Gain Hope And Resilience Through Neuroplasticity Transcript

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Introduction and Dr. Hughes' Background

Welcome to the Parkinson's Solutions Summit 2.0. Today I have a very special guest, Dr. Susan Hughes, hailing from the Scottsdale, Arizona area. Dr. Hughes has a wonderful story to share.

A true hero's journey. So without further ado, Dr. Hughes, welcome to the Parking Solutions Summit. Thank you so much for having me, I appreciate it. when you first reached out to me, I thought, what?

I don't take care of Parkinson's patients anymore. Why are you reached out to me? And then I thought about it. Yeah. I don't have Parkinson's. My uncle did. So I'm very familiar with the disease.

Also, as a physician, I took care of patients with Parkinson's. And I'd been teaching about brain based processes for decades. As a physician. But I have a different perspective.

Yeah. Tell us about that. what? Where did all change? When did it change? And what happened? That kind of took you on a journey to where you are today?

Well, it was right before New Year's in 2013. I was on vacation in the Valley Valley, being Phoenix, Arizona, and we got rear ended and spun by an elderly woman who was borrowing a car, and my head hit the window.

So I went from being a overscheduled, exhausted mom wife physician to suddenly being a person with a traumatic brain injury and lots of other injuries.

And so even though I don't have Parkinson's, I know what it's like to live with a chronic brain process. It it really changed your, your the entire trajectory of your life.

At that point. Did you think your career was completely over, that you wouldn't be able to do anything with all of this. You know, these credentials, all this hard work that you had, you know, done to get where you were.

You know, I was idealistic. I was hoping that I'd be able to get back. you know, I still don't have great use of this arm from, you know, the neck injuries, the shoulder injuries, plus the head injury.

But I kept trying. I kept thinking I'll be able to get back to take care of my patients. And that didn't happen. That didn't happen. it was a huge, I was the primary breadwinner.

My husband, you know, background was an engineer, but he was just finishing up cancer treatment when we were in the car accident. So it's not like there's ever a great time to have a traumatic brain injury.

But I'm not sure I could think of a worse time to have a traumatic brain injury. But it was part of the story was making that transition from being a physician to being a healer, which is not something that happens overnight.

It's a very intentional, deliberate story. You know, whether we would be talking about Parkinson's. Ms.. Alzheimer's, ALS, the big name, if you will, neurologic, neurodegenerative disorders that I see in my office.

There's that transitional moment, you know, when the person comes in for initial evaluation. And, maybe in the context of Parkinson's, they've noticed some tremor or some loss of fine motor controls and balance issues, some changes in posture.

They don't necessarily know what's going on. And there's a whole, you know, diagnostic ritual. Of course, that goes along with all of these conditions.

But then there's that moment of, you know, to the best of my knowledge, professionally, I believe that what you're facing is a diagnosis of Parkinson's disease and that, you know, it comes down like a lightning bolt.

That's not something I planned on. That's not something I wanted. I, you know, worked hard in my career to, you know, save for my retirement. So my spouse and I could travel or whatever.

You know, that narrative is. And then suddenly, you know, it's almost like it's not fair.

Traumatic Brain Injury and Career Transition

The story has changed and it has changed permanently. Right. and so what we find sometimes that I, you know, I approach things differently in my office probably than some other providers.

We really try to focus on the person we call a patient centered care. is how that narrative then is told moving forward is, you know, are you, you know, Doctor Suzanne Hughes, who happens to have had a traumatic brain injury or does the, you know, sort of traumatic brain injury define the rest of your life?

And maybe it's a little bit of both? Well, it's a combination most people. So we moved from Washington state to Arizona shortly after the car accident.

you know, within a year or two and it was because I couldn't recognize people. That was one of the challenges with the TBI. And I got fed up of running into my patients at Costco, having them give me a great big hug, and I'd have no idea who they were.

And so we did a fresh start. We moved here. And so a number of people here in Scottsdale know my history, but a lot of them don't. They just see me as an education advocate, as a health care warrior.

and so when they hear my story, they're like, you're kidding. Really, really. Because they don't. It's one of those hidden diseases. It's one of those hidden injuries that they don't necessarily see.

And, you know, sometimes I'll, you know, if I'm giving a, you know, speech program, things like today, it's like, okay, I may mix up a word, I may mispronounce something because I still have auditory processing issues.

but I'm still able to add value. I'm still able to contribute. I'm still able to make an impact and make a difference for people. So so important. I have a friend, Dr. Terry Wahls.

She's being interviewed in this summit. We do a lot of things together. Many people know doctor walls, and they know that she has this incredible story to share about her multiple sclerosis.

And she goes from the tilt recliner wheelchair to, you know, riding her bike 25 miles and so forth, and now has really worldwide fame for what she does with the point, as she says, you know, in a sense.

well, I certainly don't wish MS On anyone or traumatic brain injury for that matter. You know, this is kind of become her superpower and her gift to, to others.

And in some respects, I hear the same thing from you, that it's that giving. It's what you've learned to do with the hand that you've sort of been dealt.

Absolutely. You know, as a physician, we always care better than that is what we do. but with the TBI, it's given me a different viewpoint. It's giving me a lot of different tools.

I tell people, I said, great. You know, if I'm meeting somebody, I always make sure that I have a follow up meeting because I may not remember to ask them to come back and do it.

And so there's a lot of things that I consider part of my superpower now in having a TBI. And I had superpowers

beforehand. I'm a what's called a super connector.

If I don't know the answer, I know someone who does have the answer, but it's sharpened things. It's sharpened things. So so. Important. One of the things that seems to stand out in your narrative that's really important for folks to understand, is that your deficits came on immediately, right?

More or less. And then there may be some delayed things we see. I don't know if you have any spasticity sometimes that comes on later on. But my point is that, you know, faced with profound deficits, here you are now having an interview with me, meaning that the brain is capable of changing itself.

The brain is capable of neuroplasticity. And it's so important when people are faced with these changes in posture and, you know, tremor or and falling in balance and losing their voice, at least the, the volume or the intensity of their voice, right?

Their ability to articulate clearly. What have you learned about neuroplasticity in your own life, and what tools did you find useful? You know, that's so funny.

I'm like, are you reading my notes here? Because at the very top, when it says neuroplasticity. because that was my mantra during this whole process with the TBI.

And unfortunately, I am a double TBI survivor because it was almost two years ago that I was headed back home after dropping my kids off to school, and I got hit and T-boned by a red light runner and knocked out again.

And it was like, this feels very familiar, but it was a totally different mechanism. so different challenges this time, but still, it's still that rehab process.

So I kept telling myself neuroplasticity, neuroplasticity. And for those who are listening to this, what is neuroplasticity? It's the ability of the brain to grow.

Now, we used to think that it was just for the younger people. You know, 20 is simpler. The reality is it doesn't stop. So we've got neurogenesis, which is the creation of new neurons.

Neuroplasticity, Rehab, and Daily Recovery Tools

And we have neuroplasticity, which is that more interconnectedness with neurons and the ability to lay down new pathways. And even though my brain had been damaged not just from the first hit, but the second hit, I continue to I continue to do daily rehab.

I continue to work on it. It's part of what I have to do every day. And my husband points out, yeah, you're doing so well because it's a full time job.

it is, it is. I'm always doing some sort of brain gym stuff, whether it be learning a different language versus, different online games, different things to challenge myself.

So for your patients with Parkinson's or any other chronic disease, holding on to that promise of neuroplasticity is so important. Now that could be physical therapy.

It could be occupational therapy. It can be speech therapy. But it's what I'm also hearing what I see in the message I like to share with my patients is, you know, what do we do outside of the clinic?

What do we do outside of the speech therapy clinic? or our patients who go to big step and big voice to Lee Silverman, voice technique for Parkinson's.

and that might last eight weeks. Are we done in eight weeks is job. Is it over? Right. Tell me a little bit about, you started to talk about learning, maybe a new language and some of the other things.

how about motor control for you? Were nation balance. Well, I think a number of things. one, it's okay to use walking sticks. when I'm hiking, I use walking sticks.

I just got back from Ireland. hiking there, doing different activities using my walking sticks. and it's in part not just for balance, which I have challenges for, but because of my visual processing, being able to see that depth perception is so important.

But the phrase I use in working with my clients is how you perceive is how you receive. And what I mean by that is your attitude going into this diagnosis makes all the difference.

So when you're sitting at one side of the table telling someone that they've got Parkinson's, they can they can take some time, they can take it in. But how they look at it, how they understand it, how they challenge themselves is so important.

And there's one, one, two little things I want to make sure that we address today. One is triggers. Everybody knows what triggers are were triggered by that.

You know, it seems to be the fashion world right now. Oh, don't do that. We're triggered by that. What I want to do. And I teach at the medical school.

I teach first year medical students how to become a doctor. And I teach them not just about triggers, because they've already learned about triggers. I teach to them about sparkles, sparkle, opposites of trigger.

Sparkles are those little things of joy that just make you crack up and smile. And you know what happens when you crack up and smile? You get a dopamine hit G dopamine is kind of important when it comes to Parkinson's, but it's also important when you're learning.

It's also important to get that little state change. So silly little things for my medical students. I ordered these bone pens. And so they each got a little bone pen.

When I went in for back surgery, I took my backbone pen. But I tell them, I need look at this. I want you to think that this is really stupid. This is really silly.

This makes me laugh. And it's those moments of joy that you find in the unexpected. So. Looking for sparkles? So when you're dealing with patients who've got a chronic brain disease, whether it be Parkinson's, whether it be Ms., whether it be a TBI, you've got to look for the sparkles, whether it's something silly, like a little bone pin or something else.

Look for those sparkles. The other thing is precious energy. Now, you probably talk to your patients about this, but maybe not use the same language. What I do and I working with my coaching clients, is tell them every morning you get up, I get up and I look at, what's the Bank of Susan got in it today?

And I may have 100 units in the bank of Susan today, and that means I can get everything done. I can go on and I can do an interview with Doctor Ken, and I can get stuff done around the house.

And tomorrow I wake up and I may have ten units in the bank of Susan. And, you know, ten units is kind of tough. That means I may not necessarily make my bed that day.

That means I may focus on just a couple small things. So it's important to check in with yourself. What is when you're dealing with a chronic illness, especially a chronic brain disease, it's kind of wax and wane, and there's going to be some days where you only have so much precious energy.

And what this does is it teaches you to conserve your precious energy. Now, there are no rollover minutes with precious energy yet you gotta deal with it every day.

But being aware that that entity is out there can be really important, because it helps you focus on the main things. How do you measure your, your, your precious energy each day.

What do you do to kind of check in with yourself. Well and I teach my medical students this is well before they go into an exam room. I want them to do a body scan check and see how you're doing.

What what is your emotion? What is your body feeling? Where do you hurt? Where's your head game at? And sometimes you just feel like you've got so much energy you can take on the world.

And other times you're like, oh my word. It's going to take all the energy just to get out of bed and you hit the snooze multiple times. So it's a part of it is just checking in with yourself and seeing where you're at.

It doesn't happen on the first time. It's something that you learn over a period of time. I wonder if it's a little bit of, you know, you you recognize you have that self-awareness in the moment.

You give yourself permission. And but then there's that element that we probably all been there at one point in our life we ever had an exercise routine, you know, like, oh, I don't know, the weather is kind of bad or, you know, I just don't really feel like it today or whatever excuse we give ourselves and these normal human excuses, I'd say, but I made a commitment.

Maybe I go to a class so I have other people in my group and they they're expecting me.

Sparkles, Precious Energy, and Self-Management

Or you just kind of force yourself a little bit, and then you get out there and you're doing it like I'm actually feeling better, you know, that that sort of transparent wall, if you will, that may be in the front end of things.

Feel like maybe I should just skip today, you know, in fact, when I start taking action, then the energy actually comes through from that action. Absolutely. That does happen.

And it's important, you know, you know, touching base later on about it. Just going for it, just going for it. But recognizing that sometimes you got to take a nap, sometimes you have to just shut down and just take a nap, give your brain a little bit of time to regroup.

and so it's more acknowledging that it's also a great way to learn how to establish healthy boundaries when you understand precious energy, because it's like, you know, that's nice, but I don't have the bandwidth for that.

Or no is a complete sentence and it gives you different tools, a different perspective. You know, that energy that you're referring to. Sort of the flip side of that is the very common complaint, whether it's Parkinson's.

And that's especially like you hear fatigue, fatigue. And there are a lot of practitioners in the wellness space that focus on that energy and fatigue is very important.

And there are different narratives and they're all good. We talk about mitochondria sometimes. And how do you take care of your mitochondria? Talk about the adrenals, whether people have adrenal fatigue, that kind of thing.

I, I love there's I don't know if you know Bruce Lipton at all. I've never met him. he's certainly out there in the in the wellness space a lot. sell biologist, become energy medicine practitioner.

And he wrote a book. It was, I think, his third book. He may have written more books since then, but it's called The Honeymoon. I think it's called The Honeymoon Effect.

And he's talking about it's kind of a personal story, and he's talking about his marriage and how he and his spouse had sort of grown apart from each other in some respects.

They didn't have that feeling like when you first meet someone and you know, the world is perfect in third perfect, and you know, there's so much joy and you know, all this connection and I can't believe I found this person, and I just want to be with them all the time.

And and his message is sort of how you rekindle that honeymoon effect in your, in your life. And I think, you know, whether we frame it exactly that way, and especially in the context of Parkins, where as he brought up earlier, those dopamine levels are a little lower.

And it's not just the midbrain, substantia nigra. Right. It's not just the low. Don't mean that prevents movement, but there's that lack of, you know, the initiative part of it that the drive.

So how do you find it outside of yourself or what steps you maybe take to, to, to increase the release of dopamine, whether it's the visualizations you're referring to, the vision board behind you that I, I'm looking forward to chatting about or, you know, sometimes we have our patients take, cold water plunges even.

But finding that energy, that purpose, that drive, even in a sort of a micro dosed way for each day, you know, I think a lot of energy, the energy suck, if you will, may come from this sort of yin and yang of I am me, but then Parkinson's has me, or a traumatic brain injury has me as well.

And who gets the upper hand at what given moment in time? And how do I maintain the best control of that that I possibly can? You know, I practice functional medicine.

I tell people the operative word in functional medicine is function. Function. It's not about oh we're going to detox you from heavy metals and you know treat your gut and all those things.

And they are important, don't get me wrong. But in the end it's about maximizing the quality of your life every single day. Where and when possible. And that maximum quality could be hey today is my.

I'll call it an active rest day because I see some real numbers behind you. And I know athletes who train recognize that sometimes they need to take a rest day from their training, but it doesn't mean, you know, just sort of stay in.

It could let me just say it could be in bed all day, but maybe treat yourself, have breakfast in bed, invite your spouse. They kind of like that sometimes, right?

Do things that are a little zesty, maybe, you know, have some joy even in your rest. Perhaps, but it's how you sort of embrace that. How do you find that honeymoon experience?

Right? Every day, as much as reasonably possible? Well, I think so much of it we can kind of preplan for. So let me explain. So before I go to bed at night, I lay my clothes out because I don't want to spend my precious energy figuring out what I'm going to wear tomorrow.

So there's different routines that we do that become automatic. And that's a tool that I share later with anybody who's watching this, which is to make sure that we've got all these little things that become automatic so we don't have to waste our precious energy or time later on doing them.

The other thing is always challenging in itself, always giving us something else to do. Now behind me on this very, very busy board, I've got my, I've got my vision board.

The part two, the part one that I did, I did last year, and then part two for updating in this vision board. I did when I spent three weeks in the hospital over the summer.

So updated that. And then I've got all these here, which are for my virtual races. you can actually go on and do a virtual race right now. I'm doing a virtual race in Dublin and I just got from Dublin, so it's always having these little goals to look for.

And it's interesting. When I first did the vision board behind here, I had things like there's a view from the Acropolis last summer. My husband took a month off and we went to Europe, and the view from the hotel was almost identical to that.

Now, when I did the vision board, did I think I was going to be going back to the Acropolis. I loved Greece, I loved archeology, I wanted to go back at some point, but I didn't know when.

But when you put things out in a vision board and I encourage all of the people watching us do a vision board because it's going to work when you're asleep.

As well. When you're not thinking about it, those little unconscious things think pop up, do a vision board. And then I just started hanging up my ribbons and my, my bib sheets.

Do I wear the bib sheet? No, because I'm doing it when I'm doing what I'm doing elliptical. When I'm doing all these other things. But challenge yourself, learn something new, get uncomfortable.

You know, we keep talking about comfort. We want our patients to be comfortable. Well, no.

Movement, Joy, and Functional Medicine

Yeah, I want them to have some level of comfort, but I want them to be uncomfortable because we only grow when we're uncomfortable, when we're out of our typical norm.

We talked a lot about stress in the clinic, and I'm very interested in the whole biological underpinnings of stress. And I, I remind my patients sometimes it's stress isn't always a bad thing.

Stress might save your life, that stress response. But stress might make you faster, stronger, smarter, you know, able to speak that new language. And you put yourself out there and you say, I don't know.

I might say something silly to someone when I, you know, attempt these words that I, I'm learning. But as long as they don't laugh at me, where they laugh with me, if I say something silly, right?

Ultimately those discomforts get us somewhere. They they lead to growth in one way or another. Absolutely. Before I went to Ireland, which was a spur of moment trip, I thought, okay, I'm going to learn some basic Irish.

And then I went there and less than 7% of the population actually speaks Irish, so I really didn't get too many people to talk to. But the person I did get to talk to, he was touched.

He's like, oh my gosh, you started learning Irish before you came here and it was that instant connection with him. So yeah, get out of your own way. How many languages do people speak here in the US, we usually speak one, you know, fortunately, I've been multilingual and I keep working on picking up extra languages because that's so important for that first word at the beginning of this conversation, neuroplasticity.

Yes. And there is in Parkinson's, I think, somewhat of an overemphasis on things we can do about improving motor control. Granted it's a movement disorder, but there are a lot of other, things that affect people with Parkinson's that are not directly related to their gait, or their tremor or their posture.

But that being said, we know that things like bicycling is great for Parkinson's boxing. and, and there are even a I have a lot of joy in cycling that might not be for everyone, but another area that can bring a lot of joy and really is sort of, multifaceted in, in terms of how it stimulates the brain, is dancing.

I have a patient who's visiting us now that he and his wife came out from California. He's done very well with his Parkinson's. in fact, they're spending ten days out here and touring around this beautiful area of southwest Missouri and northwest Arkansas.

and, he and his wife have taken up dancing. Think of all the wonderful things that kind of come with dancing. It's the technique, the technicalities of the movements, the feet, legs and body.

And, you know, it's the sort of connection with your partner. It's the intellectual aspect of being able to put all of those movements together, the sequence, the sequencing.

and he says when they do their dance lessons for the next several hours, he feels like he doesn't have Parkinson's at all. And it's fun. It is fun. It's fun, it's fun.

You know, whether you're dancing, whether you're swimming, whether you're jogging, biking, whatever. Get out. Move, get out, move, move with someone. Have that connection and have it fun.

Absolutely. Last year we interviewed a nurse, who runs A5K program for people with Parkinson's. And they they form a training group and they have fun foods that they share.

She shared her lentil soup recipe because she finds that thick, hearty lentil soup, a wonderful, you know, post-race, post-workout, you know, refresh.

But it's the day, you know, ultimately then it's the day of the race. It's the accomplishment. It's not how fast you went, right? It's not. I'm going to come in first.

Although I will say I mean, just side note, my wife is a few years older than me, and I have we have many years of, participate eating and running races and cycling and triathlons.

and she used to she, she, she was a participator. Right. She was not going necessarily going for it. But because she was a little older, she, she always placed in her age group, which she got such a kick out of.

She might have been only one of five people in her age group, but by golly, she was placed. So that was that was a big, you know, extra bonus for her.

And, that could be, you know, how about if you have Parkinson's and you participate in a race and, you know, it's A5K and maybe it takes you 45, 50 minutes to do A5K, but you did it.

You got it across the line. And if you place in your age group on top of that, holy cow, isn't that cool? Right? Fabulous. So we definitely want to encourage people to seek out the joy, seek out the fun, find the energy, make the connections.

Yes, it's about movement, but it seems to be about a lot of other things that stimulate that brain and circle right back around to that concept of neuroplasticity.

Absolutely, absolutely. And as a functional medicine doctor, you focus a lot on inflammation. And I know that we really don't have a lot of time to talk about that, but that's something I've been talking to my patients about for a long time, that the key for a lot of the diseases is inflammation.

That's not something I really learned in medical school. That's something I kind of learned along the way. And that's part of the last point. Or one of the points I wanted to make was not just learning, but on learning.

When I went to medical school, we knew about substantia nigra, we knew about dopamine. We knew that the dopamine decreased. All of our medications were focused on increasing dopamine.

We didn't know all these other pathways. We didn't know all these other things that could be done. And I know that you said you were doing some trials or working on some different things.

What we knew or what I knew about medicine, what I knew about Parkinson's before. Some of it probably may still be true. Some of it is definitely not true.

But the thing is, medicine keeps evolving, and part of that is having hope. Part of that is staying curious, looking for new opportunities and going in and just going for it.

You know, the person that started dance, they went for it. You know, other people, they went for it. Opportunity comes up, you just grab it because you don't know one is that opportunity you're going to come around again or to what kind of shape are you going to be in when that opportunity comes around?

So just don't put it off. Just do it. Just do it. Now you are a coach as well. This is kind of where your life journey has taken. You become a coach. Tell me a little bit about how you work with patients as a coach or clients.

Coaching, Boundaries, and How to Connect

As a clients. Yeah, I don't form a physician patient relationship with people, so I help women when shift happens shift. I define as anything that keeps you up at night and distracts you during the day.

So it can be career burnout. It can be diagnosis of a wicked disease, whether it be cancer, Parkinson's, whatever. it can be diagnosis of a wicked disease in your loved one.

My husband's a cancer survivor. It can be something that alters your life such that you don't know that you want to be a doctor anymore. You don't know that you want to be a teacher anymore.

You don't know that you want to do X, Y, or Z anymore. I hope women figure out what are the next steps, what are the ways that they can learn more about themselves?

How do they learn how to set healthier boundaries? Because too often we get Volun told to do something, and we need to be able to grab our voices and make sure that we have healthy boundaries.

So I help women navigate those obstacles. I have a private Facebook group. I have an online course, a couple online courses. One of them is brain Based How We Learn and Unlearn, and that's ideal for Parkinson's patients, or anybody with any brain disease.

And then I do group coaching and one on one coaching to really help people navigate whatever's been thrown at us. And sometimes people are like, hey, I just want to start a new business. Why?

Why do you want to started me in business? Well, it's because I got fired from my previous job because I brought up, you know, financial misappropriation. Okay.

But then let's look at how you're recovering from being fired from that job and using the energy for that. So I help women when they've had all kinds of things happen.

So it's usually a combination of things. It's neither. It's either it could be change in career, could be a health issue. It could be any type of issue.

But I help women kind of regain their voice and their confidence in their happiness. And Dr. Susan Hughes, if someone wanted to connect with you, learn more about the services that you offer, how you help people, how would they do that?

Simple bounce highest. So I teach people not to just bounce back or bounce higher, but be intentional, which is bouncing highest. So if you go to bouncehighest.com you'll find my website.

there also be a link in here to be able to track me down and be able to get some freebies, which I promised. my email is drsusan@bouncehighest.com I do free 30 minute consults to talk to people about what options they might have.

Again, it's not a medical option, but it is a what to do from here option. And, I have fun, I have fun, I've got people

who are in the group and they can do a lot of it.

Again, a lot of things are online so they can go at their own pace for some of the courses I have, but it's pretty easy to track me down. Now you're offering the folks who are watching this interview a little free gift. Yes.

I'm going to encourage folks to download that. They could you could you tell us a little bit about what they're going to, what they're going to discover?

What they're going to discover is because I want people to learn how to manage their precious energy a little bit. So the free gift actually is a video.

And a worksheet. The video describes different things that you can do, different tools you can do first thing in the morning and the book and it in the evening, plus some other little tools.

and it really helps you determine what are the things I need to do at bed before I go, you know, what are the things I need to do before I go to bed? What are the things I need to do in the morning and start making them automatic?

So it's a fun video. It doesn't take super long to do at the end site, and the moments that come out of it are fun. Books. So I want you to just kind of close your eyes for a moment and envision doctor, who's you know, really two moments of impact, right?

Two separate traumatic brain injuries, maybe was the neuro ICU. Maybe its intubation and maybe it is a period of coma. But look who she is today and who she has become.

And it is so important whether we're talking about traumatic brain injury, whether we're talking about Parkinson's disease, that life continues, life is not over.

When you share that diagnosis, how are you going to continue to tell the story of your life may be a little different than you anticipated, but everyone has a gift.

Everyone has something to give. Everyone has something to create. If you will. If you go. Yes. Well, Dr. Hughes, thank you so much for participating in the Parkinson's Solutions Summit.

Really value your time and your insights and your gifts so very much. I hope that many, many folks reach out to you, continue to explore what you have to offer, and some will work with you.

Encourage everyone to download the free gift that Dr. Hughes has made available. Gifts. And stay tuned for more excellent interviews in the Parkinson's Solutions Summit.

Thank you so much for doing this. I think it's a wonderful service that you're offering, not just for your patients, but anybody with Parkinson's. So thank you for doing what you're doing, and thanks for having me on.

It's been fun. Absolutely.