

Rebellious Wellness^{over 50}

Stroke Takes More Women's Lives Than Breast Cancer



Episode 83: Stroke Takes More Women's Lives Than Breast Cancer with Tsgoyna Tansman

Gregory Anne: Okay. Welcome back everybody to another episode of Rebellious Wellness Over 50. My guest today is Tsgoyna Tansman and she is an expert on recovering from stroke as well as an amazing life coach who really puts a lot of

emphasis on how we create our reality and our possibilities through the words that we use and the thoughts that we think so

Tsgoyna, thank you for being here a second time. Welcome.

Tsgoyna: I'm so excited to be here twice, twice as good.

Gregory Anne: And for everybody who's thinking, I didn't see her in the podcast lineup. That's true, because the podcast disappeared into the zoom ether. And Tsgoyna was kind enough to come back for another round because I think her work is really important and I wanted everybody to hear it.

And for anybody who is tuned out because they don't think stroke is something that might happen in their life, I want you to tell us Tsgoyna, about the stats on women and stroke.

Tsgoyna: Yeah. Well, so this is one piece of the pie I like to say that women get more of than we really actually want.

Um, and the truth is two times as many women die of stroke when compared to breast cancer each year.

Gregory Anne: Wow.

Tsgoyna: Yeah, I know, obviously the breast cancer people have managed to create the awareness that is so important. But if we're comparing statistics of women to men who have strokes, women win. Again, taking the lead at 60% versus 40%, and I think there's one thing that's really super important and that is single women have greater chance to having long-term disability.

Cause they take longer to take action. Not because their strokes are necessarily worse, but because women call ambulances for their husbands, for their fathers, for their brothers, uh, but not for themselves. And as we'll talk about one of the most important things, um, maybe you've heard about this acronym, fast, fast.

Will go through each letter as to what it is indicating. But the last one and the most important one is time. And that is, women don't react for themselves in the same way that they do for their partners, women are the caregivers, the caretakers, but they don't necessarily take care.

They often say, I don't have time for that. I don't have time. I've gotta pick up the kids. I've gotta go make this. I've gotta go fix dinner, I've gotta work, I've got projects done. And it's like this'll pass. And then a lot of times people will say I didn't wanna start with the hospital.

My mother used to actually say that I didn't wanna start with the hospital. And it takes so much time and I say to people, it's better to die of embarrassment than it is of a stroke or a heart attack.

Gregory Anne: And you would likely not die of embarrassment if truth be told.

Tsgoyna: Right. Hundred percent.

And I'll tell you why time is so important because just to give you a very brief, overview of strokes, they're essentially two types of strokes. They fall into two main categories. One which is more of, they're like 80% more of these strokes versus the other type. It's a block stroke. There's a block or a bleed.

So either something is blocking an artery that's preventing blood flow, or in the case of aneurism you have a burst aneurysm, which bleeds into the brain. That's the stroke that is more likely to cause death. And why time is so important is because in that blocked stroke, there is a medication that if given within the first three and a half hours of the onset of symptoms can reverse or halt the stroke.

Gregory Anne: Wow. This is amazing.

Tsgoyna: Yeah. They may also do a surgical procedure to remove the clot, but both of those things are available to you and waiting is the thing that, just imagine your computer, if you drop it into the toilet and it gets wet. The most important thing is to get it out of the water and take care of it

Cause the longer it stays in that deconditioned state in your brain, you're losing significant number of brain cells that can't be restored. Now, there is neuroplasticity, but we wanna prevent a problem. It's much easier to prevent a problem than to fix a problem.

Gregory Anne: Absolutely. And I wanna go back to what you said about the breast cancer organizations have done a really good job of getting women to be

aware of the risks, aware of checking your breasts, having the mammograms, what to do.

There's lots of resources and we haven't heard, I haven't heard anything except in elderly, like 80 year old people. That's when we think of stroke. So what are the risk factors for stroke and is it stroke at any age? Does it get more indicated after 40, 50, 60?

Tsgoyna: Yeah, so typically the, the wisdom has been that it's something that occurs to people over 60 that is not true any longer.

The age of an average stroke is younger and younger.

Gregory Anne: Oh dear.

Tsgoyna: So here's the great news. , 80% of strokes are preventable, and how are they preventable? Through our lifestyle changes? So one of the most significant factors for stroke is maintaining a regular blood pressure. If you have high blood pressure that predisposes you to a stroke.

Now again, if we're looking at women, we start to look at, well, what? What's going on? birth control can be an issue for women that can be associated with stroke. A history of migraines can be associated with stroke. When you look at any of the pregnancy issues, preeclampsia or these conditions that occurred during childbirth years can be early in, not indicators, but it's another risk factor that you're adding to the pile.

But if you think about, why 80% of strokes are preventable, it goes back. , all the basic health kinds of things. Are you getting exercise regularly, getting cardiovascular health exercise so that you're keeping your arteries open, that blood is flowing to your brain? Are you eating a diet that is well-balanced, right?

Not the processed foods, not the junk foods, not the excessive sugars. Diabetes is another very significant risk factor for. So we have blood pressure, diabetes, stress factors in general, right? We talk about how stress is a real killer and you know, people say, well, I've got all these stressors and there's nothing I can do about it.

Well, that's not true. We can, through active mind management, changing the way that we engage in our life can significantly improve our stress factors. Then we

have drinking. Why are, why are more younger people more likely to have strokes, use of drugs and drinking, excessive drinking. These are risk factors again, that are preventable.

These are lifestyle factors that that either create longevity or interfere with it.

Gregory Anne: Yeah, that's interesting. I was with somebody yesterday at a doctor, who is a functional medicine doctor, a lifestyle doc, basically, and he was talking about the same 80%. And that number keeps coming up. 80% is our responsibility, whether it's diabetes, heart disease, 20% is genetic.

In some people, there are these one-off genes that go wild and you get something. Those are not the average everyday person, right? Like everybody has cancer in their body. Not everybody's gene that carries a cancer turns into a cancer in the body, but the lifestyle is the thing that turns the gene on or off.

Tsgoyna: Absolutely.

Gregory Anne: So with the same with a stroke. You're just saying it's 80% is what we do.

Tsgoyna: Yes. 80% of what we do. Now, there's some people are born with genetic conditions.

Gregory Anne: Exactly.

That have, you know, it's called a PFO, it's a part of the heart that has an opening, or aneurysms, which are really kind of referred to as the ticking time bombs because they're asymptomatic,

we don't know whether we have a, a blood vessel saw that's about to burst, that's growing like a little cluster of grapes inside our head. In fact, I just spoke to a recent, she was a stroke patient of mine a long time ago. She had a very mild stroke because she recognized the symptoms, the onset, and got to the hospital.

They administered this drug T P A, but in doing that and having that smaller stroke, they did some imaging of her brain and found out that she actually had an aneurysm. So it wasn't anything they needed to treat then, but I literally just sent her a Happy New Year card and she wrote back and said, I'm at Reagan hospital

awaiting an angiogram because I think they're gonna put a stent in and thank God I had a stroke.

That enabled me to see it because the aneurysm are what people likely die from because it's just this massive bleed and you can't get to the hospital fast enough.

I lost a girlfriend many years ago to that exact situation. She and her boyfriend were living in New Zealand, sort of out in a rural part of the country, and she started having what she thought were migraine headaches and it turned out to be a bleed.

Helicoptered her out. But it was, I mean, it was quick, really from the onset of her headache, it was maybe three or four hours before she died, so not very long.

Tsgoyna: I'm glad you brought up the headache. I mean, this is a horrible story to have to share, but there's something called a thunder clap headache.

And this is literally, if you think of that you know, sudden onset of zero to 10 in a nanosecond, that is a huge warning sign that you need to get medical care right away. It's not something to say, oh, maybe I'll take an aspirin. It'll go away. That is a unique kind of headache that really needs attention right away.

Gregory Anne: Hmm. I hope you're listening people, because anybody who has a migraine. ongoing migraine headaches. This is not what we're talking about. We're talking about what you said. This onset of extraordinary pain. That feels like, just like you were saying, the weather, all of a sudden it's raining and then you hear the thunder and it's near your house and...

Tsgoyna: yeah. That sudden, sudden onset. And I am gonna share with you the B fast, that acronym for us to look for stroke, to be aware of stroke. So the B stands for balance is the person off balance. The E stands for eyes. We're always looking at symmetry and our face has symmetry with a stroke typically because, , it affects one part of the brain, which by the way, if the stroke is on the left side of the brain, it's going to affect the right side of the body.

If the stroke is on the right side of the brain, it affects the left side of the body. So you're looking at a person's face and you're looking at eyes as an eye drooping. The F stands for face, just overall. One side of the mouth might be drooping or a flacid.

The A stands for arms. Get the person to raise their arms, and you're gonna again look for symmetry.

If it's difficult for them to raise both arms, symmetrically that tells you there's something going on. Systems are shutting down. The S stands for speech. We want people to speak, so it can be anything from slurred speech. To really incomprehensible, like if you ask them to tell you their name and address, and they're like, you know, where they're really struggling, huge sign.

That's the s and then again, T stands for time because the brain loses as many neurons as it does in almost three and a half years of normal aging for every hour in which treatment fails to occur. We obviously wanna preserve the best and most phenomenal computer that we have between our brains.

Um, if anybody never feels like they're worth anything, they've got a billion dollar computer right between their ears that they should be loving and taking care of.

Gregory Anne: What would you say is the most important thing when you call 9 1 1? Let's just say somebody in your home is having a stroke, they're gonna ask you, what are the symptoms?

What's the most important thing to tell them?

Tsgoyna: Yeah. Again, definitely emphasize that word stroke. I think my loved one's having a stroke, their speech is incomprehensible, they're not balanced. You know, if you take their blood pressure, you can possibly see, but, but if you say those words, and it's interesting that you asked that question too, because there are in a few places in the country, not everywhere.

but certain hospitals, number one, are considered stroke centers. They are actually designed to treat that specific brain illness and brain, all the components that occur with that. But there are even stroke ambulances right now, and there are here in LA where they're not just transporting, but they're actually treating in the

vehicle itself. They have direct communication with a neurologist who's getting all the statistics, and they're able to do CT scans in the vehicle itself. It's fantastic because it is really a specialty, and again, cause time is so critical.

Even if you go into the emergency room, the two things that I consider are your fast track passes, , if you mention I think I'm having a heart attack that get you right in get to the front of the line, um, as well as a stroke. And they will get you into, get a CT scan or an MRI right away.

Gregory Anne: Mm-hmm. So when the person comes home, let's just say they had a moderate stroke, their 65 year old woman, they're gonna have pt. What is the person to person support? You'll know, like the doctor will tell you this is when they take their medication.

You should get them up and walking. We don't wanna say, how do you feel? Cause we know they don't feel well. How do you talk to somebody who's coming out of a stroke, recovering from a stroke?

Tsgoyna: Well this is a complicated question because it is not a one size fits all. There's expression in this, in this my field, which is if you've seen one stroke, you've seen one stroke , and you know that is 800,000 people a year have strokes and cause each of our brains is. Vastly different and we don't know where the damage is.

Some people have physical problems, but not speech problems. Some people only have speech problems. Some people only have swallowing problems. Some people have swallowing speech, behavior, depression, uh, anxiety and severe motor problems. So there is an enormous amount of difference. , it does not end in the hospital.

Stroke is the leading long-term of disability. And it can be disability for a lot of different reasons, whether it's physical disability, cognitive disability, emotional disability. There three main stages of stroke, you're hospitalized. And you're probably likely receiving therapeutic services there, which could be a lot.

Occupational therapy. We kind of divide the body up in the hospital. holistic practitioner I realize you are one whole person, but in the hospital. Speech therapist works from the neck to the brain, and the occupational therapist works from the neck to the trunk. So that's the activities of daily living, brushing their teeth, washing themselves, rolling in and out of bed, um, dressing themselves, toileting themselves.

Uh, physical therapist works typically from the trunk down. So that's all about mobility. You're going to come home and you're going to need therapeutic intervention for sure. So the caregiver is then managing all of the people coming in, the nursing care, the pt, the ot, the speech therapist, the social worker.

Least from the terms of speech point of view. because some people have severe what's called aphasia. That's inability to speak and to understand language, and one of the things that I try and tell caregivers is, number one, assume you'll understand because what happens is and this goes back to words, thoughts and feelings too, I or I like to call wtf world thoughts and feelings.

And very often a person will come home and the caregiver will say, I can't understand the thing they're saying. They don't make any sense. And that's true. Like they may completely use the wrong words for things. and I like to resource people to a time that they have understood maybe an infant that didn't have any words.

Mm. Or they've been in a foreign country where they didn't speak the language but had to figure out a way through gestures and tone of voice and context, right? We figure out from the situation that they're in, it's probably talking about something that's immediately of concern and they're not

philosophizing about the political conditions somewhere else when they're frustrated and you can't figure it out, and you finally figure out it's because they're sitting on a button and they can't tell you that. So believing number one, that they're going to find a way to do that and to listen and look with their eyes to the tone of voice, the gestures and those kinds of things.

And then for a caregiver being able, and this is where my coaching comes in. We talk about the circumstances that are creating our thoughts, the circumstances are neutral. It is our thoughts about those circumstances. I've had patients say to me, you know, my life is devastated because of that stroke.

And it takes building rapport with them and trust.

I know they believe that thought is true. When they think that thought, how do they feel? Well, they feel hopeless. And from that feeling of hopelessness, what do they do? Well, number one, they shut down their brain to any resourcefulness. They don't start to seek solutions. They don't notice progress.

They gather all the evidence of why their life is devastated and in the end they prevent themselves from creating new possibilities and this is not just airy fairy stuff. We dissect this and I'm not there to convince anybody that their life is wonderful, but I want them to recognize how their thoughts are creating their

Actual circumstances, 100%, but I've also had patients, hundreds of them, and I've worked with thousands of patients, hundreds of them that have talked about the benefit that they found in having a stroke, the resourcefulness they discovered about themselves their badassery, right? Like their determination and persistence, the love that they felt from other people.

So there's a wide variety of things to experience and each one is unique.

Gregory Anne: Hmm. Now you have a book about. After stroke, hope after stroke.

Tsgoyna: Do hope after stroke for caregivers and survivors, the holistic guide to getting your life back.

Um, I just looked today, I have sold over 5,000 books, which I'm so proud.

Gregory Anne: Yay. Good for you.

Tsgoyna: I'm so proud of that because as I said, you know, it's a drop in the hat to the hundreds of thousands of people. , but I've touched people all over the world, from Ghana to India, to uh, Canada and Brazil and uh, Australia.

And the more that people can see and get help, because hope is, I like to say, is the fuel of recovery, action is the vehicle. But when people are feeling hopeless, which so often is the case. Because when they leave the hospital, they feel isolated and alone. And quite honestly, you know, they have heard this myth that at three months that's as good as it gets.

Sometimes they'll expand it to six months. And I can tell you from the, again, thousands of patients that I've worked with, and if you go on to any of the online recovery groups, you'll hear person after person saying, my doctor said I would never walk and talk. and then they go on to tell about these remarkable stories about what they're doing.

And it's not that I'm bashing doctors. We love our doctors. No, we want them in the emergency room. We want them, doing the thrombectomies that to take care of the blood clots in our brain. We want that. But they see patients at the worst and they don't see them long term.

In fact, I'll tell you a little story. I remember working with a man, he was pretty young. He was about 45 years old. He had a devastating stroke. I'm using that word because he was rendered blind. He was practically mute when I first met him. He literally wasn't saying anything and he didn't seem to understand anything.

He barely recognized his own family. He was ambulatory so he could walk. His cognition seemed very impaired, and he was so impulsive and just didn't seem aware of any dangers. And I went with he and his wife to his first outpatient doctor visit since his recovery home at the house. And the wife was kind of desperate.

And she said to the doctor, my, my God, is there any hope here? And the doctor said, well, I'm not gonna lie to you. He's had really severe stroke. I don't wanna give you any false hope. And she said, well then why are we doing all these therapies? And he didn't really have an answer. And I didn't say anything there.

But when we left, I said to the wife, there is no such thing as false hope. We have to look for evidence of progress. we have to look for and gather strengths and notice what's working. Notice these small changes and speak to that and stimulate that. Well, the guy totally recovered his speech and language.

By the time I stopped working with him, which was only a month, he was able to walk to a local pharmacy, order an ice cream cone, pay for. it. Engage with the person. I mean, this meant that he had to cross a street and no safety dangers. He had to recognize money. He had to be able to engage and know the words to order this.

While we think of that as like that's a nothing task. The cognitive load that is required for that is unbelievable. It's unbelievable. Now, he wasn't totally out of the woods because , this is a kind of funny, scary story. I told you he had a lot of impulse and control issues and the wife had felt like he was

stable enough that she could leave for an hour to do an errand. She thought he was safe enough and she came home to find him, he had taken the ladder from the garage and went up a palm tree and was trimming the palm tree with a chainsaw.

Gregory Anne: Oh, wow.

Tsgoyna: So there was still some things to work out.

Just another day in the life of rehab.

Gregory Anne: Oh, wow. You know all of this conversation, what you were doing with him was life coaching. You are as a professional who has been trained to help stroke victims. I understand that your professional background matters greatly.

Tsgoyna: Stroke survivors, by the way. Better language instead of victims.

Gregory Anne: Survivors, okay. Stroke survivors and in truth, much of what you do has to reach the person in here, hope is life coaching. Like we give people hope, we remind them of possibility that they might not see for themselves. You just have it applied to this one particular area of life and health.

Tsgoyna: Well, and that's so true. and that was why life coaching for a completely separate different population was such a natural thing for me to do. Mm-hmm. . So I am a speech language pathologist working with stroke survivors and traumatic brain injury survivors. And it occurred to me that if people with brain injuries could get better, imagine

people that didn't have problems with memory and attention and impulse control and language. And I, I like to say, you don't have to have a brain injury to damage your brain. You can do that with your own stinking thinking. And we do, right? Like we walk around. Saying things and thinking things about ourselves that are so damaging and in learning how this cognitive behavioral model really works, that our thoughts create our feelings, which then drive our actions and create our results.

And when we realize how much power we actually have in that thought and feeling line before we get to our action, it was like the key, the magic key that opened everything for creating the life that you really want for. for designing and really generating the life that you want.

I've been so blessed to work with women and, especially women of a later age that are moving. I like how you call this rebellious wellness, for women over 50 and

my whole intention is to be fabulous to the finish, to really create the life that we want no matter what our past was.

This ability to pivot and change and write a new chapter in our life, um, is all within our control in small incremental ways.

And we can achieve that in our thinking, which then creates our feelings. drives us to take very different actions.

Gregory Anne: Mm-hmm. , and we're driven to feel, really everything that we say we want represents some feeling we want to experience. If we want a new car. We might like the smell of the new car. We might like the way it looks in the driveway, but we feel something that car gives us something that we feel.

So if we can find the good feelings when there's, I'm gonna use air quotes, no good reason to have a good feeling, but the good feeling is still there and the feeling will drive the next action. Like you said,

Tsgoyna: a thousand percent correct. It's not, I'll feel better when, Hmm, it's I'll feel better then.

right? Starting to feel better, cultivating those feelings, those good feelings, and people go, well, how do you do that in the absence of stuff? And again, some, sometimes we have to go to like a neutral thought, right? Mm-hmm. , we can't to I, you know, if a person's got really negative self Confidence and thinks that everything they do is wrong.

They can't go from everything I do is wrong and I'm a loser to I'm a winner. Right? Your brain will go, liar, liar and just reject that. But it could say, I'm a person, right? Like, can you say that I'm a person? Yes. We get agreement there. I'm a person. I'm a person who has thoughts. , I'm a person who sometimes has positive thoughts and sometimes have thoughts that derail.

Yes. So we sort of bridge and ladder our way up to more empowered thoughts that are believable. Whether it's from how we feel about our self image and weight. To relationships to changing careers. It's all in our thoughts. Yeah.

Gregory Anne: Mm-hmm. . Yeah. And the power of, this may sound a little woo to some people, but the power of I am.

I am You said a loser. I am a human. Can we agree on that, right? I am. Those are the two possibly most powerful words we can use about ourselves. I mean, we're using, I, so clearly it's not about other people, but I think it's a throwaway phrase, oh, I'm a loser, or I'm fat. Or I'm never gonna make a business out of this idea.

And yet the I am at the very basis is, that's it. I am.

Tsgoyna: Yes, exactly. I mean, that is the basis of my meditation this morning. Hmm. And you know, just try these words on you. You are a hundred percent right. Right. I love the way that you said it's a throwaway, like we don't even pay attention to it.

We don't pay attention to how damaging that actually.

Gregory Anne: Yeah,

Tsgoyna: but if we had somebody else saying, you are, mm, we would call, you know, child Protective Services or Adult Protective Services or complain that our spouse, our spouse is horrible because he says this about me. We are our own worst

critics or enemies.

Gregory Anne: Absolutely. And I wanna tie that to you talking earlier about the importance of managing stress. We all know that, right? We hear it a thousand times a day. And, Bruce Lipton, cell biologist turned, I don't know, inspirational philosopher, when he did his work on cells uh, way back, he found, and this is true of our body cuz we're made of cells, right?

If he made loud noise, played terrible music, or yelled at the Petri dishes with the cells, they would close down. They didn't respire, they didn't eliminate toxins, they just clumped together and could not function until that was released. That is going on in our body. When we are being the mean girl, we are causing the cells to shut down and that may result in an illness.

At some point or a headache in the moment. It's just that we have to be thinking that it's this mind body thing is not woo nonsense. It is a mind that works with a body and it mostly controls what the body expresses.

Tsgoyna: Yes. In addition to that, I love Bruce Lipton and I quoted him in my book and um, you might be familiar with Dr. Emoto.

Gregory Anne: Yes, of course.

Tsgoyna: The water studies too. Where he was looking at water and subjecting them to various conditions of either, beautiful music, resonant music or harmful words in the same way, and he froze the water and looked at the crystals and those exposed to this beautiful music formulated these magnificent crystalline structures, whereas those exposed to

not great information were misshapen and fragile and broken and not well constructed, and he chose water because our bodies are what, 75 to 80% water and extrapolating that thought to it. So yes, I agree with you and in fact like try these sentences on. This is something fun I like to do with people.

Check in with the feeling. Literally try these sentences on like you might try on a pair of clothes, right? And if you're thinking I must improve my health, for example, I should improve my health. I have to improve my health. I need to improve my health. I wish I could improve my health. I would like to improve my health.

I want to improve my health. I will improve my health. I'm going to improve my health. I am improving my health.

Gregory Anne: It's the latter you talked about.

Tsgoyna: Yeah. Yeah. And literally, if you put each of those phrases on and feel how they feel in your body, it can be anywhere from stress and overwhelm and anxiousness or, just this heaviness to hopefulness, to possibility to action, to believability.

We definitely are vibing on the same people who believe in understanding that our body is not separate from our brain. That we are connected, that we are a viable human being part of nature. We are all of that sensing human being.

Gregory Anne: And sensing is another thing.

The energy we are radio transmitters. I think Bruce also said that, and any energy around us, we can take in if we choose or we can put up little Teflon screen if we don't like the negative energy. But those are conscious decisions to be aware of the energy, both the the energy we're creating with food. Rest, not rest, not good food, right.

And it just goes on and on. So it sort of, I encapsulate it in everything as food. To me it's your thoughts. It's what you eat, it's how you move. It's who you have in your life. It's what media you consume. It is all creating a response in the body.

Tsgoyna: A hundred percent. I agree with you a hundred percent. And you know my other book, which is called Just Decide Fail-Proof Strategies to Uplevel Your Life, career, and Relationships is exactly about that. Just decide how you want to live. Just decide how you wanna construct what it is you put in your mouth, what it is you do with your body, who it is you choose to be with, how you choose to spend this precious hours of day that you have these 24 hours a day as if they were, you know, 24,000, \$24 million a day.

How would you spend that? What would you invest in? What would you stop investing in?

Gregory Anne: Um, so those are great questions. , especially as we, this episode is being recorded right before we turn the page to a new year. So Tsygona what would you like to leave our listeners with?

Tsgoyna: Oh, yeah. I love the fact that we are close to this new year and it is the opportunity to, to finish with a flourish, right?

And there's still time to create the new vibrational feeling that you're going to bring into the new year. Don't wait till this one to end to create what's going to be in the beginning. End this one in that way that you wish to begin. This new numeric year, but recognize it's a continuum that your starting point is always fresh and to, to really take a look at this beautiful life that you've created here.

Mine the gold of what you did in this last year. Decide in this last year how you're going to finish with a flourish. Cross that finish line of 2022 and understand. It's like when you make yogurt, you need the starter from the last yogurt to make the yogurt.

That's what I kind of think of it like, is bring this life force with you to this next year. Just decide who you're gonna be.

Gregory Anne: I love that. Absolutely. Thank you very much for your time. All great information from the ideas about why women need to pay attention to the possibilities of a stroke, to how we create our lives with our words and our thoughts.

Excellent. Thank you very much. And what is your website?

Tsgoyna: It's, um, sgo, T S G O Y N a do com. There'll be some freebie links too people can recognize the how to prevent a stroke, but also some just fun coaching stuff as well with a healthy brain

Gregory Anne: Perfect. Thank you. That's what we all want everybody. I'll be back next week with another episode of Rebellious Wellness Over 50. Be well til then.