is non-psychoactive, which means you're not going to get high taking it and it does not affect your cognition. THC is psychoactive, meaning-
- Dr. Steve Sinatra: So it's not addictive?
- Dr. Drew Sinatra: Well that is a question I'm not sure if I can answer, addictive, but let's say safe. Okay? Can I answer the question of like, is it safe? I think CBD in smaller amounts is safe. Now, addictive? Well, that's a tough one to answer because if someone is, let's say if they're reliant on opioids for pain relief, would I rather have them taking CBD? I think I would, to help with the pain relief, rather than an opioid. So it's a debate around semantics there.
- Dr. Steve Sinatra: Hey, it's a good point. I mean, let's face it, opioids have a huge downside. I mean, the addiction rate is awful. And the way I look at this, if you want to use medical marijuana, or CBD, and you're trying to alleviate pain, I would be in favor of it. I would say that this is a good choice because pain does a lot of bad things to the body. It overcharges the sympathetic nervous system and has effect on heart rate variability, and as a heart specialist, if we can alleviate pain and suffering, to me, that's a big plus in getting our health in the right direction.
- Dr. Drew Sinatra: You know, and people that are in chronic pain, I mean it affects their mood, it affects their sleep, it affects their energy. It's terrible to be in chronic pain.
- Dr. Steve Sinatra: Yes, and I'm still a little bit taken back about medical marijuana and CBD and I'll tell you why. I really like pets. I mean, I had pets all my life and I actually learned a lot about Coenzyme Q10 with my own dogs. It was amazing how Coenzyme Q10 prolonged their lifespan because a lot of the canines, they get cardiomyopathy.



- Dr. Steve Sinatra: I used to give my dogs lots of CoQ10, and Omega 3s, and it was wonderful. So I work with a lot of vets and I took the pulse of several vets about CBD for pets, because this is a big product right now in the pet industry. And some of the vets pushed back, and that gave me pause. Now if a vet is pushing back in a dog, oh my gosh, what does that mean for a human?
- Dr. Drew Sinatra: Why were the vets pushing back?
- Dr. Steve Sinatra: Well Drew, I asked the vets that question and the consensus was that it was still new, and more research was necessary and these vets, they didn't want to use CBD in their animals until more research was definitive on this subject. So they were being cautious, which I embrace.
- Dr. Drew Sinatra: The other debate is with the cannabis. The medical marijuana. Now certainly, I think people can abuse that. That's where the abuse comes in, right? If they're wanting to get high, right? Instead of using it for pain reduction, or sleep, or anxiety, or whatever it is. So people listening to this, you need to be really careful about the addiction piece with medical marijuana. And I agree 100% with my father on that one. As a naturopathic doctor practicing in California, I actually cannot legally recommend medical marijuana to patients. So I don't.
- Dr. Drew Sinatra: But I do discuss CBD. I have conversations around CBD and I'll tell you this, I've learned a lot from my patients over the last five years, and what I've learned is that I've had patients come in where they've been on Advan, they've been on Ambien, and they want an alternative for sleep. And they've come in already, you know, been on CBD, they've tried it and they've received incredible benefits from taking it.
- Dr. Drew Sinatra: So I learned from them in the beginning that sleep is a really good thing that it can help with. Also anxiety too, which I didn't really know about because I've been to, I think I've been to about three conferences now. One specifically on CBD, the AFRM last year there was a couple of talks that we listened to about CBD and the risks and benefits and such. But when we're talking about medical marijuana, I think we really need to proceed with caution here.
- Dr. Steve Sinatra: Well, you're correct about saying patients are our best teachers. I mean, I agree 100% with that. So in your experience, are you saying that in the insomniac, or in situations of insomnia you would consider CBD?
- Dr. Drew Sinatra: It's something very gentle that you can start off with and see how the body responds. Now, from what I've gathered, not everyone responds to CBD. Right? It's not a cure-all. There is no cure-all in medicine. But I think it can be helpful for some people who are suffering from insomnia or anxiety.



Dr. Steve Sinatra: So, Drew, another topic in the news is fasting. This is something that's close to my own heart, because throughout my days in college wrestling, and high school wrestling, I used to fast. I didn't know it back then, but I would lose 12 to 14 pounds a week to make weight. And I didn't know it, but I was sort of doing a ketone diet, but it wasn't called the ketone diet back then.

Dr. Drew Sinatra: Yeah. Well, the keto diet is really a diet to help put you into a state of fat-burning mode, which you're using ketones as a fuel source instead of glucose. And what fasting can do is that can accelerate you into ketosis. That's why we do fasting on some levels. You're accelerated into ketosis.

Dr. Drew Sinatra: So for those of you who don't know, ketosis is when the body burns fat as fuel, as opposed to glucose. So if you're doing intermittent fasting, which as a definition for our listeners, this can vary anywhere from a 12 hour fast all the way up to like an 18 hour fast. So let's just say it's an 18 hour fast. You eat dinner at 6:00 PM the night before. You go to bed, you wake up, there's no breakfast, but you eat at noon and now you've done an 18 hour intermittent fast, and that's a great fast to do to really kickstart you into ketosis.

Dr. Drew Sinatra: Now look, it's going to take multiple, multiple, multiple days and a low-carb diet with higher fat in there to put you into full blown ketosis, and you can measure yourself. You can do get these ketone meters and you can look to see if you're over 0.7, which is the level at which you're in ketosis, and if you're there you'll likely stay there for a while.

Dr. Drew Sinatra: I think the ketogenic diet is safe for short term use. From what I've gathered, it's really good for neurological, neurodegenerative conditions. It's good for cancer and it's good for metabolism in general. If people want to lose weight, do the ketogenic diet, you can certainly lose some weight. Now the question arises is, is the ketogenic diet safe long term? And I don't think we have the answers yet.

Dr. Steve Sinatra: Yeah, I would agree. And a lot of people who do the ketogenic diet say their brain function soars, I mean they have incredible insights. They think clearly... there's no brain fog. So the ketogenic diet, and remember the brain relies on ketones as-

Dr. Drew Sinatra: Well, exactly. Well, what I think is happening there is, I've done the keto diet before, and I definitely noticed that improved brain function. I mean you just have this clarity, right? You just have this like focus you've never had before. And what I think is happening is you don't have these blood sugar roller coaster rides happening in your body. So, you don't have a meal and all of a sudden your blood sugar is shooting up, and then a half an hour, 45 minutes to an hour



later, it's plummeting again. And that can cause issues with your brain function. Yeah. So on the ketogenic diet, blood sugar is really stable.

Dr. Steve Sinatra: Yeah, I would agree with that as well. The ketogenic diet, what I've heard from my colleagues who do it, they say it's remarkable for their brain power. I mean, it's no doubt about it. And remember this, one of the earliest treatments of Alzheimer's disease or pre-senile dementia was using coconut oil. I remember being at conferences where this was discussed, where if patients were eating a lot of saturated fat and coconut oil, were avoiding sugars and carbohydrates, they were putting themselves into a ketogenic state with some fasting and the coconut and this improved brain function. So, this could be sort of an anecdote to a lot of us who forget where we put our glasses, where we put our car keys, and God forbid if we, driving in our car we can't find our own home again. I mean, while we're driving around. I've heard this from my patients many times. So there might be something about intermittent fasting, or the ketogenic diet, that is really supportive of our brain health, as well.

Dr. Drew Sinatra: Yeah, no, I agree. The ketogenic diet is certainly not for everyone. It's a challenge. I'll be totally honest here. I mean I did it for around two weeks, and I found it to be very challenging. I mean, the amount of fat that you're consuming is unprecedented. I'd never done that before in my life. And it is really a low-carb, carb-restriction type diet and it's challenging. You also experience, at least I did, and my wife did, the ketogenic flu, which is a period of around four to five days, maybe four to six days after you start, you feel terrible.

Dr. Drew Sinatra: I had headaches, I had fatigue. I actually had brain fog and then all of a sudden that storm passed, probably when I was transitioning into ketosis, and that's when I started to have the improved energy, sustained energy, improved brain function, et cetera.

Dr. Steve Sinatra: It sounds like your body was detoxing, and basically, before the body improves, it just gets a little bit worse before it gets better, because I think you were doing a detoxification-

Dr. Drew Sinatra: Well, you store a lot of toxins in your fats, and when you're on the ketogenic diet, you're burning fat, so you're releasing toxins into your bloodstream and you release it right there.

Dr. Drew Sinatra: Now, going back to intermittent fasting, I think this is something that again, is not for everyone because I know people that are hypoglycemic, right? They get low blood sugar and they feel like, "Oh God, there's no way I could do this. There's no way I could skip breakfast." So it's something that you may want to try out at some point and see how your body feels, and maybe do it more than



once. Maybe do an intermittent fast Monday and Wednesday, and on that Wednesday in the afternoon, just see how you feel. How do you start to feel at that point? But over time you'll notice there's better glucose regulation in the body, and a lot of people report that their energy is just so stable, their mood is stable. And again, back to the cognitive function, it's clear and focused.

Dr. Steve Sinatra: Well said, and if people want to fast, maybe doing a 12-hour fast first. Followed by an 18-hour fast, maybe a 24-hour and then gradually go into it.

Dr. Drew Sinatra: Correct. I mean I think most people already do a 12-hour fast overnight. So the next step is really trying to 14, and a 16, and an 18, and then look, you and I, when you were practicing medicine, I used to shadow you when I was a teenager. I remember there was two times where we did a two-day water fast. Actually we did a water fast two day, and then we did a juice fast, on two day.

Dr. Steve Sinatra: That's right. We did a juice fast back then. That's right.

Dr. Drew Sinatra: So fasting in general is amazing for many different benefits, including the cardiovascular system, right? Metabolism. And I think this already, but what fasting can do is it actually promotes autophagy. Okay, this is a word that our listeners are going to be hearing very commonly in the next five years or so because autophagy is a condition, not really condition. It's a way for the body to break down substances. So let's say, it's like taking out the trash. Okay? So your cells-

Dr. Steve Sinatra: It's a detoxification...

Dr. Drew Sinatra: It's a detoxification mechanism, and really what autophagy does is it promotes longevity. It's really an anti-aging thing that our body does naturally that can be promoted via fasting.

Dr. Steve Sinatra: Now there's another term, mitophagy, mitochondria autophagy so to speak.

Dr. Drew Sinatra: All right, I like that.

Dr. Steve Sinatra: And this is another way of actually regenerating your mitochondria, because I believe in the mitochondrial theory of aging, I've always believed in that. And while we're on the subject, because one of the purpose of our podcast is to be leading edge, cutting edge. So some of our listeners may be privy to the term mTOR. Can you comment on that?

Dr. Drew Sinatra: Yeah, so my understanding is that intermittent fasting actually helps suppress mTOR, which is going to promote autophagy.



- Dr. Steve Sinatra: Right. In other words, mTOR is sort of the battleground, so to speak, where we're going to put out a lot of toxins from the breakdown of enzymes, breakdowns of proteins, and everything else that we take into our body.
- Dr. Drew Sinatra: You probably know this better than I do, but there's that drug rapamycin.
- Dr. Steve Sinatra: Oh yeah.
- Dr. Drew Sinatra: That's used for anti-aging benefits and I believe it has a suppression effect on mTOR.
- Dr. Steve Sinatra: Right, right. I was at a conference, I don't know if you were there? That actually was in Florida. They were talking about this. This is a TB drug. That they're using for anti-aging purposes. So anyway, that's great.
- Okay. Another thing in the news today, there's a lot about fecal transplantation. Yeah Drew, what are your views on that?
- Dr. Drew Sinatra: From what I've read, the research I've looked into, and doctors that I've spoken to, and even patients that have actually had this done to them. There is a time and a place for fecal transplants and for the audience listening, you're thinking yourself, what the heck are these guys talking about? And fecal transplants as it sounds, you're actually taking feces from a donor. Okay, and we'll talk about the importance of a good clean, healthy donor. You're actually taking poop from this person and you're actually inserting it via an enema into you, into your rectum, into your-
- Dr. Steve Sinatra: You're taking their microbiome-
- Dr. Drew Sinatra: Correct.
- Dr. Steve Sinatra: Which is presumed, very quote healthy, and you're injecting it into your rectum, which is not so healthy. And the premise is that their healthy microbiome will overwhelm the unhealthy bacteria in your gut and create a new microbiome. Is that the premise?
- Dr. Drew Sinatra: You said it perfectly, and really what's happening here is, what we know from the research is there's a condition called Clostridium difficile. Okay. This is overgrowth of bacteria that's very common these days. It's happening in hospitals all the time. Partly because of overzealous use of antibiotics. When they're overly prescribed and used for long periods of time in a hospital, C. diff, or C. diff overgrowth, is really big and really common.



- Dr. Drew Sinatra: So the research shows that if you give someone a fecal transplant that has treatment resistant, C. difficile, their symptoms, their C. difficile infection overgrowth improves.
- Dr. Steve Sinatra: It's amazing stuff. It's amazing stuff. So how do you have a good donor?
- Dr. Drew Sinatra: Yeah, I never counsel patients on this. I always refer out for this, because it's really not in my wheelhouse. I'm not a gastroenterologist. I do like treating the gut and I do treat a lot of gut conditions, but this is someone you really need to have expertise with.
- Dr. Drew Sinatra: So talk to your doctor about it. There are some gastroenterologists where I am, in the Bay area, that do fecal transplants, particularly with people that have C. diff. But there's definitely lots of information out there where you can read on how to do this. But you've got to find a donor that has, like my father said, a very clean microbiome. Let's say it's someone that hasn't been on antibiotics for their whole life. Okay? Someone that isn't on pharmaceuticals right now, and someone that's eating a very clean diet, that's not under a lot of stress.
- Dr. Drew Sinatra: This might be hard to find in our society these days, but there are donors out there. I recommend that some, you obviously test this donor's stool. You want to make sure that there's no pathogenic bacteria or other infections that are present, because why would you want to introduce those infections into your gut? But really this is someone, you want to talk to someone that really knows everything about fecal transplants before you do this. This is not something that you do at home.
- Dr. Steve Sinatra: Yeah, I agree. You know, a lot of us may think it's "Star Wars" medicine, but it really isn't. I mean this is something that's going to be, I think this is going to be a conventional treatment for IBS and IBD. Yeah. So I have a feeling this is going to be the way for the future. And that's what this program is all about - giving our listeners some information that may not be mainstream 100% now, but could be a later on.
- Dr. Drew Sinatra: Because if you have C. difficile, it is not a fun infection to have. I mean, talk about watery diarrhea. You're just going to be going and going and going and going. And guess what? The antibiotics like vancomycin may not be able to overcome that and take care of that. So this is something that you might need to look into in the future.
- Dr. Steve Sinatra: All right, great. Great. So in our spirit of controversial topics or non-controversial ones, vaping has been in the news recently. I guess the thought about vaping was that we don't want our kids to smoke, but can we give them an alternative





where they don't smoke? Because the data on this is frightening. Even though the amount of cigarettes consumption has gone down in the country. The amount of smoking in young girls and boys, particularly, more girls than boys in the 15-year-old age group, is alarming. So it's getting really serious. I'm concerned that this vaping may be a sheep in wolf's clothing. What do you think?

Dr. Drew Sinatra: I think so too. From what I know, when you vape, you're still getting exposure to nicotine. You're still getting exposure to these chemicals that are present in tobacco. Now, from what I've read, the extent of exposure to chemicals might be less, but we actually don't really know yet. So in my opinion, it's just like smoking. But it's pretty, it's sexy, in the sense that you smell this nice aroma in the air, right? I mean, I pass by people in their cars and their cars are just filled with smoke. I'm like, what are you doing to yourself? Right? I mean, that's just like smoking.

Dr. Steve Sinatra: Yeah, and on the news, I saw a couple of chest X rays, which really scared me. And kids have been placed on ventilators for this. Apparently the oils, these volatile oils in the substance that they're inhaling ages the lung significantly. So a teenager can end up with a 50-year-old lung overnight. I mean, this is scary stuff.

Dr. Drew Sinatra: I think just the concept of smoking is just very odd to me. I mean, we're introducing this smoke into our lungs. I mean, why would we want to do that? I mean, I get it though, because it's addicting, right? You start smoking and it's the nicotine component that gets people hooked, and they say the nicotine is actually more addictive than heroin or cocaine.

Dr. Steve Sinatra: Oh, yes sir.

Dr. Drew Sinatra: I get it. You know? But it's just, for me...ah, it just baffles me why people even start smoking in the first place.

Dr. Steve Sinatra: I guess you and I are all out on vaping. I mean, we're not going to endorse that at all.

Dr. Drew Sinatra: Not at all.

Dr. Steve Sinatra: We don't want any of our listeners to encourage any of their children to consider that at all...

Dr. Drew Sinatra: At least until some more research comes out.



- Dr. Steve Sinatra: I think it is real scary right now, and it's something that we just have to take off the plate.
- Dr. Steve Sinatra: You know, Drew, I'm a heart specialist and I've always had the dilemma of eggs. Are eggs good for you? Are eggs bad for you? Whether they're organic or non-organic. And let's face it, I mean eggs contain a lot of cholesterol. A couple of medium size to two large sized eggs is about 300 milligrams of cholesterol, which is really the maximum amount you want to take any into your diet.
- Dr. Steve Sinatra: Eggs bring a lot to the table. The yolks are protein, they contain a lot of tyrosine and they have some magnesium in there. Eggs have a light side to it. But like anything else, if you abuse eggs, could eggs have a downside? As a naturopath, what are your feelings on this?
- Dr. Drew Sinatra: Well, and with anything in medicine and food, I tend to look at moderation as something that is very important. So should you be eating three eggs a day every day, seven days a week? Probably not. But what I like to suggest is if you're going to have eggs maybe once or twice a week, that's probably okay from what we know. But hey, it's conflicting. The evidence out there, is conflicting.
- Dr. Steve Sinatra: Yeah, it is conflicting. However, a couple of studies got to my core. There was a study several years ago in a cancer journal showing that if you had more than two and a half eggs per week, this increased prostate cancer in a male, and in fact, I think the number was about 47%. Kind of striking. Recently in a *JAMA* study that came out this year. If you took in 300 milligrams a day of excess cholesterol from eggs, this also increased your cardiovascular risk.
- Dr. Steve Sinatra: As a heart specialist, I would say this, if you eat eggs in moderation, if you eat eggs maybe one to three times a week, I think that would be a good alternative to eating eggs every day. We don't want people to do that. And again, eggs bring a lot to the table. They have some good nutritional value. So I would say that this is probably a dilemma for a lot of people. So I agree with you 100%, moderation is key here on this one food substance that the, you know all of us seem to enjoy on a, on a weekly basis. Unfortunately, some of us like it on a daily basis.
- Dr. Drew Sinatra: You know, I love it. It's too, but yeah, it really is time to kind of cut back, and we don't really know what's happening here. We don't really know what's causing this increase in cardiovascular risk. Perhaps increased cancer risk. Maybe it's the way the eggs are prepared. Maybe there's a level of oxidized fat that's happening with the way certain eggs are prepared. So we just need more information here before we can really move forward with suggestions. But I



think what our listeners can walk away with is, hey, in moderation eggs are okay.

Dr. Steve Sinatra: Agree 100%, despite some of the negative bad news out there. So what are some takeaways we can talk about? What are some of the things we can talk about on this broadcast? Eggs have a light side and a dark side, right? Vaping is obviously out.

Dr. Drew Sinatra: There's tremendous benefit, or at least potential, for fecal transplants.

Dr. Steve Sinatra: In marijuana, the takeaway here?

Dr. Drew Sinatra: I think CBD, for now in small amounts, I think it is safe. And then the medical marijuana, that's a really a topic to have with your doctor. I mean that's a whole different thing about THC, and the psychoactive components there.

Dr. Steve Sinatra: Great. I'm complete.

Dr. Drew Sinatra: So before we wrap up today's show, I wanted to remind you about a regular segment we'll be doing here on the **Be Healthistic** podcast. We're calling it **Wellness Wisdom**. It'll feature all sorts of interesting tips, facts, studies, and trends that are relevant to that day's topic. It'll give us an opportunity to give you one last nugget of information to take away with you, which hopefully will make an impact on your overall wellness because as I've said before, small tips can add up to huge benefits.

Dr. Drew Sinatra: Today we've been talking about trending health topics, so our **Wellness Wisdom** has to do with another health issue that's been gaining traction. How social media impacts mental health, especially in teen girls. We all know from a slew of recent studies that social media certainly has an impact on our mental health and well-being, in teens and adults. But according to this research recently published in the journal, *The Lancet: Child and Adolescent Health*, social media itself might not be to blame for mental health issues. Rather, the fact that it takes time away from a teen's physical activity and sleep quality while also exposing users to cyber-bullying is what leads to lower self-esteem and depression.

Dr. Drew Sinatra: It's a subtle difference, but it's really interesting. The researchers found that in both sexes, very frequent social media use was associated with greater psychological distress, but the effect was especially clear among girls. The more often they checked social media, the greater their distress.



Dr. Drew Sinatra: So what can we do to curb the negative impact that social media can have on our teen's thoughts and emotions? It seems straightforward, but a good first step is to set limits on how much time your teen spends on social media, especially if that time is conflicting with a good workout or getting a good night's sleep.

Dr. Drew Sinatra: Generally, another great tip is to make a rule that family time at home is as screen-free as possible. Set limits on screen time for all family devices. Make the dinner table a device-free zone, and set a curfew for all devices to be put away for the night. This will also give the whole family a chance to power down properly and get our bodies ready for sleep. This is an issue that will continue to evolve as we find out more about how new technology impacts our health and wellness. We'll keep you updated.

Dr. Drew Sinatra: Remember everyone, if you liked what you heard today and you want to be an active member of **the Be Healthistic** community, subscribe to our podcast on Apple podcasts, or wherever you download your favorites, and subscribe to our YouTube channel. You can also find more great content and information from us and the Healthy Directions team at **HealthyDirections.com**, as well as on our social media channels. Check it out.

Dr. Drew Sinatra: I'm Dr. Drew Sinatra.

Dr. Steve Sinatra: And I'm Dr. Steve Sinatra. Until next time...

Dr. Drew Sinatra: This is **Be Healthistic**.

Narrator: Thanks for listening to **Be Healthistic**, powered by our friends at Healthy Directions, with Drs. Drew and Steve Sinatra. See you next time.